



Elementary Technical Assistance Paper

Purpose.....	2
What is Response to Intervention?	2
Why Use the Response to Intervention Model?	3
How Should the Three Intervention Tiers of the RTI Model Be Implemented?.....	3
Tier 1	5
Tier 2	5
Tier 3	6
How Does RTI Apply to the Improvement of Students' Social Behavior?.....	7
Tier 1	7
Tier 2	7
Tier 3	7
What Resources Are Available for Assisting in the Selection of Interventions?	8
Reading	8
Mathematics	8
What Is the Background of Eligibility Criteria for Specific Learning Disabilities?	9
How Does the Response to Intervention Model Compare to the Discrepancy Model? .	10
How Can RTI Be Used to Determine Eligibility for Special Education?	11
What is Included in the Review of Existing Data?	11
Is Testing a Part of an RTI-based SLD Evaluation?.....	12
Are the IDEA 60-day Evaluation Timeline and RTI Process Compatible?.....	13
What Are The Eligibility Consideration For SLD And How Are They Documented?.....	13
What Role and Responsibilities are Important for RTI?.....	14
Involving and Reporting to Parents	15
Question and Answers	16
Appendix A: State and Federal Initiatives.....	19
AZ READS.....	19
Reauthorization of IDEA (2004)	19
No Child Left Behind (NCLB) Act	19
Adequate Yearly Progress (AYP).....	20
Appendix B: RTI Scenarios	20
A Classroom Scenario.....	20
Sample Student Scenarios.....	21
Appendix C: Problem - Solving Flow Chart	23
Resources	24

Purpose

Response to Intervention (RTI) is referenced in the No Child Left Behind (NCLB) Act as well as in the Individuals with Disabilities Education Act (IDEA) reauthorization of 2004. RTI represents a systemic method for evaluating the needs of all students and for fostering positive student outcomes through carefully selected and implemented interventions. It also may be used to assist schools in identifying students who may require more intensive instructional services and/or be eligible for an exceptional student education program. The purpose of this document is to provide an introduction and clarity on the nature of the RTI model for both general and exceptional student education personnel as it applies to students with and without disabilities of all categorical types who are not progressing adequately in the core curriculum academically and/or behaviorally.

This document also provides background and initial information about the new option under IDEA 2004 and includes information/guidance to help make decisions regarding the possible use of RTI in determination of eligibility for exceptional student education. This document is an initial step in the extensive professional development necessary for the full successful implementation of RTI. Appendix A contains definitions of the federal and state initiatives referenced in this technical assistance paper (TAP) that relate to and may be used to support RTI.

This TAP is not intended to dictate action but to encourage it. It is not intended to prepare the reader fully for implementation of RTI because successful implementation will involve extensive professional development efforts. This TAP addresses how high quality RTI practices may contribute to the eligibility decision for exceptional student education, but it does not provide specific criteria for determination of eligibility for special categorical primary and/or secondary disabilities. Professional development efforts, State Board of Education Rule revisions, and policy changes are being developed.

What is Response to Intervention?

Response to Intervention is defined as the change in behavior or performance as a function of an intervention (Gresham, 1991). The Response to Intervention (RTI) model is a multi-tiered approach to providing services and interventions to students at increasing levels of intensity based on progress monitoring and data analysis. Rate of progress over time is used to make important educational decisions, including possible determination of eligibility for exceptional education services.

Although the instruction and interventions encompassed within the RTI model may involve many different levels of intensity and individualization, they are usually considered to fall within three broad classes or tiers, Universal (Tier1) consists of a core education program based on differentiated, research-based instruction; Targeted (Tier 2) interventions involve core instruction plus more intensive, small group instruction; and

Intensive (Tier 3) interventions are core instruction plus and intervention of longer duration, smaller group or individualized and may lead to special education referrals. See appendix C for a flow chart illustrating the RTI model and its contribution to determining possible eligibility for special education services.

Why Use the Response to Intervention Model?

The following conclusions are the collective results of research referenced at the end of this TAP:

- Students receive interventions based on reliable and valid data earlier than in the “wait to fail” scenario (discrepancy requirement);
- RTI identifies specific skill deficits, whereas teacher referrals are more frequently general statements of need;
- Scientifically-based interventions are used more frequently and earlier;
- Racial disproportionality is reduced in programs for students with learning disabilities and cognitive disabilities;
- Adequate yearly progress (benchmarks) and disaggregated data (NCLB) move focus of attention to student progress, not student labels;
- Building principals and superintendents want to know if students are achieving benchmarks, regardless of whether the students will be exposed to interventions that maximize their rate of progress;
- Effective interventions result from a combination of valid and reliable information from assessment and from good problem solving;
- Progress monitoring is done best with valid and reliable assessments that are sensitive to small changes in student academic and social behavior;
- Interventions must be evidence-based (NCLB/IDEA);
- Response to intervention (RTI) is the best measure of problem severity;
- Program eligibility (initial and continued) decisions are best made based on RTI because it links directly to instruction;
- Staff training and support (e.g., coaching) improve intervention skill; and
- Intervention tiered implementation improves service efficiency and decreases delayed services due to the discrepancy requirement.

How Should the Three Intervention Tiers of the RTI Model Be Implemented?

Each intervention tier of the RTI model defines the level and intensity of services required for a student to progress. All students receive Tier 1 instruction, some will need tier two interventions to be successful, and a few will need tier three services. The three intervention tiers are on a continuum that is fluid; a student may receive services within Tier 2, then move forward to receive more intensive Tier 3 services or backward to receive less intensive Tier 1 services. The students’ level of need dictates the level of support. The actual length of time that an intervention is implemented depends on the

student's response to the intervention and realistic time periods required for the target skills to develop.

It is possible that students will receive interventions in more than one tier at any given time. In Tier 2 services, the multidisciplinary intervention team, which should always include the classroom teacher, plans the interventions, arranges supports for the intervention process, monitors progress, and makes formative and summative evaluations of the students' response to intervention. Students who improve as a result of interventions at Tier 2 may no longer need interventions and may be successful with just core instruction. Some students may display significant progress but continue to need supports. These students may continue in Tier 2 or move back to Tier 1 if the level of support required is more minimal. However, students who are not successful with Tier 2 services despite appropriate interventions over time may be considered for Tier 3 services.

A student's level of risk is assessed based on how much of a gap exists between the students' actual level of performance and the performance of peers who are achieving benchmarks. Levels of risk may be labeled as "none," "low," "moderate," "high," which are preassigned levels based on student performance on measurements like DIBELS, AIMSweb. When the performance of a student indicates that the level of risk has changed from greater to lesser or when the performance of a student has improved within a specific risk level, then the student's response to intervention is considered positive.

The data used for RTI decisions are derived from assessments that measure student achievement within the context of the classroom curriculum. The data are necessary links between assessment and academic interventions and are sensitive to small changes over time. In the RTI model, assessment is used for the purpose of screening, collecting diagnostic information, and monitoring progress.

