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# 1

## Introduction

### What Is RTI?

**R**esponse to intervention (RTI) is a promising new process of instruction, assessment, and intervention that allows schools to identify struggling students early, provide appropriate instructional interventions, and increase the likelihood that the students can be successful and maintain their class placement. RTI, when implemented according to best practices, addresses many shortcomings of current systems of identifying students that are at risk for learning disabilities (LDs) and providing appropriate interventions. Traditionally, schools have had two parallel systems for students: general and special education. A student who was perceived to be unsuccessful in the general classroom was referred for evaluation for special education services, and, if found eligible, was frequently served under the category of learning disabled. Special education was typically a separate system of instruction, with little alignment to the general curriculum. Additionally, evaluation procedures for students with LDs resulted in a “wait to fail” model, because of the need to demonstrate a discrepancy between aptitude and achievement. RTI addresses many of these shortcomings. Through its focus on alignment of general classroom instruction, progress monitoring, and evidence-based interventions, RTI can help schools work more efficiently and effectively in addressing the needs of all learners.

RTI provides a process through which the achievement of all students can be enhanced. The RTI framework is also consistent with current federal and state policies that focus on improving outcomes for all students and on increasing access to the general curriculum. For example, RTI can be used to meet the requirements outlined in the Individuals with Disabilities Education Act (IDEA, 2004) for determination of specific learning disabilities (SLDs). The closer alignment of interventions with general classroom instruction in the RTI process also provides a mechanism through which schools ensure access to the general curriculum for all students. Additionally, the focus in RTI on progress monitoring, early intervention, and evidence-based practices is consistent with many of the requirements of the No Child Left Behind Act (NCLB, 2001) and Reading First policies. Most important, when implemented with fidelity, RTI procedures can identify and intervene for struggling students early in the educational process, thereby reducing academic failure. For example, numerous screening measures for reading failure can be used with kindergarteners and first graders and can accurately identify those students who are most at risk for reading failure. For these students, instructional and curricular changes can be made to increase their likelihood of success (Catts, 2006; Compton, 2006).

Our goal in this text is to provide a guide to school-level implementation of RTI that is based on a review of school- and research-based RTI practices and procedures (see, for example, Bradley, Danielson, & Hallahan, 2002; NRCLD, 2003; Vaughn & Fuchs, 2003). It is our hope that the text is a useful tool for school-level leaders as they begin the process of implementation. To accomplish this, we've organized this text in three main sections: (a) an overview to describe the concept of RTI and its relation to existing policy initiatives (Chapters 1 and 2); (b) a detailed guide to implementation based on research-based components of an RTI model, including descriptions of actual implementation sites (Chapters 3 through 8); and (c) a summary of the research and continuing questions on RTI (Chapter 9). Finally, the text includes numerous resources for pursuing further information. Overall, we believe you will find this text helpful as you consider RTI implementation. The practical descriptions and multiple examples will increase the ease with which you will be able to thoughtfully, accurately, and effectively implement RTI within your school.

The remainder of this chapter includes a general description of how services are organized into tiers of increasing intensity within RTI, commonly recognized RTI components, the purposes of RTI, and research support for RTI.

### Introduction at a Glance

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## RTI as a Three-Tiered Model

RTI is most often conceptualized as a multitiered model. This framework is based on a public health model of intervention whereby multiple tiers of increasingly intense interventions are directed at correspondingly smaller and smaller population segments. For example, in public health, the general population gets wellness information on how to stay healthy and receives basic, broad vaccinations. This represents the first, or primary, tier of intervention. Despite the efforts during the first tier, 10%–15% of the population may require treatment that is more specialized to stay healthy. This level of specialized treatment is considered the secondary level of intervention. Even within this second-tier group, about 5% will need very specialized interventions. This highest level is referred to as the tertiary level of intervention and is the most resource-intensive level.

