

A Parent's Guide to Response to Intervention (RTI)



Millions of school-age children experience difficulties with learning. Their struggles in school may be due to factors such as cultural or language differences, poor attendance or a lack of appropriate instruction. In some cases, a disability such as a learning disability can make learning difficult for a child.

For years schools have attempted to provide help to these students using a variety of approaches—including programs such as special education and Title I. In recent years, Congress has added new provisions to our nation's federal education laws—the Elementary and Secondary Education Act (ESEA) and the Individuals with Disabilities Education Act (IDEA 2004)—that are designed to encourage school districts to provide additional support for struggling students within general education. This support should be provided as early as possible—when students show the earliest signs of difficulty.

When students are allowed to fail, they often get further and further behind, making it more and more difficult to get them back on grade level. By helping students early, schools can keep every student on grade level and on track to graduate. While schools have attempted many ways to help struggling students, including those with disabilities, the current focus is on an improved, research-based process known as **Response to Intervention** (RTI). RTI is not a special kind of program or book. It is a way to help all students succeed, including struggling learners. Ultimately, the goal of RTI is to prevent failure and make all students successful learners.

The RTI process might also be called Responsiveness to Intervention or Multi-Tier System of Support (MTSS) depending on the state or school district. Whatever the name, parents play a critical role in RTI, just like any other successful school initiative.

The National Center for Learning Disabilities' RTI Action Network has developed this guide for parents and schools involved in implementing RTI in the elementary grades. As schools work to implement this new approach, some confusion may arise, so parents should feel free to ask questions and raise concerns along the way. Possible questions to ask appear on page 18.

IMPORTANT! The manner in which states and school districts might implement RTI varies greatly, so be sure to check with your state or local school district for additional information about RTI in your child's school.



Important Terms to Know

Benchmarks: The expected grade-level performance of the student.

Curriculum-Based Measurement: A method teachers use to find out how students are progressing in basic academic areas such as math, reading, writing and spelling.

Data-Based Decision Making: The use of student data to guide design, implementation and adjustment of instruction.

Fidelity of Implementation: Using instruction or materials in the way they are supposed to be used. An RTI process must be implemented with fidelity.

Individuals with Disabilities Education Act (IDEA): The federal law dealing with the education of children with disabilities. IDEA requires all states that accept IDEA federal funds to provide a free appropriate public education to all children with disabilities in the state.

Intervention: A change in instructing a student in an area of learning or behavioral difficulty to try to improve performance and achieve adequate progress.

Progress Monitoring: A scientifically based practice used to assess students' academic performance and evaluate the effectiveness of instruction. Progress monitoring can be implemented with individual students or an entire class.

Scientific, Research-Based Instruction: Curriculum and educational interventions that are research based and have been proven to be effective for most students.

Special Education: Instruction that is specially designed to meet the individual needs of a child with a disability, according to the federal special education law, the Individuals with Disabilities Education Act (IDEA 2004).

School-Based Team: A group of school personnel who work collaboratively to address the needs of struggling students. Schools use a variety of terms for school-based teams such as educational support team, instructional intervention team, multidisciplinary team, problem-solving team, student assistance team, or student progress monitoring team.

Elementary and Secondary Education Act (ESEA) Title I: The nation's major federal law related to education in grades pre-kindergarten through high school (the most recent version is known as No Child Left Behind). Title I of ESEA provides funding for high-poverty schools to help students who are behind academically or at risk of falling behind.

Universal Screening: A step taken by school personnel early in the school year to identify or predict students who may be at risk for poor learning outcomes. Universal screening tests are typically brief, conducted with all students at a grade level, and followed by additional testing as required.



What Is Response to Intervention (RTI)?

RTI is a multistep process that schools use to:

- Provide services and interventions to help all students, including students who struggle with learning
- Improve the early identification and support of students with learning and behavior needs, including the need for special education

Provide services and interventions to help all students, including students who struggle with learning.

An RTI process provides extra help at increasing levels of intensity depending on how much progress students are making. RTI can be used at any grade level (preschool, elementary, middle or high school) and for any content area (reading, math, science, social studies). It is most often used in reading or math. It can also be used to improve student behavior.

In an RTI process, the progress students make at each stage of intervention is closely monitored. Results of this monitoring are used to make decisions about the need for further research-based instruction and/or intervention in general education.

