

Parents' Frequently Asked Questions on Response to Intervention (RtI)

A supplement to “Response to Intervention (RtI) – A Parent’s Guide”



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Understanding RtI

1. *What is RtI?*

Response to Intervention (RtI) is an approach for redesigning and establishing teaching and learning environments that are effective, efficient, relevant, and durable for all students, families, and educators. RtI involves an education process that matches instructional and intervention strategies and supports to student needs in an informed, ongoing approach for planning, implementing, and evaluating the effectiveness of instruction, curricular supports, and interventions.

RtI is also a process designed to help schools focus on and provide high-quality instruction and interventions to students who may be struggling with learning. An intervention is a specific type of instruction that is used to help with a specific type of problem.

2. *What are the essential components of RtI?*

The core features of an RtI process are:

- High quality, research-based instruction and behavioral support in general education.
- Universal screening and benchmarking of academics and behavior in order to determine which students need additional interventions and closer monitoring of progress.
- Multiple tiers of scientific, research-based instruction and interventions that are matched to student need and increase in intensity across the tiers.
- Use of a collaborative team for development, implementation, and monitoring of the intervention system at each tier.
- Continuous monitoring of student progress during instruction and interventions, using formative progress monitoring data to determine if students are meeting goals.
- Documentation of parent involvement throughout the process.

3. *What are some of the key terms of RtI?*

Universal Screening is an assessment process typically completed in the fall, winter, and spring of each school year. Students are given quick, accurate predictors of reading, math, or behavioral success to determine which students are “at risk” for not meeting grade level standards or those who have behavioral or emotional problems that may interfere with their learning. The students whose assessment scores fall below a certain cut score, or **benchmark**, are identified as needing additional academic or behavior interventions. For example, some schools decide that those students falling between the 25th and 10th percentile of local or national norms need Tier 2, or small group, intervention supports and those students falling below the 10th percentile of local or national norms need Tier 3, the most intense intervention supports. Classroom teachers, with the assistance of well-trained support staff, typically administer the screening measures.

An example in the area of reading is as follows: The strongest predictor of reading success is taking a one minute sample of oral reading fluency and determining the number of correct words read per minute and the number of errors. This type of assessment is known as reading curriculum based measurement, or R-CBM. R-CBM is considered the best predictor of students’ “reading health.”

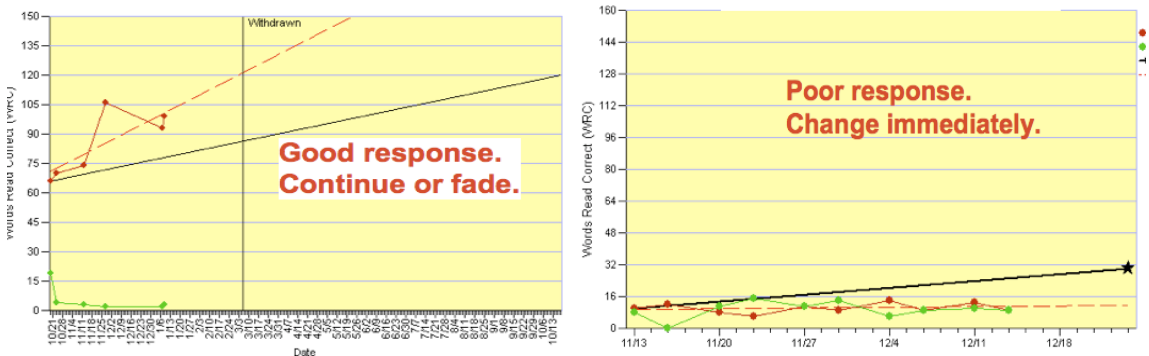
Screening and Benchmarking data are examined to determine first whether or not instruction at Tier 1 is meeting the needs of the majority of students. If the majority of students are succeeding in the core (Tier 1) curriculum, students in need of additional Tier 2 or Tier 3 supports are identified. These students’ academic and/or behavioral needs are matched to appropriate interventions. These interventions can begin immediately. Because this process is part of general

education, there is no legal requirement for formal parental consent. However, it is critical that parents be informed and involved in the process.

Progress Monitoring is a scientifically-based data collection practice that is used to frequently assess students' performance to evaluate the effectiveness of instruction and intervention. At Tier 1, all students are typically progress monitored three times during the school year with the universal screening and benchmarking process. At Tier 2, students are typically progress monitored twice a month, and at Tier 3 progress monitoring typically increases to once weekly. When these data are graphed, decisions can easily be made as to whether the instruction and interventions are producing the desired outcome and should be continued or gradually faded, whether the desired outcomes are questionable and intensity should be increased, or whether the outcomes are negative and a change should be made immediately in the student's instruction and intervention.