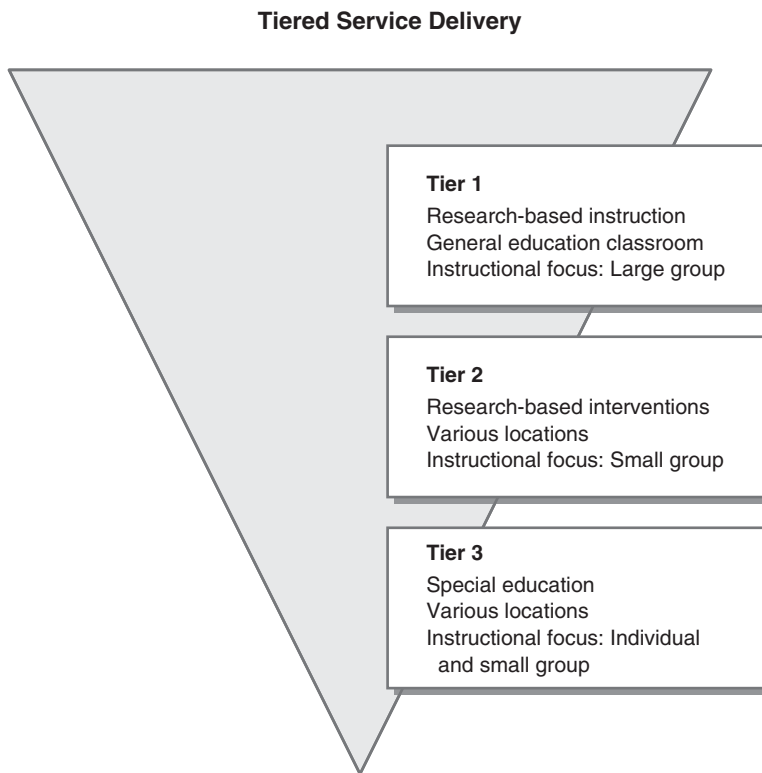
When applied to students' academic performances, the three tiers are distinguished by their intervention focus. In Tier 1, all students receive high-quality, developmentally appropriate instruction within the general education classroom. Within this level, the environment is the most important component. Changes made in the instructional environment are considered to be most valuable for improving the overall student performance; since these changes can be anticipated on the basis of previous experience and research findings, much effort is directed at improving the general education environment. General education staff conduct screenings to identify students at risk for academic failure and to ensure that all students are benefiting from instruction. Students whose screening results indicate that they are not making adequate progress receive appropriate interventions in Tier 2. Tier 2 interventions typically involve small-group instruction on the targeted area of deficit. For example, students who have difficulty decoding words will receive intense, small-group instruction that is

focused on this skill. The frequency (number of minutes a day, number of days a week) and duration (how many weeks) of the intervention are usually specified as conditions for the Tier 2 intervention. The student's response to this intervention is monitored; based on this response, one of three decisions is made: (1) If the student is at a level of performance that matches that of his grade-level peers, he returns to Tier 1. (2) If the student's performance is still below that of his grade-level peers, but he is making adequate progress toward the stated goals, the student may remain in a Tier 2 intervention. Finally, (3) if the student does not respond to the intervention provided, he moves to Tier 3, where interventions that are more intensive can be provided to meet individual needs.

Two features distinguish Tier 3 interventions: First, they are no longer considered interventions to prevent, but rather as interventions to address an identified need. Second, they are generally individual focused, and not group focused as in Tiers 1 and 2. Interventions at Tier 3 are considered the most powerful available, which is often reflected in the severity of the disability of the individuals receiving the intervention, the quality of the instructor, and the interventions' demonstrated effectiveness. The instructional intensity, curriculum, instructional goals, and instructional setting may all be manipulated to increase the likelihood of the student responding successfully. Figure 1.1 depicts a three-tiered RTI model.

RTI reflects an integration of several concepts important to improving learners' outcomes and to improving the accuracy of the diagnosis of LDs. RTI combines important features of assessment and instruction to address the limitations associated with current intervention and assessment models. Among the commonly cited limitations with current approaches to LD determination is that assessments may not accurately reflect the curricular tasks students confront in their classroom and that they provide a very narrow view of students' knowledge, skills, and abilities. In contrast, RTI has highly contextualized assessment such as judging student performance in light of the curricular demands within a school or district and focusing assessment tasks on those tasks that very closely match those that a student is confronting in the classroom. These features help increase the ecological validity of the assessment. The following are core requirements of a strong RTI model:

1. *High-Quality, Research-Based Classroom Instruction.* All students receive high-quality instruction in the general education setting. General education instruction is research based; general

**Figure 1.1** Three-Tiered RTI Model

education teachers assume an active role in students' assessment in the classroom curriculum.

2. *Universal Screening.* School staff, including the classroom teachers, conduct universal screening of academics and behavior. Specific criteria for judging the achievement of all students are applied in determining which students need closer monitoring or intervention.
3. *Progress Monitoring at All Tiers.* Progress monitoring is essential. In Tier 1, progress monitoring allows teachers to readily identify those learners who are not meeting expected standards. In Tiers 2 and 3, progress monitoring enables teachers to determine the interventions' effectiveness and to make changes as needed.
4. *Research-Based Interventions at Tiers 2 and 3.* When a student's screening or progress monitoring results indicate a deficit, an

appropriate instructional intervention is implemented. School staff implement specific, research-based interventions to address the student's difficulties.

5. *Fidelity Measures.* The fidelity with which instruction and interventions are implemented is systematically assessed and linked to continuing professional development to increase the effectiveness of the RTI process.

