

What is RTI?

‘Response to Intervention’ (RTI) is an emerging approach to the diagnosis of Learning disabilities that holds considerable promise. In the RTI model, a student with academic delays is given one or more research-validated interventions. The student’s academic process is monitored frequently to see if those interventions are sufficient to help the student to catch up with his or her peers. If the student fails to show significantly improved academic skills despite several well-designed and implemented interventions, his failure to ‘respond to intervention’ can be viewed as evidence of an underlying Learning Disability. One advantage of RTI in the diagnosis of educational disabilities is that it allows schools to intervene early to meet the needs of struggling learners. Another is that RTI maps those specific instructional strategies found to benefit a particular student. This information can be very helpful to both teachers and parents.

How do schools put RTI into practice? To implement RTI effectively, schools must develop a specialized set of tools and competencies, including a structured format for problem-solving, knowledge of a range of scientifically based interventions that address common reasons for school failure, and the ability to use various methods of assessment to monitor student progress in academic and behavior areas.

THE DENO MODEL

- Define problems in terms of performance level and skills deficits.
- Assess reading skills through progress-monitoring, CBM and criterion-referenced skills inventories.
- Determine current status and performance gap compared to peers.
- State goals in terms of benchmarks for reading performance and peer expectations.
- Apply scientifically based instruction emphasizing five components of reading.
- Implement intervention over a reasonable period of time with good treatment integrity.
- Monitor progress frequently using a time series analysis graph and make changes in the intervention as needed to improve effectiveness or raise goals, as indicated by data.
- Evaluate results based on attainment of reading benchmarks.
- Make decisions about discontinuing or phasing out small group instruction if benchmarks are attained or after consideration of further, more intense interventions, including possible special education eligibility.

Scientifically based curricula and instruction.

Increased adoption of curricula and instructional approaches with documented effectiveness for groups of children is important to RTI. The scientific basis for more effective instruction is rich and expanding. The core curriculum and instructional approaches must have a high probability of success for the large majority of children and, as such, the use of scientifically validated curricula and teaching methods is especially important.

Multi-tier models

Progress Monitoring and Formative Evaluation.

The use of progress monitoring and formative evaluation in special education has been recognized as effective practice. The use of formative assessment and decision-making are cornerstones of effective RTI practice.

Analysis and remediation of achievement problems.

Characteristics of assessing individual patterns of specific skill deficits and linking results directly to instructional interventions that have a high probability of success.

Functional behavioral assessment/analysis (FBA)

Standard treatment protocol interventions.

Protocols are more structured and intensive than general education instruction and are typically delivered in small groups of 3-6 children on a pullout basis. The idea is that students who respond to these standard treatments are not disabled and can be integrated back into the general classroom given appropriate supports.

Students who do not respond are suspected of having a disability and may warrant further evaluation.

RTI Principles

- **We can effectively teach all children.**
- **Intervene early.**
- **Use a multi-tier model of service delivery.**
- **Use a problem-solving method to make decisions within a multi-tier model.**

At its core, the problem-solving method requires answering four interrelated questions:

- (1) Is there a problem and what is it?
 - (2) Why is it happening?
 - (3) What are we going to do about it?
 - (4) Did our intervention work?
- **Use research-based, scientifically validated interventions/instruction to the extent available.**
 - **Monitor student progress to inform instruction.**
 - **Use data to make decisions. A data-based decision regarding student response to intervention is central to RTI practices.**
 - **Use assessment for three different purposes.**
 - (1) screening applied to all children to identify those who are not making academic or behavioral progress at expected rates
 - (2) diagnostics to determine what children can and cannot do in important academic and behavioral domains
 - (3) progress monitoring to determine if academic or behavior interventions are producing desired effects.

Three-Tier Model of School Supports

Tier 1: Screening and group interventions.

Proactive assessment procedures are best employed at least three times per year (beginning, middle and end) are used as general screening procedures for all students.

Tier 2: Targeted short-term interventions.

The assessment procedures must be capable of determining whether intensive remedial efforts are producing the desired improvement in area of learning. In describing the research on CBM at the time.

- (1) assessments are conducted twice per week
- (2) ambitious goals were set
- (3) data were displayed on graphs
- (4) teams used preset data utilization rules in analyzing data

Tier 3: Intensive instruction.

In making the eligibility decision for special education, the assessment must be capable of reliably distinguishing which students are significantly deficient in the target skills as well as determining an individual student rate of progress who are well below their peers and who have not demonstrated progress when provided with demonstrably effective instructional interventions.