The graphs below chart progress monitoring data for an individual student and provide examples of standardized data-based decision rules. The solid dark line is the performance target, while the red line shows actual student performance and progress. The school team would use these data to determine the student's response to intervention and make decisions about changes that might be needed in the intervention.

The graph on the left shows a positive response to intervention, which would lead to a team decision to either continue the intervention or begin to fade it. The graph on the right shows a poor response to intervention, which would result in a team decision to change the intervention in some way, e.g., increase the amount of time the current intervention is provided or implement a different intervention.



Scientific, Research-Based Instruction refers to specific curricula and interventions that have been researched and proven to be effective and reported in scientific, peer-reviewed journals. The research will typically state that if implemented or delivered with high treatment integrity (as designed), the instruction and/or intervention should be effective for specific student needs.

Effective Instruction and Intervention: The following is cited from the “Effective Instruction” page of the Pennsylvania Training and Technical Assistance Network (PaTTAN) website (<http://www.pattan.net/teachlead/effectiveinstruction.aspx>):

Instruction is the purposeful design, implementation, and evaluation of student learning toward a specific goal. Specifically, effective instruction involves the organization of content, the selection of appropriate learning activities, and the ongoing assessment of student progress toward learning objectives. It is the one variable in the classroom that we control. The goal of effective instruction is to improve student achievement and produce independent, self-regulated learners.

It is also important that instruction be:

- Explicit (I do, We do, You do), which involves teachers modeling skills, students practicing with guided support from teachers, and students doing skills independently.
- Systematic, in that there is a logical order/sequence of instruction, with skills building upon one another. A good systematic program should include a lot of cumulative review and guided practice of previous skills.

Effective interventions are evidence-based, proven to address the targeted skill(s), and implemented as designed (with fidelity).

4. *What subject areas should RtI encompass?*

RtI should encompass the core academic areas, i.e., reading, math, writing, science, and social studies. However, when planning for the implementation of RtI, districts may focus on reading and math as their starting point and then expand to include all core academic areas.

5. *What are the five essential components of reading?*

Instruction in reading is the core teaching that occurs with all students. This instruction focuses on the five essential components of reading, which are: Phonemic Awareness, Phonics, Fluency, Vocabulary, and Comprehension. In addition, oral language development and writing are also included as essential components of literacy. Students need explicit and systematic instruction (as discussed under Question 3 above) in the essential components of literacy. This is particularly important for students who are struggling. Parents are encouraged to ask the school district **how the intensity of instruction increases** in the essential components of reading for those students who are struggling and below benchmark. Intensity could increase by more focus on specific skill deficits, increasing the amount of time of instruction, and/or reduced group size.

Parents are also encouraged to ask the school district for their procedures for ensuring **high treatment integrity** in both their instruction and intervention processes. High treatment integrity refers to implementation of scientifically-based programs exactly as they are designed to ensure the best, most effective student outcomes. (Note: Additional information about reading and RtI is available in “Reading and Response to Intervention (RtI): Putting it All Together.” This document is available under “Parent Resources” on the Illinois ASPIRE website at: http://www.illinoisaspire.org/welcome/parent_resources.php.)

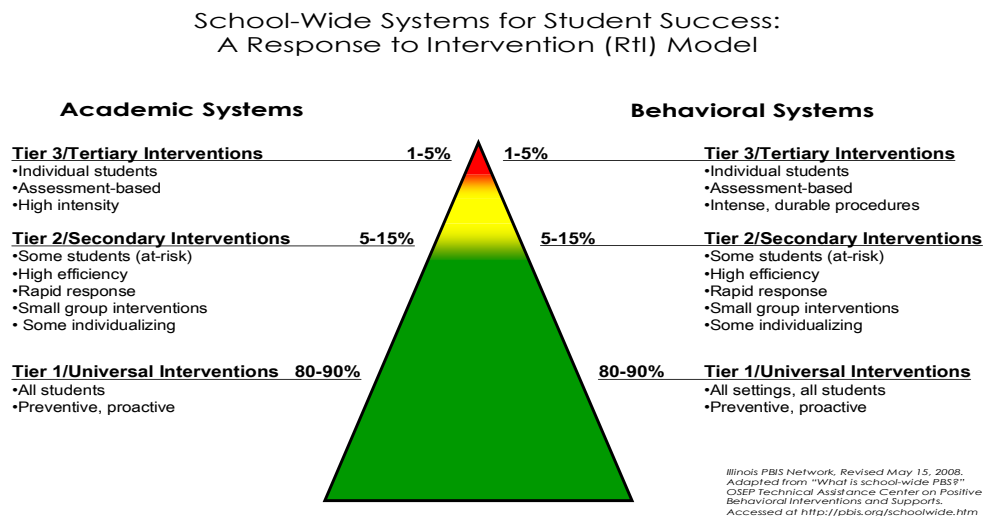
6. *What are the potential benefits of RtI?*