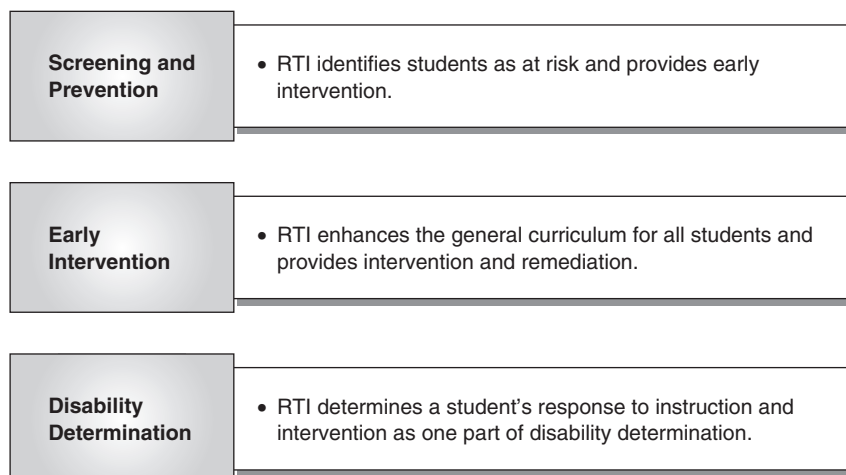
## Purposes of RTI

Together, these components offer a schoolwide model of integrated instruction, assessment, and data-based decision making. The RTI model can serve three distinct functions within a school setting: screening and prevention, early intervention, and disability determination. The various applications of RTI are depicted in Figure 1.2.

### Screening and Prevention

The focus on ensuring high-quality, evidenced-based instruction in the general education setting is the first line of defense in preventing later learning difficulties. When universal screening procedures identify students as being at risk, they may be targeted for further monitoring or for early intervention.

**Figure 1.2** Applications of RTI



## Early Intervention

Early intervention can occur at any grade level and is applied to students whose progress is not commensurate with that of their peers. The intent is to close the achievement and learning gaps and to intervene with an effective curricular and instructional change.

## Disability Determination

RTI can serve as one important component of disability determination. The focus on evidenced-based instruction in general education, combined with research-based interventions in Tier 2, meets an important requirement of disability eligibility determination: that low achievement is not due to a lack of appropriate instructional experiences as described in IDEA 2004, 614 (b) (5). Thus, a student who fails to respond to research-based instruction and interventions should be further assessed to determine the presence of a disability. The data collected through progress monitoring on the student's performance, along with fidelity data to verify the instruction and interventions were appropriately implemented, serve as important evidence in the overall eligibility decision-making process.

## Research Support for RTI

Research on an RTI framework has demonstrated the need and value for early identification of students with learning difficulties and for intense interventions delivered with fidelity. One of the most significant findings in the research on RTI is that the components and procedures used within this framework lend themselves to a better understanding of instructional quality and informed decision making (see, for example, Foorman, Francis, Fletcher, Schatschneider & Mehta, 1998; O'Connor & Jenkins, 1999; Torgesen, Alexander, Wagner, Rashotte, Voeller, & Conway, 2001). Instructional quality includes planning interventions, assessing intervention outcomes, and manipulating variables that are likely to improve outcomes. This feature has positive implications for teachers (both general and special education), parents, and staff. In addition, RTI can yield information that accurately ranks a student within his peer group and his performance in the school's curriculum (Speece & Case, 2001). As a result, students at risk for learning difficulties can be identified and receive appropriate interventions (Vaughn & Fuchs, 2003; Vaughn, Linan-Thompson, & Hickman, 2003).

For use within disability determination, some advocates of an RTI approach identify the following advantages of RTI:

- A reduced reliance on teachers to initiate referrals
- A focus on academic skills, not presumed processing deficits
- A focus on students' learning, not just current achievement
- The elimination of the need for aptitude-achievement discrepancy and intelligence testing
- A reduction in false positive identification errors (O'Connor, Harty, & Fulmer, 2005; Speece, Case & Molloy, 2003)

RTI is a multitiered framework for preventing reading problems and for intervening in the cases of students who are not successful in the general education curriculum. Numerous studies have demonstrated the effectiveness of RTI for preventing reading problems (summarized in Mellard, Byrd, Johnson, Tollefson, & Boesche, 2004). Controlled studies examining how RTI might be implemented by schools and districts within the process of disability determination demonstrate that RTI should be pursued as a viable option for identifying students with LDs (Speece et al., 2003; Vaughn et al., 2003). At this time, information from research-based interventions is primarily focused on early reading. Research examining the use of RTI in the areas of later reading, math, writing, and content areas is under way and will provide important information on how the RTI framework might be applied across content areas and grade levels.

## Summary

RTI is an important construct because of its potential to help schools provide appropriate learning experiences for all students, and its use in the early identification of students at risk for academic failure. RTI is a multitiered service delivery intervention similar to those used for other schoolwide practices, such as positive behavioral support. RTI combines important features of assessment and instruction and consists of the following components:

1. High-quality, evidence-based instructional practices
2. Universal screening
3. Continuous progress monitoring of students in all tiers



4. Research-based interventions implemented with students identified as at risk
5. Fidelity of implementation

The research support for an RTI model demonstrates that it can lead to better instructional programming and decision making. Although current research focuses primarily on reading, RTI—as a framework—may be applied to other academic areas as the research base in these areas expands.

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