Because students struggle to achieve for a variety of reasons, the goal of assessment within each tier is to determine the barriers that inhibit learning and to alter instruction accordingly. Barriers may include existing or identified disability, insufficient or inadequate instruction, poor attendance, limited academic engagement, emotional or behavioral concern, limited opportunities for developmental enrichment, and/or limited English proficiency.

Parents are an invaluable source of information in the identification of barriers affecting the progress of a student. When these factors are eliminated as the reason for inadequate progress and the student requires Tier 3 services to progress, special education may be considered. Using a three tiered model for RTI systemically addresses the ultimate question: what works for this student who is in need of academic support? Because student needs vary so greatly, the services provided within each tier will vary. See Appendix B for case scenarios that reflect the three-tier, intervention application of RTI. See Appendix C for a flow chart illustrating RTI as a three-tiered model.

Tier 1

Who is involved?

- All Students including those at-risk of academic failure;
- Parents;
- All teachers General education teachers;
- Site-based administrators; and
- Instructional coaches

What is the focus?

1. Provide core instructional programming using scientifically validated curriculum;
2. Establish school-wide screening schedule, such as review of reading and math data minimally three times per year to identify each student's level of proficiency;
3. Disaggregate groups;
4. Analyze effectiveness of general education curriculum;
5. Monitor and document the rate of academic growth of all students;
6. Make adjustments in instructional technique for all students in the classroom through whole and small-group differentiated instruction;
7. Monitor integrity of classroom instruction by site-based administrator(s), instructional coaches;
8. Document interventions and measured growth in an academic improvement plan (AIP) and/or the behavioral intervention plan (BIP); and
9. Identify students who continue to lag behind the group on critical measures of performance for additional supports at Tier 2.

Tier 2

Who is involved?

- Students who require additional academic supports including the manipulation of instructional time and instructional focus, beyond what was provided in Tier 1;
- Parents;
- General education teachers;
- Site-based administrators;
- Instructional coaches
- Student services personnel (including various types of intervention specialists); and
- Special education teachers.

What is the focus?

1. Continue to track growth for all students in the class;
2. Conduct individual screenings;
3. Identify specific strengths and weaknesses of individual students;
4. Address barriers and assess outcomes related to barriers (existing or identified disability, insufficient or inadequate instruction, poor attendance, limited academic engagement, emotional or behavioral concerns, and/or limited English proficiency);
5. Integrity of classroom instruction and interventions monitored by site-based administrator(s) and/or instructional coaches;

6. Determining the effectiveness of instruction;
7. Instructional techniques adjusted (differentiate) based on student responses;
8. Interventions designed for use systemically across students; usually delivered in small groups, often scripted or very structured, have a high probability of producing change for most at-risk students;
9. Implemented supplemental interventions;
10. Progress monitoring conducted on a frequent and repeated basis (at least bi-weekly)
11. Document interventions and measured growth in the academic improvement plan (AIP) and/or the behavioral intervention plan (BIP);
12. Narrow the focus of instruction to maximize the impact on student performance; and
13. Increase instructional time to the curriculum in the area of concern.

Tier 3

Who is involved?

Students who are in core curriculum and require intensive, small group or individual interventions of longer duration to increase the rate of progress over the achieved in

- Tier 2 services;
- Parents;
- General education teachers;
- Instructional coaches;
- Student services personnel (including various types of intervention specialists); and
- Special education teachers.

What is the focus?

1. Plan and provide targeted content, specialized instruction, with intensity (time) and focus (targeted instruction) either individually or in small groups;
2. Conduct individual assessments designed to measure student progress in the targeted learning areas to determine specific patterns of skill that the individual has and does not have for the purpose of designing effective instruction to remediate deficits;
3. Multiple interventions occur for a period of time necessary to determine which instructional services and support result in significant improvements in student performance (suggested range is 15 – 30 weeks across Tier 2 and Tier 3);
4. Identify interventions that improve student performance;
5. Add any additional intervention documentation to the existing plans;
6. Integrity of classroom instruction (fidelity) monitored by site-based administrator(s) and/or instructional coach;
7. Continue to address barriers (existing or identified disability, insufficient or inadequate instruction, poor attendance, limited academic, engagement, emotional or behavioral concerns, limited opportunities for developmental enrichment, and/or limited English proficiency); and
8. Interventions may or may not include the provision of special education support such as direct services from special education personnel.

How Does RTI Apply to the Improvement of Students' Social Behavior?

The application of RTI to address the social behavior of students parallels its use with academic behaviors. A comprehensive behavior management system, utilizing the RTI model, involves the proactive implementation of strategies at the school level, classroom level and/or student level prior to the development of problem behavior. A comprehensive system will decrease the development of new problem behaviors and prevent the worsening of existing problem behaviors.

The tiered levels within the RTI model provide for a continuum of behavior supports for students. A comprehensive behavior management system:

- Establishes positive schoolwide behavior expectations that are taught to staff, students and parents;
- Collects and uses behavior data to make decisions;
- Identifies students in need of behavior support;
- Has tiered levels of student support; and
- Establishes consequences based upon the behavior expectations.

Tier 1

All students are provided with Tier 1 (Universal Level) supports, such as instruction in behavior expectations; social skills training; the development of positive reinforcement systems; and effective classroom management. Approximately 80 percent of students should perform well under these conditions. Behavior data is collected and analyzed to determine the effectiveness of Tier 1 supports and to determine which students should be receiving Tier 2 and 3 supports.

Tier 2

Approximately 15 percent of students, those with more risk of problem behavior, will require Tier 2 (Targeted Level) supports directed to the specific needs of the individual or small group of students. Tier 2 supports include strategies such as teaching self management techniques; increased monitoring and reinforcement systems; increased and more targeted social skills training; and increased academic support. Data continues to be collected for Tier 2 students to determine which strategies are working, which need to be modified, and which students may need Tier 3 supports.

Tier 3

The remaining five percent of students that do not respond to Tier 1 and 2 supports and continue to display problem behavior, require Tier 3 (Intensive Level) supports. These supports can include individual behavior management plans, intensive academic support, intensive social skills training, and wrap-around services. Students who require Tier 3 supports generally require individually developed interventions delivered with a frequency and intensity that involve additional resources and personnel. Data are collected frequently to assess student response to the interventions. Tier 3 supports are discontinued or modified when the target student behavior is progressing in the direction of peer expectations and the level of improvement can be maintained with Tier 1 and/or

Tier 2 interventions. If a student cannot maintain improved levels of behavior without the availability of intensive supportive services, then the student may be considered for special education eligibility, as appropriate. For students with behavioral and emotional difficulties, special education eligibility usually is considered when a separate setting is required or the services of additional qualified personnel are required throughout the school day.

For more information on a comprehensive system of behavior supports, see <http://www.ade.az.gov/AZRTI/SystemofBehavioralSupports/>

What Resources Are Available for Assisting in the Selection of Interventions?