One of the strongest benefits of an RtI approach is that it eliminates a “wait to fail” situation because students get assistance at their level of need promptly within the general education setting. Additional benefits include the following:

- Progress monitoring data drive instructional and intervention changes and keep teachers and parents informed on an ongoing basis regarding a student’s response to instruction and intervention.
- Data regarding student progress are presented in a graphed format that is easy to understand.
- A multi-tiered system of supports provides flexibility to access interventions as needed. For example, if data show progress, a student can move from Tier 1 to Tier 2 and back to Tier 1 within a relatively short period of time.
- RtI techniques have been favored for reducing the likelihood that students from diverse racial, cultural, or linguistic backgrounds are incorrectly identified as having a disability.

7. What is the Multi-Tiered System of Supports?

As shown in the illustration below, a multi-tiered system involves more and more intense instruction and interventions across the tiers. The level of intensity of instruction and interventions a student receives is determined by how he or she responds to the instruction and/or intervention. Like the illustration, Illinois' RtI model utilizes three tiers. It is important to note that the percentages of students at each tier shown in the illustration and discussed below are not absolute and are provided as examples only. The percentages can serve to help schools think about *how* multi-tiered services are structured and the *intended effect* of the services.



Tier 1: This is the core curriculum and instruction that all students receive. A key question to ask is “Does the core curriculum meet the needs of *most* (e.g., 80-90%) students?” Whole Group/Core Instruction is differentiated to meet ALL students’ needs and is implemented by the general education teacher. For example, many schools have a daily 90-minute Language Arts block for all students with instruction provided by the general education teacher.

Tier 2: This tier involves small group interventions for *some* students (e.g., 5-15%) needing MORE instruction or supplementary interventions. For example, intervention time may be 30 minutes per day in addition to the Core and can be implemented by the general education teacher or other trained and qualified staff (e.g., ELL teacher, related services staff, paraprofessional). These interventions are usually provided to a small group of students with similar skill needs.

Tier 3: At this tier, intensive interventions are provided for a *few* students (e.g., 1-5%) needing the MOST. For example, intervention time may be 60 minutes per day *in addition to* the Core. These interventions are typically implemented by other trained and qualified staff that *could* include the special education teacher. For some students, this could also be a replacement core curriculum. Some students may need a replacement core when they are significantly discrepant (e.g., more than two years behind) from typical peers and the general core is not explicit enough to meet their intense skill needs. Providing a replacement core should be given careful consideration by the RtI team and done with a very small percentage (e.g., 1-3%) of the student population. It is important that the replacement core be evidence-based, aligned with the general core curriculum, and proven to address the specific set of skills being targeted. When students receive a replacement core, there should be weekly progress monitoring and review of the data to ensure a positive response/improved student outcomes. Examples of replacement core curricula include Reading Mastery, Corrective Reading, and/or Language! Students should be re-

introduced to the general core curriculum as soon as possible so they benefit from this instruction as well.

8. *In what setting/location can interventions be provided?*

Because RtI is a process for improving instruction for and performance of **all** students, interventions are provided in general education settings. This could occur within the general education classroom or, at times, on a pull-out basis in other general education environments.

Delivering interventions in general education settings is also important because of the requirement in the federal regulations for special education at 34 CFR 300.309(b)(1). Specifically, when determining special education eligibility under the category of a specific learning disability (SLD), the evaluation team must consider “data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction *in regular education settings* [emphasis added], delivered by qualified personnel.” In addition, beginning with the 2010-2011 school year, Illinois’ special education rules require that data collected through an RtI process must be used as part of the evaluation procedures to determine if a child has a SLD.

9. *What are AIMSweb and DIBELS?*

AIMSweb and DIBELS (Dynamic Indicators of Basic Early Literacy Skills) are two types of measurement systems commonly used for screening, benchmarking, and progress monitoring in reading. These measurement systems meet the criteria established by the National Center on Response to Intervention.

Both systems involve a set of procedures and measures for assessing the acquisition of early literacy skills from kindergarten through at least sixth grade (AIMSweb has probes that assess through eighth grade). They are designed to be short (one minute) fluency measures used to regularly monitor the development of early literacy and early reading skills. In addition to providing the measurement probes, AIMSweb and DIBELS also include a computerized database for organizing and reporting the data collected. More information is available at <http://aimsweb.com/> and <https://dibels.uoregon.edu/>.