RTI provides a more objective way to look at student performance. Using data, like progress monitoring reports, helps teachers and parents understand how the student is doing compared to grade-level expectations. Providing early help through an RTI process can limit the amount of academic failure that any student experiences. Keeping students at or near grade level, even in the early grades, is essential to a student's self-esteem and long-term success in school.

Improve the early identification and support of students with learning and behavior needs, including the need for special education.

RTI can also increase the accuracy of identification for special education. Its use could also reduce the number of children who are mistakenly identified as having learning disabilities when their learning problems are actually due to cultural differences or lack of appropriate instruction. Information and data gathered by an RTI process can lead to earlier identification of students who have true disabilities and are in need of special education services. It can also help schools and parents decide if a student needs special education in order to succeed in school. For students receiving special education, RTI can help determine if a student is benefitting from special services.

IMPORTANT! Some states require an RTI process as part of the identification of students suspected of having learning disabilities (LD). Be sure to find out about your state's policies and procedures regarding RTI for LD identification by checking with your state's department of education.



Parents Make the Difference

Parents want the best for their children, including a successful and positive school experience. When a child is struggling in school there is no time to waste. Working together, parents and teachers can keep students on the road to school success and graduation.

If your child is struggling in school (see box), it is important that you:

- Communicate with your child's teacher(s)
- Ensure that your child attends school regularly
- Encourage your child to do well in school
- Understand the assessments (tests) your child takes
- Ask how you can help your child at home
- Understand and exercise your rights as a parent
- Collaborate with your child's school

IMPORTANT! Visit www.LD.org to learn more about your rights.

Your child may be having difficulties in school if he or she exhibits any of the following:

Lack of Motivation, Interest or Attention. Your child is resistant or unwilling to participate in school activities and assignments or is inattentive in class.

Homework Frustrations. Your child argues about doing homework, cries or has tantrums, or requires your assistance to complete homework assignments.

Behavior Problems. Your child is acting up in class, seeking help or attention from other students.

Slipping Grades. Your child's grades are steadily declining, indicating the schoolwork is either too difficult or your child lacks the skills needed to complete the tasks.

Low Self-Esteem. Your child avoids talking about school with you, becomes withdrawn or makes negative comments about his or her abilities.

Getting to Graduation

In the United States today, nearly one-third of all high school students leave school before graduating.* Struggling in school and failing classes are among the main reasons teens drop out of school, and this pattern often shows up early. For example, students who fail eighth grade English or math are 75 percent more likely to drop out of high school. Students who are held back due to academic failure and who are older than the students in their grade also tend to drop out. Seventy percent of inmates in prison did not graduate from high school.

Parents who are involved in their children's education—even in the early grades—often make the difference between academic success and failure. Students do better when their parents care: when parents make sure their children get to school and are progressing well and when parents communicate their expectations for success. If problems arise, involved parents have laid a solid foundation for dealing with them.

**Source: Alliance for Excellent Education*

PARENT PERSPECTIVE: **Mendy Gomez, Tucson, Arizona**

Few argue the need for more parent involvement in our schools. I've always made involvement in my children's education a top priority. After all, raising my children is my number one job.

While a little involvement is fairly easy, things can get complicated when your child is struggling in school. As I've worked to address the learning issues my son has experienced since beginning formal schooling, I've needed to ask questions all along the way. I've learned that I'm really the best expert on my child and I have a lot to contribute to his success in school.

Schools can help parents of struggling learners by focusing on collaboration—a partnership with one common goal: the educational success of their child. But what determines success? How can schools and parents work together toward that success?

Here are some things that parents can do to create an effective collaboration:

- **Get help early.** Schools have lots of children to teach. But every student gets just one chance at learning. Parents of struggling learners must take an urgent approach to getting help in addressing their child's needs.
- **Seek partnership.** While schools might be full of experts trained in teaching and other areas like school psychology, social work and counseling, parents are experts on their children. Developing a partnership with school personnel will maximize everyone's expertise.
- **Find middle ground.** To get the most accomplished, schools and parents must meet half-way—whether finding convenient times to meet or providing information to help parents understand what's happening with their child.

As our family goes through our journey with our son, we have learned to never stop asking questions, to focus on what our child can do—not what he can't do, and to build on his strengths.

Mendy Gomez is the mother of two children in the Vail School District in Arizona. Her son has dyslexia and AD/HD and has made outstanding progress in the programs offered through the Vail School District. She works closely with her district and other educational advocacy groups to ensure every child is afforded a quality education.