One resource for the selection of interventions for a variety of content areas including both mathematics and reading is the What Works Clearinghouse (WWC), which was established in 2002 by the U.S. Department of Education Sciences to provide educators, policymakers, researchers, and the public with a central and trusted source of scientific evidence of what works in education. The WWC aims to promote informed education decision making through set of easily accessible databases and user-friendly reports that provide education consumers with ongoing, high-quality reviews of the effectiveness of replicable educational interventions (programs, products, practices, and policies) that intend to improve student outcomes. The WWC is administered by the U.S. Department of Education's Institute of Education Sciences through a contract to a joint venture of the American Institutes for Research and the Campbell Collaboration. Both organizations are nationally recognized leaders in education research and in rigorous reviews of scientific evidence. Subcontractors to the project are Aspen Systems Corporation, Caliber Associates, Duke University, and the University of Pennsylvania. The WWC can be accessed at: <http://whatworks.ed.gov> .

Reading

More than 90% of students placed in special education programs for learning disabilities (LD) are referred for deficits in reading skills. Vellutino et al. (1996) noted that since the discrepancy approach to defining LD does not screen out those children whose reading difficulties might be due to limited or ineffective reading instruction, exposure to intensive reading instruction should be used to distinguish among reading problems caused by cognitive or processing deficits. The Florida Department of Education commissioned the Florida Center for Reading Research to analyze and review programs and materials that might potentially be selected to support Tier 2 and Tier 3 interventions. Reports reviewing, but not recommending, a variety of materials can be found at: <http://www.fcrr.org/FCRRReports/tables.asp> .

Mathematics

To facilitate student proficiency in mathematics, concepts are best learned through strategies that include guided instruction, hands-on real world problem solving, and reflective thinking. When students experience difficulties in achieving proficiency in mathematics, prompt interventions are necessary. Prime: Prompt Intervention in Mathematics Education, edited by Sigrid Wagner from the Ohio Department of

Education, is a collection of research and intervention programs that provides models and commentary designed to assist educators in selecting the necessary early interventions for struggling students.

Edthoughts: What We Know About Mathematics Teaching and Learning, by John Sutton and Alice Krueger, provides research findings and best practices for teaching and learning mathematics. As a tool of research based mathematics reform, teachers will find various research topics catered to facilitating student opportunities for learning mathematics. In addition, each topic is followed with classroom implications that are based on national curriculum standards.

Principles and Standards for School Mathematics, by the National Council of Teachers of Mathematics (NCTM), is a resource that provides the PreK-12 recommendations for promoting student mastery of the concepts and skills in mathematics. Research supports the constructivist approach to teaching mathematics. Students construct meaning based on context, personal experiences, and relevance. Mathematical literacy and understanding are developed within the strands of number and operations, algebra, geometry, measurement, and data analysis and probability. Students apply the knowledge of the former through problem solving, reasoning and proof, communication, connections, and representation. This resource is the guide for standard-based curriculum.

The resources discussed in this section are listed in detail within the references at the end of this document.

What Is the Background of Eligibility Criteria for Specific Learning Disabilities?

Since the 1960's, there has been controversy surrounding the criteria for the identification of students with specific learning disabilities. Until 2004, the standard was a discrepancy between ability and achievement in one or more of seven articulated areas that could not be explained by other factors. In Arizona, the extent of the discrepancy required for identification is established by each public education agency and there is considerable variability across the state.

The reauthorization of the Individuals with Disabilities Education Act of 2004 (IDEA) provides for a variety of decision-making options for the identification of children with specific learning disabilities (SLD). The procedures identified in 34 CFR. §300.307 for SLD identification include:

- Following state criteria consistent with 34 CFR §§300.301-300.311;
- Prohibiting a state requirement to use a severe discrepancy between intellectual ability and achievement;
 - Arizona neither requires nor prohibits the use of a discrepancy model for the identification of SLD.

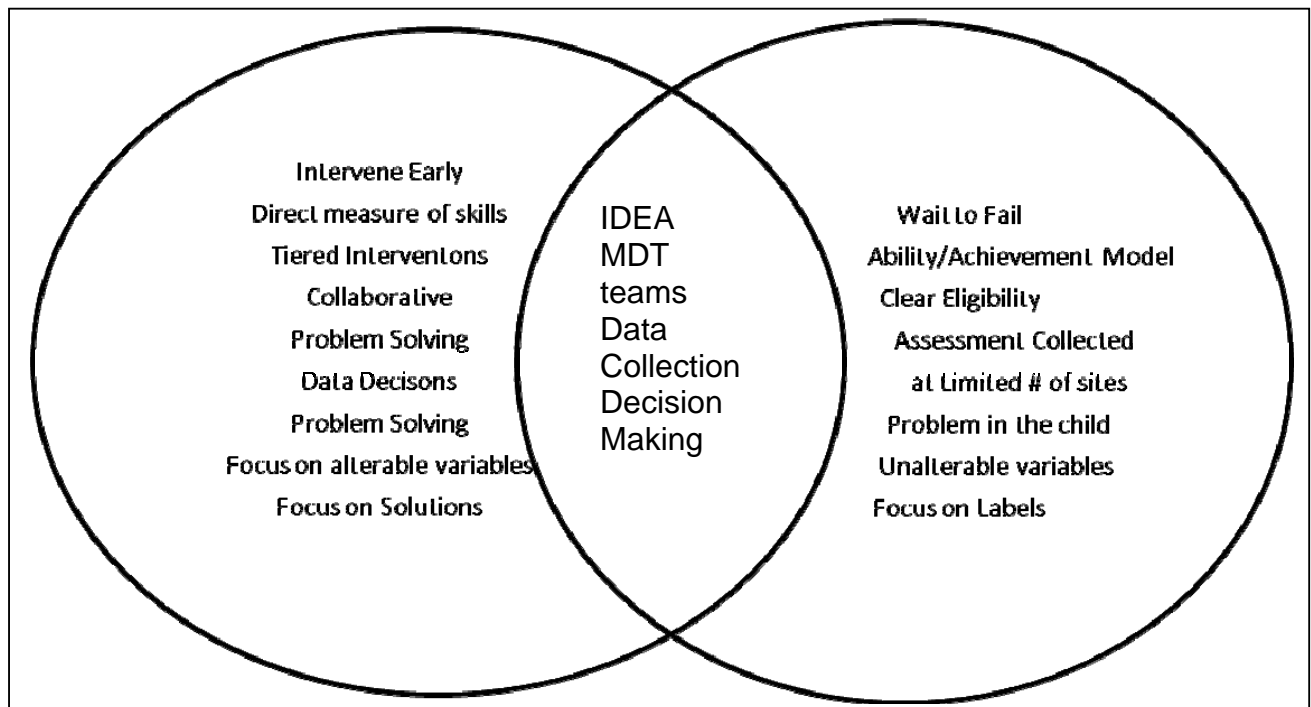
- Arizona does require each public education agency to establish criteria for the identification of SLD regardless of the method(s) of identification used within the agency.
- Permitting the use of a process which is based on a child's response to scientific, research-based intervention, also known as response to intervention (RTI);
 - Arizona requires the submission of an RTI Statement of Assurance signed by the chief administrative officer and special education director prior to the use of RTI as a component of an evaluation to identify students with specific learning disabilities.
- Permitting the use of other alternative research-based procedures;
 - To date, Arizona has not identified other procedures.

