Understanding Responsiveness to Intervention in Learning Disabilities Determination

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The history of learning disabilities (LD) has included much controversy about the procedures and criteria for determining students with LD. Most recently responsiveness to intervention (RTI) has gained momentum as a means of determining learning disabilities in school-age students. In this article, we review the features associated with RTI and briefly outline activities involving staff from the six Regional Resource Centers, the National Research Center on Learning Disabilities, and selected school districts across the nation.

Responsiveness to intervention is proposed as a valuable model for the schools because of its hypothesized utility in identifying students with LD and preventing academic failure among all students. Students need and benefit from a close match of their current skills and abilities with the instructional and curricular choices provided within the classroom. When a mismatch occurs, student learning and outcomes are lowered. For some students, typical classroom instruction is appropriate and meets their needs. For other students, success is not easy. The hypothesis is that the earlier that these floundering students can be identified and provided appropriate instruction, the higher the likelihood that they can be successful and maintain their class placement. Identifying students who are not achieving at the same level and rate as their peers and providing appropriate interventions are two features that RTI advocates emphasize.

Some propose that RTI can have an important role in LD determination because of its emphasis on careful monitoring of student learning and providing high quality instruction. Here's how RTI can fit with LD determination. One commonly accepted characteristic of learning disabilities is that students with LD, due to an intrinsic difference, do not achieve at the same rates or level as other students with similar age, educational opportunities, and assessed ability level. This intrinsic difference means that the difficulties are attributable to the youngster, presumably due to a neurological difference, and not the classroom instruction. This pattern of unexpected differences reflects underachievement that has long been associated with LD. The use of aptitude-achievement discrepancy formulas was one way of quantifying students' level of underachievement. RTI provides another method of assessing underachievement. Students who are not achieving as one might expect when they are given high quality instruction might have a learning disability.

RTI Features

If an assessment method could match students with appropriate instruction, one might be in a better position to help those learners who are experiencing difficulty. RTI combines important features of assessment and instruction. The core features of RTI include:

1. *High quality classroom instruction.* Students receive high quality instruction in their general education setting. Before students are singled out for specific assistance, one has to have an assurance that the typical classroom instruction is of high quality. This quality can be assessed by comparing students' learning rates and achievement in different classrooms at the same grade level.

2. *Research-based instruction*. General education's classroom practices and the curriculum vary in their efficacy. Thus, ensuring that the practices and curriculum have demonstrated their validity is important. If not, one cannot be confident that students' limited gains are independent of the classroom experiences.

3. *Classroom performance*. General education instructors and staff assume an active role in students' assessment in the general education curriculum. This feature emphasizes the important role of the classroom staff in designing and completing student assessments rather than relying on externally developed tests (e.g., state or nationally developed tests).

4. *Universal screening*. School staff conducts universal screening of academics and behavior. This feature focuses on specific criteria for judging the learning and achievement of all students, not only in academics but also in related behaviors (e.g., class attendance, tardiness, truancy, suspensions, and disciplinary actions). Those criteria are applied in determining which students need closer monitoring or an intervention.

5. *Continuous progress monitoring*. In RTI models, one expects students' classroom progress to be monitored continuously. In this way, staff can readily identify those learners who are not meeting the benchmarks or other expected standards. Various curriculum-based assessment models are useful in this role.

6. *Research-based interventions*. When students' screening results or progress monitoring results indicate a deficit, an appropriate instructional intervention is implemented, perhaps an individually designed instructional package or a standardized treatment. The standardized treatment protocols are the interventions that researchers have validated through a series of studies. School staff is expected to implement specific, research-based interventions to address the student's difficulties. These interventions might include a "double-dose" of the classroom instruction or a different instructional method. These interventions are not adaptations of the current curriculum or accommodations, because one would expect those procedures to be implemented already. These research-based interventions are 8 to 12 weeks in length and are designed to increase the intensity of the learner's instructional experience.

7. *Progress monitoring during interventions*. School staff use progress-monitoring data to determine interventions' effectiveness and to make any modifications as needed. Carefully

defined data are collected, perhaps daily, to provide a cumulative record of the learner's response to the intervention.

8. *Fidelity measures*. While the interventions are designed, implemented, and assessed for their learner effectiveness, fidelity measures are completed that focus on those individuals providing the instruction. The fidelity measure provides the information that the intervention was implemented as intended and with consistency. Staff members other than the classroom teacher have an important role in completing fidelity measures, which are usually an observational checklist of critical teaching behaviors.

RTI Attributes

RTI has been implemented in a number of different versions. Some attributes common to many RTI implementations include:

(a) the concept of multiple tiers of increasingly intense student interventions. That is, if student progress is unsatisfactory, then a more intense dosage of the intervention is considered. Thus, these tiers of interventions are often described from a public health model of primary, secondary, and tertiary interventions. The primary intervention is for the population of students in a school (e.g., students in a classroom). Students who need a stronger intervention are provided a secondary level intervention. The tertiary tier is for those students needing the most intense of all available interventions.

(b) implementation of a differentiated curriculum. The differentiated curriculum means that students have the option to receive a different curriculum for their secondary or tertiary intervention. The assumption is that a different curriculum and its instructional methods might better address the students' learning difficulties. Students in a secondary or tertiary RTI tier are provided a dose of the curriculum that addresses the specific deficit indicated by the screening results or classroom progress monitoring.

(c) instruction delivered by staff other than the classroom teacher. Classroom teachers have a significant responsibility for all learners in the primary level of intervention and integrating the higher tiers of instruction and curriculum provided to students. Other resource staff (e.g., a reading teacher or a Title I teacher) deliver instruction to learners at the higher tier levels.

(d) varied duration, frequency, and time of interventions. The different intervention tiers can vary in several features (e.g., duration, frequency, staff roles, and time). A shared characteristic of RTI models is that those features are specified for the learners so that teachers, parents, and other staff involved have a clear blueprint for understanding the student's intervention.

(e) categorical or noncategorical placement decisions. School district staff implement RTI using categorical and non-categorical service delivery models. This feature is attractive to many educators who feel it can fit with their broader framework for serving students with varied disabilities.

Current RRC and NRCLD Activities

The nation's six Regional Resource Centers and NRCLD are collaborating on activities including (a) identifying, evaluating, providing technical assistance and disseminating information on RTI procedures and model sites, (b) exploring the adequacy of RTI as alternative methods of identifying students with specific learning disabilities and (c) discovering best practices of RTI currently in use. We have four specific goals for this activity:

1. To determine whether/how an RTI model is being implemented.
2. To clarify whether/how an RTI model is used for LD eligibility determination.
3. To establish whether/how an RTI model is an effective prevention system.
4. To validate whether/how an RTI model enhances LD determination.

Additional information about RTI, the NRCLD and its activities can be found at nrcld.org.

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