Response to Intervention Example: A Three-Tier Model

There is no single, widely practiced “model” of RTI. It can look different in every school. It is generally defined as a three-tier (or three-step) model of school supports that uses research-based academic and/or behavior interventions.

At all stages of the process, RTI should focus on discovering how to make the student more successful rather than focusing on the student’s lack of success.

A three-tier RTI model includes the following:

Tier 1: Screening and Group Interventions



The goal of RTI is to prevent failure and make all students successful learners. In Tier 1 all students receive high-quality, scientifically based instruction. Students who are “at-risk” are identified using universal screenings and, in some cases, results on state or district-wide tests. Tier 1 can include frequent progress monitoring of all students for a brief period.

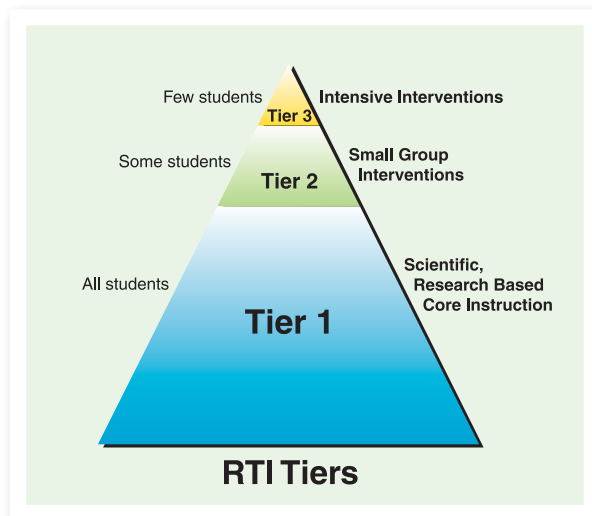
For example, in kindergarten and first grade, the teacher may test the students’ knowledge of letters and sounds. Through universal screenings, teachers can get a good idea of which students are having difficulties. Screenings can also identify students who may benefit from enrichment or accelerated learning.

Identified students receive supplemental instruction, or interventions, generally delivered in small groups during the students’ regular school day in the regular classroom. Student progress is closely monitored using a validated screening system such as curriculum-based measurement.

The length of time for Tier 1 can vary. At the end of this period, students not showing adequate progress are moved to Tier 2. (Note: This step may be broken into two separate tiers in a four-tier model.)

Parents should be informed when a school begins an RTI process. Basic information should be provided and specifics about the grade levels and content areas using RTI (such as reading) should be shared. The parents of students involved in the RTI process should receive regular updates on their students’ progress.

IMPORTANT! The careful analysis of performance data for all students is critical to a successful RTI process. It provides evidence that the school’s curriculum and instructional process are providing acceptable progress for most students. For example, if the majority of students are succeeding, the general education program can be considered to be sufficiently effective, and more intensive interventions are required for those students not meeting expectations. However, if significant numbers of students in the general education program are not making acceptable progress based on desired benchmarks, the school must work to improve the overall curriculum and/or instructional program.



Tier 2: Targeted Interventions



Students not making adequate progress in Tier 1 are provided with more intensive services and specialized interventions to remediate deficits. These services are provided in addition to instruction in the general curriculum.

Interventions are provided in small groups in an appropriate setting—either within or outside of the general classroom—by the classroom teacher or specialist, such as a reading specialist. Progress on the targeted skill is monitored frequently (for example, once a week or once every two weeks) to ensure adequate progress and learning. In the early grades (kindergarten–grade 3) interventions are usually in the areas of reading and math.

For example, a student having difficulty in reading may be provided additional instruction in a small group of three to five students for 30 minutes each day with a reading teacher. The student's progress is measured often to see if the additional, more intensive instruction is helping to close the learning gap.

Students who continue to show too little progress at this level of intervention are then considered for more intensive interventions as part of Tier 3.

Parents of students involved in Tier 2 interventions should be provided regular updates on their students' progress and information on how they can assist their child at home to support the school's efforts. Involvement in intervention change decisions and the development of a written intervention plan help parents understand the progress needed to close the learning gap.

IMPORTANT! While the length of time for Tier 2 can vary, the focus throughout this tier should be on the amount of progress being made by the student. Progress is measured by use of progress monitoring data.

Tier 3: Intensive Interventions and Comprehensive Evaluation



Students receive individualized, intensive interventions that target the student's skill deficits for the remediation of existing problems and the prevention of more severe problems.