Therefore, the process options for the identification of SLD include the identification of a pattern of child's strengths and weakness through:

1. Determination of failure to respond to intervention (RTI) when provided through a tiered instructional approach and other appropriate measures;
2. Determination based on individual assessment data (including but not limited to an IQ-Achievement discrepancy), other appropriate measures, a combination of

How Does the Response to Intervention Model Compare to the Discrepancy Model?

The discrepancy model currently used to determine eligibility for specific learning disability (SLD) services focuses on the discrepancy between intellectual ability and academic performance, whereas RTI focuses in large part on the discrepancy between student performance and benchmarks as well as pre- and post-intervention levels of performance. The Venn diagram below illustrates important similarities and differences.



How Can RTI Be Used to Determine Eligibility for Special Education?

No decision regarding SLD eligibility can be made by an IEP/Evaluation team without substantial information about a student's achievement levels in the areas of:

- Oral expression;
- Listening comprehension;
- Written expression;
- Basic reading skills;
- Reading fluency skills;
- Reading comprehension;
- Mathematics calculation;
- Mathematics reasoning.

If an education agency has a general education process based on a child's response to progressively intense interventions (RTI) in place and can demonstrate that a child is not making adequate progress in spite of those interventions, the agency may have sufficient data to support a determination of a specific learning disability without any standardized testing of ability and achievement.

However, it should be noted that IDEA requires that:

- A student be evaluated through multiple measures;
- The evaluation cover all areas related to the suspected disability;
- The team making the eligibility decision finds that the deficits are not primarily the result of another disability, cultural factors, environmental or economic disadvantage or limited English proficiency.

In other words, all of the evaluation requirements of the IDEA exist regardless of the data collection option used for SLD determination.

What is Included in the Review of Existing Data?

There are specific points that must be included when reviewing existing data. When the eligibility decision is based primarily on a child's response to intervention, it is vital that this review and documentation be particularly robust. The requirements are noted below along with suggestions for information that would meet the requirements.

Information provided by the parents of the child:

- Current developmental, social, medical, and functional status of the child and other information regarding the child considered relevant by the parent;
- The language and culture of the home and any family history that might have an impact on the child's success in school;
- Student success or frustration with homework and class assignments;
- Level of parent support required for the student to complete assignments.

Information provided by teachers and related service providers:

- Information related to the child's peer relationships, work habits, organizational skills, motivation, behavior and/or self-esteem;
- Educational history including attendance, school transfers, and/or educational opportunity;
- Descriptions of the research-based instruction and tiered interventions that were implemented with the whole group and with targeted populations that included the child;
- Documentation that the instruction and interventions were implemented with fidelity and for sufficient periods of time to ascertain effectiveness.

Current classroom-based assessments

- Performance on teacher-made tests, grades, homework assignments, portfolio information, and other general classroom evaluations;
- Comparative results of progress monitoring from each tier of the instruction/intervention model with comparisons regarding one or more of the following:
 - Level of performance differences¹ against national norms, local (LEA or classroom) norms, or grade-level benchmarks such as provided within DIBELS;
 - Rate of progress differences² measured against relevant peer group with similar interventions;
 - Retention of knowledge differences³ measured against relevant peer group;
 - Intensity of intervention differences⁴ measured against relevant peer group.

Formal assessments

- Performance on State and LEA-wide assessments including the AIMS, TerraNova, AIMS-A, and, if appropriate, language proficiency tests.

Is Testing a Part of an RTI-based SLD Evaluation?

Once the evaluation team has reviewed all existing data, they must decide if the information is sufficient to make an eligibility decision and to develop an appropriate IEP. In many cases, additional data will need to be collected in order to satisfy all of the IDEA requirements even when the RTI information related to SLD seems definitive. In some cases, the team may decide that additional testing should be completed in order to support the RTI findings or to assist in selecting IEP goals and services.

¹ Level of performance differences means the child is not learning age/grade-level content in spite of multiple opportunities to learn.

² Rate of progress differences means the child is learning age/grade-level content but progress is substantially slower than expectations and/or that of peers

³ Retention of knowledge differences means that the child seems to learn the age/grade-level content but cannot retain the information/skill for an expected length of time.

⁴ Intensity of intervention differences means that, while the child is making progress, the amount or nature of the intervention required to make progress is not sustainable within general education.

When the team determines there is no need for additional data, the parents must be informed of the decision, the reasons for the decision, and their right to request additional assessments to assist the team in making a determination of eligibility or education needs. When the team decides that additional information is necessary, informed parental consent must be obtained.

Are the IDEA 60-day Evaluation⁵ Timeline and RTI Process Compatible?

A 60-day timeline exists for initial evaluations and, in Arizona, is measured for parental consent to collect additional data to an eligibility decision. While it is always appropriate for parents to be informed of and participate in decisions regarding general education tiered interventions for their child, the IDEA parental involvement requirements, including procedural safeguards and timelines, do not apply until such time as a special education referral is forthcoming. Parental consent is not required to review the information gathered within the general education process.

However, once parental consent for the collection of information within the special education process is obtained, the public agency must adhere to the 60-day timeframe to complete the evaluation (unless extended by mutual written agreement of the child's parents and the public agency) as well as all IDEA procedural safeguards. In Arizona, a written parental request for a special education evaluation begins the 60-day timeline, regardless of the public agency's usual pre-referral processes.

What Are The Eligibility Consideration For SLD And How Are They Documented?

In addition to the general evaluation requirements, the IDEA '04 regulations are highly specific in the requirements related to determining and documenting⁶ the existence of a specific learning disability. These requirements, found in 34 CFR §§300.307-311, include:

- Additional team membership;
- Criteria for the determination of SLD;
- Classroom observations;
- Documentation of a pattern of strengths and weaknesses relative
- to age, State-approved grade level standards, or intellectual development;
- Documentation that the weaknesses are not a result of other factors;
- For a child who has participated in an RTI process, the instructional
- strategies, data collected, and parent notification, and;
- Team certification of agreement/disagreement with the eligibility determination.

⁵ The term "evaluation" means the entire process of determine eligibility for special education including the review of existing data, collection of additional data (if appropriate) and an eligibility decision based on all information.

⁶ Additional information related to documentation can be found in the Appendix B.

Evaluation teams that are considering a determination of a specific learning disability should pay particular attention to these sections of the regulations.

In summary, IDEA requires that public education agencies have in place the following documentation when determining a child is a child with a specific learning disability:

- The child is not achieving adequately for his/her age or to meet state standards;
- The child exhibits a pattern of strengths and weakness relative to age and state standards using an RTI approach, a discrepancy model, or a combination of both;
- The child has been evaluated in all areas related to the suspected disability;
- The child's difficulties are not primarily a result of another disability or cultural, environmental, economic disadvantage, or limited English proficiency; and
- The child was provided with appropriate instruction within general education, including documented assessment of achievement over time.