RtI and Special Education

10. *What role does RtI play in special education eligibility?*

The Individuals with Disabilities Education Improvement Act (IDEIA) of 2004 and the implementing federal regulations issued in 2006 gave permission for school teams to have greater flexibility by eliminating the requirement that students must exhibit a severe discrepancy between their intellectual ability and achievement in order to be found eligible for special education and related services under the SLD category. Further, the federal regulations allow states to adopt criteria to identify students in the category of SLD using a process that determines how a student responds to scientific, research-based interventions (RtI). Beginning with the 2010-2011 school year, the state of Illinois has mandated that an RtI process be used as part of the evaluation procedures for determining eligibility under the SLD category.

While the state requirement for use of an RtI process is specific to the SLD category, RtI can be used as a data-driven process that establishes needs/goals and eligibility for special education in any disability category. In an RtI framework, the focus of a special education evaluation is on determining the effective educational goals, instruction, and interventions that will address the student’s specific educational needs.

11. *What is the timeline for continuing to use an intervention before determining that a special education evaluation is needed? Is there a maximum time that a student can be involved in an RtI process?*

Decisions about the duration, type(s), and number of interventions must be based on an individual student's performance data; therefore, there is no prescribed length of time for intervention implementation. Sufficient time must be provided to a) determine if the intervention is working and b) "close the gap" between the performance of the target student and peers or benchmark expectations when effective interventions have been documented. The greater the gap, the more time will be needed to bring the target student into the range of expected performance. The team must consider each individual student's needs and use data from frequent progress monitoring and other sources to determine the length of time to implement interventions and plan revisions to interventions accordingly. School teams should use standardized data-based decision rules rather than prescribed timelines to evaluate student outcomes. Other factors to consider include:

- The student's baseline performance level,
- The student's prior history of effective interventions,
- The stability of the student in the current school and instructional environment (e.g., student attendance/absences, disciplinary removals from class, student mobility), and
- The intensity of the interventions.

Students who are determined eligible for special education services will continue to receive the recommended amount and intensity of supports defined through a well-defined process that measures the growth towards achievement of the identified goals.

12. *Can parents request an evaluation while their child is involved in an RtI process?*

The right for parents to request a special education evaluation at any time has not changed, nor have the requirements associated with the district's response to such a request. Therefore, parents can request a special education evaluation at any time prior to, during, or following their child's involvement in an RtI process. If the district agrees that the student may be a student with a disability requiring special education and related services, then it must provide notice of the intent to conduct an evaluation, obtain written parental consent, and complete the evaluation. If the district does not agree that a special education evaluation is warranted, a written notice must be provided to the parents that informs them of this decision and explains the reasons why it has been determined an evaluation is not indicated. The parent can challenge the district's decision by requesting mediation and/or a due process hearing to resolve the dispute over the student's need for an evaluation.

Once written parental consent is obtained, the 60 school-day timeline begins for completing the evaluation, determining eligibility, and if the student is eligible, developing an Individualized Education Program (IEP). When determining SLD eligibility, this timeline may be extended by "mutual written agreement of the student's parents and a group of qualified professionals" [34 CFR 300.309(c)]. Also, given the Illinois requirement for the use of a process that determines how a student responds to scientific, research-based interventions as part of the evaluation procedures for SLD (effective in the 2010-2011 school year), if the student has not been involved in an RtI process and SLD is the suspected area of disability, appropriate interventions must be initiated in the area(s) of difficulty and the student's progress regularly monitored during the evaluation period.

To determine special education eligibility, existing data collected during the RtI process will be used as an important source of evaluation information. The school team, which includes a student's parents, will determine if these data are sufficient to determine eligibility or if additional

evaluation data are needed. During this process, any interventions the student has been receiving should continue to be provided.

13. *Are English Language Learners (ELL) eligible to participate in RtI? If so, how does their special education status affect participation in RtI?*

RtI is intended to benefit all students; therefore, students who are identified as ELL would participate in RtI just as all other students would participate. This is true for a student eligible for Title I, special education, and other federal or state funded programs. A resource on literacy and ELL students is available on the Doing What Works website of the U.S. Department of Education (<http://dww.ed.gov/>).

14. *How do students with disabilities already receiving special education services fit into the RtI process?*

The same problem solving process used in a multi-tiered RtI model to determine student needs, identify appropriate interventions, and frequently monitor student progress is equally applicable to students who receive special education services. All students, including those with IEPs, need to receive instruction in the core general education curriculum, unless a replacement core is warranted (as discussed under Question 7). For those students who need them, intensive interventions should be targeted to meet each student's identified strengths and weaknesses. Students should receive the recommended amount and intensity of supports determined through a well-defined process that measures growth towards achievement of their individual goals. The main difference for students who receive special education services (i.e., intensive interventions) is that their services are determined by the IEP team.

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