For example, the teacher or specialist may work with the student one-on-one so that instruction can be tailored specifically to the needs of that one student. Progress is monitored closely to make sure the student is doing well and to help the teacher decide whether a change in instruction is needed. Charting the student's progress helps the teacher decide if the student needs more instruction time, a different method or different materials.

Students who do not respond to these targeted interventions are then considered for special education following the requirements of the Individuals with Disabilities Education Act (IDEA). The data collected during Tiers 1, 2 and 3 are included and used to make the decision about a student's need for special education.

In some cases, special education is considered Tier 3 of an RTI process. Information provided by schools should clearly indicate how special education fits into the RTI process being used.



Parents of students involved in Tier 3 interventions should be provided with frequent updates on their student's progress and involved in decisions about intervention changes. A written intervention plan helps parents understand the progress needed to close the learning gap. Parents should also continue to receive information on how they can assist their child at home.

IMPORTANT! At any point in an RTI process, the Individuals with Disabilities Education Act (IDEA) allows parents to request a formal evaluation to determine eligibility for special education. A school's RTI process cannot be used to deny or delay a formal evaluation for special education. Read more about this on page 13.

Essential Components of RTI

Regardless of the specific RTI process being used by a school, it should include these essential components:

- ✓ Monitoring a student's progress in the general curriculum using appropriate screenings or tests (assessments)
- ✓ Choosing and implementing scientifically proven interventions to address a student's learning problems
- ✓ Following formal guidelines to decide which students are not making sufficient progress or responding to the intervention (called decision rules)
- ✓ Monitoring how the student responds to the intervention by using assessments at least once a week or once every two weeks
- ✓ Making sure the interventions are provided accurately and consistently (fidelity)
- ✓ Determining the level of support that a student needs in order to be successful
- ✓ Giving parents notice of a referral and a request to conduct a formal evaluation if a disability is suspected as required by IDEA

What RTI Is Not

The following practices are not appropriate instructional interventions and should not be part of an RTI plan:

- Special or reassigned seating in the classroom
- Shortened assignments
- Communications with the parent about the child at regular parent-teacher conferences or other informal communications
- Classroom observations
- Suspension
- Retention
- More of the same/general classroom instruction and/or assignments

Progress Monitoring

Progress monitoring is a scientifically based practice used to assess students' academic performance and evaluate the effectiveness of the instruction they are receiving. It can be implemented with individual students or an entire class. It is not the same as weekly tests of spelling or math that most teachers give to their class.

Progress monitoring is a fundamental and necessary component of RTI. The information gathered through progress monitoring is used throughout the RTI process to make important instructional decisions about the student.

To implement progress monitoring, the student's current levels of performance are determined and goals are identified for learning that will take place over time. The student's academic performance is measured on a regular basis (such as weekly, biweekly or monthly). Progress toward meeting the student's goals is measured by comparing expected and actual rates of learning. Based on these measurements, teaching is adjusted as needed.

Whatever method of progress monitoring a school decides to use, it is most important that it is a scientifically based practice that is supported by significant research.

The most popular form of progress monitoring is curriculum-based measurement (CBM). CBM is one way of tracking and recording a child's progress in specific learning areas.

Using CBM, teachers regularly assess students' performance (e.g., each week) using very brief, simple tests. The results help teachers determine whether students are learning well from their instructional program. CBM results also provide the teacher with the information needed to tailor instruction for a particular student. CBM practices, supported by a great deal of research, are available in pre-reading, reading, spelling, mathematics and written expression for grades 1–6. CBM procedures have also been developed for kindergarten and middle school.

A CBM graph provides a clear picture of an academic performance goal for the school year and your child's progress each time the CBM measurements are taken.

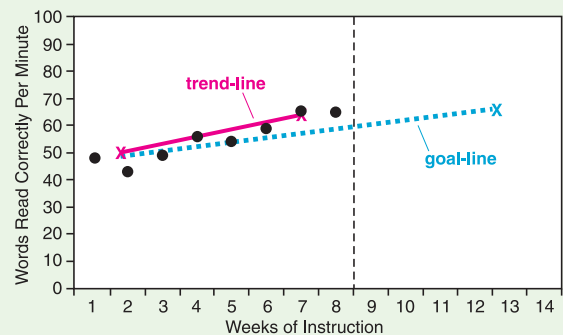
The student is not making progress if the trend-line is below the goal-line. A change in instruction is needed.