What Role and Responsibilities are Important for RTI?

Accountability for positive outcomes for all students is the shared responsibility of all personnel. Individuals involved and roles of those individuals vary with the intensity of student need. Knowledge and skill will determine an individual's role rather than professional title or assignment.

Possible members of the multidisciplinary team conducting the RTI model may include but are not limited to the parent(s), student, general education teacher(s), exceptional education teacher(s), site-based administrator, reading coach, school psychologist, social worker, counselor, other student services personnel, support agencies, occupational therapist, speech/language pathologist, and district personnel. The student, parent(s), and classroom teacher(s) are the core members involved in activity within Tier 1 of RTI, but members are added as the intensity of interventions and frequency of monitoring increase based on the measured increase in the intensity of student need.

As follows, the table on pages 16 provides recommendations for how to involve and report to parents throughout the RTI process.

Involving and Reporting to Parents

Events	How to involve the Parents
Start the school year for all students.	Send notice home to all parents referencing process in place to address needs of all students; may include conferences, additional specialized staff sensory screening activities, etc., so parents know this system exists and do not think it automatically means “special education referral”.
Tier 1 data collection: DIBELS, AIMSweb; math and reading assessments; reports cards; curriculum-based assessments; AIMS reports; any universally administered standardized, reliable, and valid tests results..	Notify parent through written notice or document; provide contact information if parent has questions or needs clarification.
Tier 1 and Tier 2: individual student issues addressed.	Conduct parent/teacher conference.
Tier 2: multidisciplinary team meets to address problems of identified students, progress monitoring.	Invite parent to attend these meetings; solicit input in a formal manner if unable to attend.
Tier 2 documentation of progress	Continue to send home reports, data reviewed by team, involve parent in the intervention process (Note: If we are teaching in a different way or teaching a targeted skill, the parent should know about this and be guided in helping the student at home to the extent the parent is willing and able.
Tier 2 and Tier 3: team meetings to review progress and make instructional decisions.	Invite parents to participate in meetings and/or receive any of the data that is used by the team with a summary of the meeting in writing accompanied by a follow-up phone call and/or parent/teacher conference.
Decisions that result is a student spending more time in intensive instruction than typical peers.	Send form letter home; obtain consent for individual evaluation; conduct follow-up call to address parent questions.

Question and Answers

1. **What has to exist in order for RTI to work?**

Rtl is successful when an infrastructure exists to support sufficient assessment and intervention resources to make decisions that result in successful outcomes for students. School staff must possess skills in the necessary assessment and intervention practices. Applying these skills requires that staff members have an understanding of evidence-based interventions and how to apply them to academic or behavior problems. Additionally, monitoring would be needed to assure that interventions are implemented with a high degree of fidelity. Teachers and support services personnel will require the support of building administrators and district staff to implement the Rtl model. Support provided to teachers must extend through the implementation of interventions and the collection of appropriate data to assess student progress.

The implementation of RTI is best done in phases with focus on quality over quantity and generally requires three to six years. Extensive professional development must take place. For more information about professional development, refer to *Response to Intervention: Policy Considerations and Implementation* published by the National Association of State Directors of Special Education, Inc. (NASDSE) pages 39 - 42.

2. **What is the criterion for a successful intervention?**

An academic intervention is successful if there is a sustained narrowing of the achievement gap for the struggling learner as demonstrated by data collected through progress monitoring. A behavioral intervention is successful if there is a reduction in the problem behavior and/or an increase in desired replacement behaviors.

3. **How long should interventions be implemented in RTI?**

The amount of time required to identify and verify the effective interventions will vary by skill (decoding, algebraic equations, etc.), the age, and the grade level of the student. Interventions should be continued as long as the student exhibits a positive response. The interventions should be modified as appropriate when a student's progress is less than expected.

4. **What documentation is used with the RTI model?**

Districts should document the assessment and intervention strategies and outcomes using the district's AIP and/or BIP guidelines. The use of graphs and charts is a basic component of Rtl. The district is encouraged to review AIP/BIP requirements for ESE students. In addition, other data collection strategies may be employed at the teacher or building level. Such strategies should produce documentation of a student's progress or lack of progress (e.g., graphs, charts).

5. **Is RTI just a way to avoid providing special education services?**

RTI is a way to integrate the mandates of NCLB and IDEA so that all students receive high-quality, effective instruction in the general education setting and beyond.

6. How/what do we communicate to parents?

Regardless of whether the parent initiated a concern or the teacher initiated a concern, parent involvement is critical and should be facilitated throughout the process, beginning with the problem identification phase. The district should communicate the progress monitoring information to the parent each time the data are analyzed. Parents should be involved in all the decisions regarding modifications to interventions and related changes to a student's curriculum. Refer to Table B of this TAP for additional information about involving and reporting to parents.

7. Do I have to use RTI to determine eligibility for the program for students who are SLD?

No. the decision of which approach to use is made at the local level.

8. When should a school initiate a special education referral in a RTI system?

A school should initiate a referral when it suspects that a student has a disability or when a parent makes a referral requesting that a student be evaluated for special education. Significant non-responsiveness at Tier 2 may trigger a referral to special education. Non- or slow- responsiveness at Tier 3 represents a point within an RTI system when a disability should be suspected absent other information. The school may not require that a student demonstrate non-responsiveness at any tier before initiating a referral.

9. If a parent requests an evaluation for special education and the RTI approach will exceed the 60-day timeline, must the school abandon their RTI strategies?

If a parent submits a written request for an evaluation, the school has several choices. They can:

- A. Explain the RTI process to the parent and, if the parent agrees to withdraw the evaluation request, the school can continue with the RTI process in an expedited manner. However, it is essential that the decision of the parent to withdraw the request be informed, made voluntarily and documented in writing. The parent must also be informed of the right to reinstate the request at any time. The 60-day timeline would not apply at this point but the child's progress should be closely monitored and the parent kept informed on a regular basis.
- B. Refuse the parent request for an evaluation and provided a prior written notice that explains the reasons for the refusal and the parents' rights under IDEA. The PWN must be provided within a reasonable time after the decision is made and within the 60-day evaluation timeline.
- C. Convene the multidisciplinary evaluation team, review existing information (including current RTI data), identify what additional information is necessary to determine special education eligibility, collect the additional information and

determine eligibility. The process must be completed within 60 days of the receipt of the written parental request.

10. **Can parents request an independent educational evaluation (IEE) at public expense when a school has chosen to implement a RTI system?**

Yes, an IEE request is a process specific to special education and is available when a parent disagrees with the special education evaluation completed by the school. If a school chooses to implement a RTI system, parents maintain the right to request an IEE at public expense. The IEE may be conducted using a traditional ability/achievement discrepancy approach. The evaluator may also reanalyze RTI data from the school and/or collect additional response to intervention data gathered independently of the school.

11. **Can a school use the RTI process when reevaluating a student who was originally determined eligible under a severe discrepancy model?**

Yes. If the RTI process reveals that a student continues to be eligible, is no longer eligible or has additional areas of need, the school team may make decisions using established RTI criteria.

