

RTI and Reading: Response to Intervention in a Nutshell

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INTRODUCTION

The effort to understand Response to Intervention (RTI) has occupied many thousands of hours and hundreds of position and policy statements, white papers, consensus documents, and research articles. RTI is a process intended to shift educational resources toward the delivery and evaluation of instruction, and away from classification of disabilities. RTI is not a particular method or instructional approach. The success of RTI depends on the timely delivery of research-based instruction by highly qualified instructors. Although RTI can be implemented at any grade level, it is likely that the development of language and literacy skills will be addressed most prominently in the early grades, kindergarten through third grade.

The sheer volume of information that is available on RTI, much of which poses more questions than answers, makes it difficult for parents, educators, and other interested parties to develop a basic conceptual understanding of the process. The following is a brief guide to RTI and reading; it does not reflect how RTI will be implemented in all cases. The guide avoids detail on such issues as the changing roles of school professionals and parents; the need for reallocation of human and economic resources; staff development; or how to choose among methodological alternatives. However, this “nutshell” framework may provide a foundation upon which the interested, albeit not profoundly involved, individual can gradually build a working understanding of the process.

RTI: The Process

1. Screen
2. Teach
3. Intervene
4. Probe
5. Chart
6. Adjust

Screen

Valid screening measures predict who is, and who is not, at risk for future reading difficulty. These measures are administered to determine if a child is at risk for failing a state’s “high stakes” end of year achievement test, by which the state measures a school’s overall performance. Children considered to be “at risk” are expected to experience difficulty responding (not keeping up) in the core curriculum as traditionally delivered in the regular general education classroom. Note: Due to the desire to capture all children who are truly “at risk,” the false positive rate of early screening may be as high as 50 percent. In other words, as many as half of all the children who are identified as “at risk” by early screening may not be truly “at risk.”

Teach

Core curriculum in the regular general education class should be research-based and field tested. This means, based on evidence from converging research, that the core curriculum contains all the elements found necessary to effectively teach reading and has a known track record of success. Such curriculum is to be delivered by “highly qualified” teachers sufficiently trained to deliver the selected instruction as intended, i.e., with fidelity to design.

Intervene

Provide “at risk” children with enhanced opportunities to learn, possibly including, but not limited to, additional time exposed to the core curriculum in small groups (3-6 students), other supplementary instruction, or special education.

Probe (progress monitoring)

Progress monitoring tests are brief measures of specific reading skills that are administered to determine if the child receiving intervention is responding as intended. They are given frequently, at least once every two weeks.

Chart

Progress is regularly charted to provide a visual record of actual rate of gain in specific reading skills in relation to a specified goal. The goal of intervention is for the child to improve relative standing

and perform at or closer to grade level standards and is individualized according to the unique needs of the child.

Adjust

Depending on whether the child is achieving a rate of progress determined by his or her individualized goal, the manner and intensity of intervention will be adjusted. The cycle of progress-monitoring and adjustment of intervention will continue, even if a determination for special education eligibility is made.

RTI AS IT MAY BE IMPLEMENTED IN A PARTICULAR SCHOOL

Tier 1 (general education)

In this school, all children start in Tier 1, which consists of a research-based core curriculum. All children are screened at this Tier to determine if they are responding appropriately to instruction **before** they experience any significant failure in comparison to their peers.

Tier 2 (early intervening services)

In this school, Tier 2 consists of increasing the time and intensity of the child’s exposure to the core curriculum for children who do not appear to be responding appropriately to Tier 1 instruction. For instance, an additional 30 minutes per day may be devoted to reading in a small group (3-6 students), with a focus on building accurate and

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automatic recognition of words in text. Adjustments can be made within Tier 2 to increase time on task or decrease student/teacher ratio. (In some schools such adjustments may be referred to as Tier 3, Tier 4, and so on.)

Tier 3 (intensive intervention)

In this school, Tier 3 includes many children who have been found eligible for special education and related services, and some who have not. Special education eligibility may allow exposure to remedial methods and practices that, although research-based and aligned with the content of the core curriculum, are not necessarily a part of the core curriculum. The cycle of progress-monitoring and adjustment of intervention will continue, even if a determination for special education eligibility is made.

NOTE (1): Regular progress monitoring (probes) and charting are required during all Tier 2 and Tier 3 interventions.

NOTE (2): For The purpose of clarification, this paper views special edu-


cation as a service (not a place) that may be appropriate for a particular child in Tier 1 and not necessary for another child participating in the highest Tier of RTI. RTI and special education services are independent yet collaborative and share a common mission; that being to improve outcomes for all children.

PROCEDURAL PROTECTIONS

My personal interpretation of the spirit and the letter of the law is that a child should not enter Tier 2 interventions without parents being told that the child has been identified as “at risk,” advised as to the instructional strategies being used, and informed of the progress being experienced. Specific parental consent to interventions that don’t require eligibility for special education services is not required. If a referral for special education services is made, it must be completed within the time limits required unless extended by mutual written agreement. The purpose of early parent involvement is to foster a relationship where the parent is engaged and

empowered to be an “instructional partner.” It should be noted that initial interventions serve as a form of dynamic assessment that will help identify many of the false positives (children that are not truly “at risk”).

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