Goal-line represents progress needed to reach expected performance by end of year.
Trend-line is student's actual performance based on CBM.

Source: www.studentprogress.org

The student is making progress if the trend-line is above the goal-line.



Goal-line represents progress needed to reach expected performance by end of year.
Trend-line is student's actual performance based on CBM.

Source: www.studentprogress.org

Some examples of CBM are AIMSweb and the Dynamic Indicators of Basic Early Literacy Skills (DIBELS). Information on these and other scientifically based progress monitoring tools is available from the National Center on Response to Intervention at www.RTI4success.org/ProgressMonitoringTools.

IMPORTANT! Progress monitoring information should be shared with the student whenever possible. Having students graph their data can help them understand the progress they are making and improve motivation.

Written Intervention Plans

While not a necessary part of RTI implementation, parents could ask for a written intervention. A written plan is a good way for parents to be fully involved in an RTI process. Such a plan could include details about how the school is planning on helping your child, particularly during Tier 2 and Tier 3.

A written intervention plan would be fully explained to you and might include the following:

- Specific areas of concern, including information to support concern, such as results of screenings, tests or work samples
- A description of the specific intervention
- The length of time (such as the number of weeks) that will be allowed for the intervention to have a positive effect
- The number of minutes per day the intervention will be implemented (such as 30–45 minutes)
- The persons responsible for providing the intervention
- The location where the intervention will be provided
- The factors for judging whether the student is experiencing success
- A description of the progress monitoring strategy or approach, such as CBM, that will be used
- A progress monitoring schedule
- How frequently you will receive reports about your child's response to the intervention

The instructional interventions used as part of an RTI process should provide targeted assistance based on progress monitoring, be delivered by a highly qualified classroom teacher or another specialist and provide additional instruction on an individual or small group basis (with or without technology assistance, such as a computer program).

See page 19 for a sample student intervention plan.

IMPORTANT! A written intervention plan for students in an RTI process is not the same as an Individualized Education Program (IEP) that is required to be developed annually for all students receiving special education.

The image shows a 'Sample Written Intervention Plan' form. It includes sections for:

- Initial meeting to define areas of concern:** A table with columns for Reading, Mathematics, Writing, and Behavior, each with a list of sub-areas and checkboxes.
- Developing the Problem:** A section for describing the student's needs.
- Intervention to Begin:** A section for specifying the start date and team leader.
- Monitoring to Evaluate Progress:** A section for specifying the end date and progress monitoring plan.
- Follow-up Meeting to Evaluate Student Progress:** A section for describing the evaluation process.
- Actions to be Taken:** A section for listing specific actions and signatures.

PARENT INVOLVEMENT: How One School Gets It Done!

Tualatin Elementary School, Tualatin, Oregon

Overview and demographics

Tualatin Elementary School enrolls 522 students in kindergarten through fifth grade, with three to four classrooms per grade. Nearly 50 percent of its students receive free or reduced lunch. Sixty-five students are served in special education (15 are identified as having a learning disability), and 160 are English language learners. Tualatin Elementary's Response to Intervention (RTI) model uses the following structure: Tier 1, Tier 2, Tier 3 and special education.



Ensuring that parents feel welcome and comfortable in the school setting

Parents receive multiple newsletters—some monthly and others weekly. Some newsletters feature school-wide news; others focus on classroom or departmental issues such as English language learners (ELL) and Title I.

The school provides a variety of parent nights: Back-to-School, Kindergarten Round-Up, Cinco de Mayo, One-Minute Reading Training, Summer Reading, ELL, etc. In addition, parents are invited to volunteer in classrooms.

Most parent communication (written) is translated to Spanish; parent nights and conferences are presented in Spanish and English; and one of the four secretaries speaks Spanish.

Ensuring that parents are involved in all phases of the RTI process and receive active support for participation at school and at home

Parents receive progress monitoring information by mail. The interventions are discussed at parent night (with parent training), and the school counselor invites parents to the school for data review or for a parent interview at the various RTI stages. Parents also receive support through home visits, newsletters and phone calls.

Parental notification

Tualatin Elementary has clearly specified times when parents are notified: when a child is not doing well in the general curriculum and the school-based team reviews screening data and places the student in a group intervention, when the school-based team places a student in a second group intervention, when the school-based team designs an individual intervention for the student, and when special education referral is initiated. Parents are continually informed about the plan and its implementation.