12. **Can a school use RTI data to support the decision that a student has a disability in a special education disability category other than SLD?**

Yes. RTI data may be included when considering other categories. However, the information included in the evaluation report must be sufficiently comprehensive to address each area of suspected disability. Therefore, RTI data may not be the sole source of information but may supplement information provided for suspected disabilities in categories other than SLD. RTI is an excellent strategy to document the second stage of special education eligibility – that the student needs special education in order to benefit from educational services.

13. **How might special education instruction differ from the Tier 3 interventions that a student may have been receiving prior to qualifying for special education services?**

The interventions and services a student receives once determined eligible for special education services will vary with each individual student. If a student has been unsuccessful with Tier 3 interventions, the student's services may look similar to of Tier 3 interventions except the instruction will be more intense, provided with an increased frequency and duration, involve certificated special education staff and adapted to meet the student's unique needs. Schools are required to ensure that the IEP services identified for each eligible student are developed and provided.

14. **Under the RTI process, how will students transition between LEAs using different evaluation models?**

For students with an IEP, IDEA 2004 Section 614 (d) (2) (C) states that "...the local educational agency shall provide such child with a free appropriate public education, including services comparable with those described in the previously help IEP, in consultation with the parent until such time as the local educational agency adopts the previously held IEP or develops, adopts and implements a

new IEP that is consistent with the Federal and State law.” A student found eligible for a program in one LEA in Arizona is automatically eligible for the same program upon enrollment in any other LEA in the state unless and until the IEP team determines through reevaluation that the student is no longer a student with a disability under IDEA. LEAs may use different evaluation models to determine eligibility. However, regardless of the evaluation model used to determine eligibility, it is expected that the RTI model will result in an intervention plan that significantly improves the academic performance of the student.

Appendix A: State and Federal Initiatives

In addition to national support for RTI through IDEA 2004 and NCLB, the current infrastructure in Arizona supports each of the components of the RTI model. School districts that wish to use RTI will find many resources available to ensure that educators have the skills necessary to implement these practices.

AZ READS

AZ READS is a comprehensive plan aimed at improving reading achievement in Arizona. It challenges Arizonans to participate in a statewide collaborative effort to make this vision a reality: That every Arizona child will learn to read proficiently by third grade and remain a proficient reader through the twelfth grade.

A.R.S. §15-704.

A pupil in grade three who does not meet or exceed the reading standards measured by the Arizona instrument to measure standards test administered pursuant to section 15-741 shall be provided intensive reading instruction as defined by the state board of education until the pupil meets these standards.

Reauthorization of IDEA (2004)

The reauthorized *Individuals with Disabilities Education Act (IDEA)* was signed into law on Dec. 3, 2004, for the purpose: to ensure that all children with disabilities have available to them a free appropriate public education; the rights of children with disabilities and their parents are protected; to provide for the education of all children with disabilities; early intervention services for infants and toddlers with disabilities and their families; to give schools the necessary tools to improve educational results for children with disabilities and to include children with disabilities in assessments.

No Child Left Behind (NCLB) Act

NCLB act contains the most sweeping changes to the Elementary and Secondary Education Act (ESEA) since it was enacted in 1965. The act contains four basic education reform principles: stronger accountability for results, increased flexibility and local control, expanded options for parents, and an emphasis on teaching methods that have been proven to work. The purpose of the act is to ensure that all children have a fair, equal, and significant opportunity to obtain a high-quality education and reach proficiency on challenging state academic achievement standards.

Adequate Yearly Progress (AYP)

AYP measures the progress of all public schools and school districts toward enabling all students to meet the State's academic achievement standards. Benchmark measurements target the performance and participation of various subgroups based on race or ethnicity, socioeconomic status, disability, and English proficiency. The goal of NCLB is to have all students proficient in reading and math by the 2013-2014 school year as measured by AYP

Appendix B: RTI Scenarios

A Classroom Scenario

Tier 1 Services

Judy is a school principal in Arizona. After reviewing data regarding all third grade classrooms, she notices that 4 out of 5 classrooms have 90% of their students meeting benchmarks for reading. One classroom has 45% of their students meeting benchmarks for reading. After consulting with this classroom teacher, John, it becomes apparent that he is utilizing a whole language approach to reading instruction that does not include systematic, explicit instruction in targeted skills. Upon implementing an evidence-based reading curriculum, 75% of the students demonstrated expected progress towards meeting benchmarks. Therefore, IT1 interventions were successful for 75% of the students in the classroom when evidence-based instruction was implemented. Five students in John's classroom will require additional interventions in order to meet benchmarks.

Tier 2 Services

Additional information (e.g., cumulative folder review, parental conference, assessment data) was collected for each of the five students in John's class who will require additional instructional supports. It was determined that three of the students were arriving to class tardy, thereby missing reading instruction three out of five days a week. The interventions employed included calls home, breakfast club, and incentives for being on time. After this intervention two of the students increased their academic engaged time and displayed expected progress towards achieving classroom benchmarks. The remaining student received further intervention including a change in incentive for being on-time and a consultation with the truancy officer, which resulted in the desired increase in academic engaged time.

Data collected on the other two students indicate significant deficiencies in comprehension and fluency. An intervention for reading comprehension was implemented in a small group, and during this time, students also engaged in repeated reading of appropriate text to increase their fluency. This intervention was implemented in a small group with highly structured instructional techniques in a before-school program three times per week for 30 minutes a day in addition to the 90-minute reading block. After a period of 10 weeks, during which the multidisciplinary team met four times to analyze performance data and make instructional decisions, it was decided that these students still are not progressing at a rate that closes the discrepancy between their

performance and the performance of their peers. Therefore, they require more intense and focused interventions.

Tier 3 Services

The time for interventions was increased from three days a week to every day of the week, and the repeated reading practice focused on carefully selected passages designed to provide practice with high utility, high frequency words. The students were assessed in reading fluency every week for 15 weeks. At the end of 15 weeks, one student displayed a positive response to the 17 academic interventions and made expected growth towards meeting benchmarks. He will continue to receive these interventions until the discrepancy between his performance and that of his peers has closed. The remaining student has demonstrated growth but has yet to respond at an acceptable rate of progress. Other barriers that may be affecting his progress have been addressed and remediated through intervention strategies.

Eligibility for ESE Services

Consent for evaluation under the IDEA will be obtained from the parent. Prior to obtaining consent, the team must ensure that all activities required prior to referral under State Board of Education Rule 6A-6.0331, including all screenings, have been completed. The multidisciplinary team, including the parent, will meet to review all data collected and to determine whether the student requires individualized, intensive continuing services in an exceptional student education (ESE) program to maintain adequate progress.

Sample Student Scenarios

Sample Student: Tom

Tier 1 of the RTI model: Tom is in a kindergarten classroom with a beginning teacher. She teaches using primarily theme-based projects. The students enjoy her class, but second semester, Tom's report card indicates that he is not making adequate progress in reading compared to his classmates. In February, Tom's teacher asks his parents to come in for a conference to discuss retention for the coming year.

Tier 2 of the RTI model: The multidisciplinary team meets and decides that Tom should be moved to the teacher next door who uses a more explicit and systematic approach to the teaching of beginning reading skills for 90 minutes every day. Tom is placed in this class beginning March, and by May, Tom is showing significant progress in the critical areas of reading growth.

Return to Tier 1 of the RTI model: The multidisciplinary team meets and agrees that Tom should be promoted to first grade and be placed in a teacher's class that uses direct instruction to teach reading. The teacher continues to monitor Tom's progress and determines by mid year that he is reading on grade level.

Further Tier 2 or Tier 3 of the RTI model: Not Applicable

Eligibility for ESE services: Not Applicable

Sample Student: Susie

Tier 1 of the RTI model: Susie is completing the second grade, and her teacher has asked the Title 1 teacher to consult with her because Susie has not shown adequate progress as compared to her classmates on critical assessments in the classroom.

Tier 2 of the RTI model: As a result, Susie goes to the Title 1 classroom each afternoon for a phonics and fluency lesson. They participate in an explicit and systematic phonics intervention lesson that includes decodable text and dictation. Susie is still reading quite slowly by the end of the school year.

Tier 3 of the RTI model: By mid year Susie's general education teacher and Title 1 teacher agree that Susie is not making sufficient progress, and they ask the reading coach for help. The reading coach suggests initiating an additional time for repeated practice of decodable text with an emphasis on adequate word and phrase reading and vocabulary instruction. Susie continues to work with the Title 1 teacher and receive specialized instruction in vocabulary and fluency. Susie is making steady progress. Although it is slow, the services at this Tier will continue to close the discrepancy between her performance and that of her peers.

Eligibility for ESE services: Not Applicable

Sample Student: Joe

Tier 1 of the RTI model: Joe is a third grade student who has missed 45 days already this school year, and it is only January. The guidance counselor has met with his mother about attendance, and she promises to do better. The truancy officer is involved in the case. Mom is very ill, and Joe often is up all night taking care of his baby sister. He often puts his head down and falls asleep during class. Joe is reading on a second grade level. His teacher uses the third grade basal reader. When Joe reads in class his reading is inaccurate and lacks fluency. Joe is falling farther and farther behind.

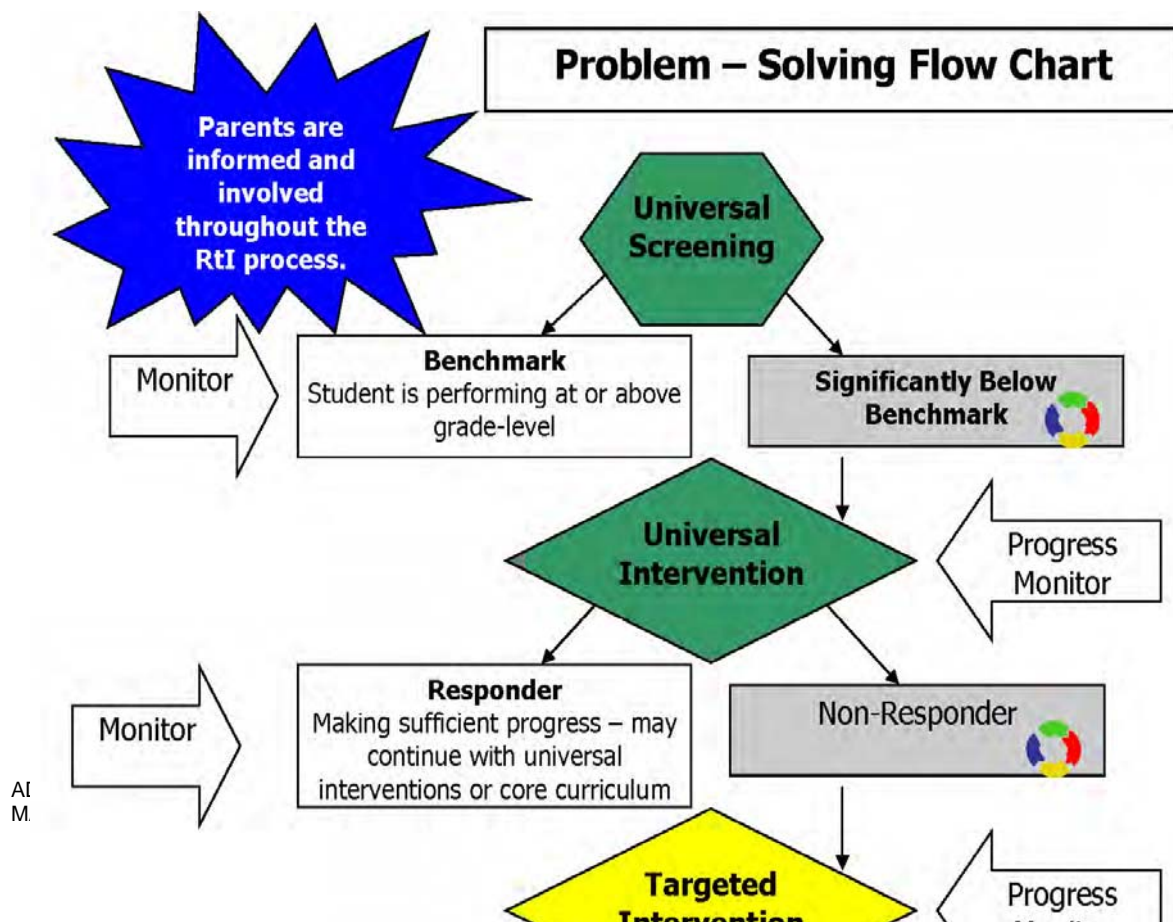
Tier 2 of the RTI model: A multidisciplinary team meets to discuss Joe's progress. The social worker is able to help get mom a home health aid on week nights. DIBELS scores show that Joe is low in fluency, and he makes many word reading errors on third grade text. In addition, his performance on Terra Nova at the end of the previous year indicated that he also struggles with reading comprehension. Joe is transferred to a third grade intervention class that uses a core reading program more suitable to his reading level and instructional needs and that has a smaller class size than his previous class. Joe is coming to school more regularly and reports he is now sleeping at night. Joe is participating well in the intensive reading program but is still not showing progress on DIBELS.

Tier 3 of the RTI model: Starting in March, Joe is pulled aside for specific work on phonics and fluency three mornings a week for an additional 30 minutes of individualized instruction. Multiple strategies at increasing levels of intensity have been

implemented for five months, and Joe is making progress on phonics, but his fluency is still very slow. His comprehension is still on a mid second grade level.

Eligibility for ESE services: Joe is referred for evaluation under the IDEA. Joe’s parents give consent for additional assessment. The multidisciplinary team reconvenes to analyze all relevant data. The relevant data might also include results from psychological testing if the multidisciplinary team determines the need for additional information provided by administering specific tests. Once data analysis occurs, the multidisciplinary team considers whether Joe demonstrates a need for special education services.

Appendix C: Problem - Solving Flow Chart



Resources

Allinder, R.M., Bolling, R.M., Oats, R.G., and Gagnon, W.A. (2002). Effects of teacher self-monitoring on implementation of curriculum-based measurement and mathematics computation achievement of students with disabilities. *Remedial and Special Education* 21(4): 219-226.

Batsche, G.M., & Curtis, M.J. (2005). Using the Problem-Solving/Response to Intervention Method to Support CIM and Improve Student Academic and Behavioral Performance in Florida Public Schools. Presentation to the Office of the Chancellor Jim Warford Florida Department of Education.

Batsche, G., Elliott J., Graden, J.L., Grimes, J., Kovaleski, J.F., Prasse, D., Reschly, D.J., Schrag, J., & Tilly, W.D. (2005). *Response to Intervention: Policy Considerations and Implementation*. Alexandria, VA: National Association of State Directors of Special Education, Inc.

Batsche, G. M. and Knoff, H. M. (1995). Best practices in linking assessment to intervention. In A. Thomas and J. Grimes, (Eds.), *Best Practices in School Psychology*, Rockville, MD: National Association of School Psychologists.

Bay, M., Bryan, T., and O'Connor, R. (1994). Teachers assisting teachers: A prereferral model for urban educators. *Teacher education and special education* 17 (1): 10-21.

Blueprint of the Multi-Tiered Instructional Support Team (IST) Process. (2005) The Instructional Support Team Project Broward County Public Schools Department of Psychological Services.

Brown-Chidsey, R., (2005). Scaling educational assessments to inform instruction for all students: Response to Intervention as essential educational science. *Trainer's Forum Periodical of the Trainers of School Psychologists*, 24(3), 1-8.

Education Development Center. (200). The action reflection process. Retrieved September 18, 2003, from <http://www.edc.org/ARProcess.htm>

Elliott, J. L. and Thurlow, M.L. (2000). *Improving test performance of students with disabilities on district and state assessments*. Thousand Oaks, CA: Corwin Press, Inc.

Fact Sheet: NCLB and Adequate Yearly Progress. (2003) Florida Department of Education.

Fletcher, J.M., Coulter, W.A., Reschly, D.J., & Vaughn, S. (in press). Alternative approaches to the definition and identification of learning disabilities: Some questions and answers. *Annals of Dyslexia*.

Fletcher, J.M., Morris, R.D., & Lyon, G.R. (2003). Classification and definition of learning disabilities: An integrative perspective. Responsiveness-to-Intervention Symposium. Kansas City, Missouri.

Friend, E., Batsche, G.M., & Curtis, M.J. (2004). Florida Statewide Problem Solving Initiative. Paper presented at the Program Contact Meeting for District Coordinators of Specific Learning Disabilities Programs, Tampa, FL.

Fuchs, L., Fuchs, D., Eaton, S., and Hamlett, C. (2003). Dynamic assessment of test accommodations. The Psychological Corporation: San Antonio, TX.

Fuchs, D., Fuchs, L.S., Mathes, P.G., Lipsey, M.W., & Roberts, P.H. (2003). Is "learning disabilities" just a fancy term for low achievement? A meta-analysis of reading differences between low achievers with and without the label. Responsiveness-to-Intervention Symposium. Kansas City, Missouri.

Gresham, F. M. (2003). Responsiveness to intervention: An alternative approach to the identification of learning disabilities. University of California-Riverside.

Hallahan, D.P., & Mercer, C.D. (2003). Learning Disabilities: Historical Perspectives. Responsiveness-to-Intervention Symposium. Kansas City, Missouri.

Kansas Department of Education. (1993). Curricular adaptations: Accommodating the instructional needs of diverse learners in the context of general education. Kansas State Department of Education: Topeka, KS.

Kavale, K.A. (2003). Discrepancy models in the identification of learning disability. Responsiveness-to-Intervention Symposium. Kansas City, Missouri.

King-Sears, M. E. (2001). Three steps for gaining access to the general education curriculum for learners with disabilities. *Intervention in School and Clinic*. 37 (2), 67-76.

Lenz, K., Graner, P., and Adams, G. 2003. Learning expressways: Building academic relationships to improve learning. *Teaching Exceptional Children*. 35 (3): 70-73.

MacMillan, D.L., & Siperstein, G.N. (2003). Learning disabilities as operationally defined by schools. Responsiveness-to-Intervention Symposium. Kansas City, Missouri.

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.

National Council of Teachers of Mathematics. (2000) *Principals and Standards for School Mathematics*. Reston, VA. NCTM

National Research Center on Learning Disabilities (NCRLD) (2003). Responsiveness to Intervention Symposium: Kansas City, Missouri. Available at <http://nrclid.org/symposium2003/index.html>

Reschly, D.J., Hosp, J.L., & Schmied, C.M. (2003). And miles to go...: State SLD requirements and authoritative recommendations. Running Head: State SLD Requirements. Vanderbilt University, University of Utah Special Education Entitlement Standards. (2005). Iowa Department of Education

Sutton, John and Krueger, Alice. (2002) Edthoughts: What We Know About Mathematics Teaching and Learning. Aurora, CO. McRel

Swanson, H.L., Harris, K.R., Graham, S. (2003) Handbook of Learning Disabilities. Specific Learning Disabilities: Building Consensus for Identification and Classification. London, England.

Swierzbis, B., Anderson, M. E., Spicuzz, R., Walz, L. and Thurlow, M. L./ (1999). Feasibility and practicality of a decision making tool for standards testing of students with disabilities. National Center on Educational Outcomes: Minneapolis, MN.

Torgesen, J.K. (2004). Avoiding the devastating downward spiral: The evidence that early intervention prevents reading failure. American Educator, 28, 6-19. Also available for download at
http://www.aft.org/pubsreports/american_educator/issues/fall04/reading.htm

Torgesen, J.K. (2005). A principal's guide to intensive reading interventions for struggling readers in reading first schools. Available at
<http://www.fcrr.org/staffpresentations/Publication1a.pdf>

Torgesen, J.K., & Hayes, L. (2003). Diagnosis of reading difficulties following inadequate performance on state level reading outcome measures. The CORE Reading Expert (Newsletter for the Consortium on Reading Excellence), Emeryville, CA, Fall.
<http://www.corelearn.com/Newsletters/2003%20Fall%20Newsletter.pdf>

Vaughn, S., & Fuchs, L.S., (2003). Redefining learning disabilities as inadequate response to instruction: The promise and potential problems. Learning Disabilities Research and Practice, 18(3), 137-146.

Wagner, Sigrid (Ed). 2005. Prime: Prompt Intervention in Mathematics Education. Ohio Department of Education

Walsch, J. M. (2001). Getting the big picture of IEP goals and state standards. Teaching Exceptional Children. 33 (5) 18-26.

Wise, B.W., & Snyder, L. (2003). Clinical judgments in identifying and teaching children with language-based reading difficulties. Responsiveness-to-Intervention Symposium. Kansas City, Missouri.