Tualatin Elementary School continued on page 12

Tualatin Elementary School continued from page 11

Mutual agreement (parents and staff) on the child's plan, implementation and time line

Parents rely on teachers' professional expertise to determine the appropriate curriculum and the length and frequency of the interventions. Tualatin uses district decision rules to determine the duration of the interventions.

Frequent and consistent parent-staff communication

School staff make home visits, and classroom teachers make home visits, place phone calls to student homes, and have parent conferences to explain the interventions and to review progress. Parents are on the site council to help create the school-wide strategic plan, are involved in the PTA, and have input on the Title I compact and the program plan.

Progress data sent frequently to parents

Progress data is sent to parents at the end of each trimester. For those students in Tier 2 and 3, progress is sent to parents more frequently.

Written materials to inform parents of the right to ask for special education evaluation at any time

Written information addressing this issue is in the Tualatin District Rights and Responsibilities Handbook and included in advertisements in local newspapers that inform parents and community members about agencies to contact if they suspect a child has a disability.

Practices by school staff to ensure that parents view the implementation of due process procedures and protections as timely, adequate and fair

The principal, the literacy specialists and/or special education teachers explain the due process rights to the parents. In addition, the school mails a parent's rights handbook to parents prior to meetings.

Adapted from the National Research Center on Learning Disabilities: www.nrcld.org.



RTI and the Special Education Evaluation and Eligibility Process

RTI plays a critical role in how students are identified as having a disability and needing special education services. For many years, putting struggling students into special education was the only option. Requirements for special education eligibility were outdated and left students to struggle for years before help was provided. Students fell further and further behind, making it more difficult to catch up once help was provided.

The RTI process gets help to struggling learners faster, making interventions more successful and keeping students from becoming frustrated. The information collected along the way—such as progress monitoring data—becomes an important part of determining if a student needs to be formally evaluated for special education.

Once a student is determined to be in need of special education, an Individualized Education Program (IEP) is developed. The student's IEP lists the specific skill deficits that are interfering with his or her academic achievement and the progress needed to close that achievement gap. This involves the use of individualized instruction designed for the unique needs of the student.

The use of a RTI process as part of a school's procedures for determining whether a student has a learning disability and needs special education services can potentially:

- Reduce the time a student waits before receiving additional instructional assistance, including special education if needed
- Reduce the overall number of students referred for special education services and increase the number of students who succeed within general education
- Provide critical information about the instructional needs of the student, which can be used to create effective educational interventions
- Limit the amount of unnecessary testing that has little or no instructional relevance
- Ensure that students receive appropriate instruction, particularly in reading, prior to placement in special education
- Increase collaboration among school staff and parents

However, it is important to keep in mind the following limitations:

- RTI alone is generally not sufficient to identify a learning disability. While the information collected during the RTI process will play an important role in making decisions about student need and creating effective instructional plans, additional information is needed to satisfy the evaluation requirements of IDEA and make a well-informed, individualized decision about each student.
- Since an RTI process identifies the lowest performing students within a group—such as a class or grade—within the school, students who are highly intelligent (frequently referred to as “gifted”) yet are not performing up to their potential will most likely not be identified for intervention. While these students may have a learning disability, they typically would not be identified as needing special education through an RTI process.



Despite these limitations, a well-implemented, research-based RTI process promises to offer earlier, more relevant help for students at risk for learning disabilities and provide critical information about the instructional needs of the student, which can be used to create effective educational interventions.

IMPORTANT! School personnel, such as your child's teacher, can also request an evaluation for special education. If your child's teacher thinks your child may have a disability and need special education services, you will be provided with the Notice of Procedural Safeguards and asked to provide your written consent for the evaluation. When the evaluation is complete you will be invited to attend a meeting to discuss the results and decide if your child is eligible for special education services. Be sure to attend the meeting and ask questions about the information presented.

Contact your Parent Training and Information Center for additional help in understanding your rights under IDEA. A list of Parent Centers is available at www.parentcenternetwork.org.

The **Individuals with Disabilities Education Act (IDEA)** is the federal law that requires local school districts to identify and serve students with disabilities. IDEA provides important rights to parents. These rights do not change when a school decides to use an RTI process.

Among important IDEA rights for parents are the following:

- **Right to request an evaluation for special education.** Parents can ask the school to evaluate their child at any time during the RTI process. Make your request in writing. The school, in turn, must respond to your request in one of two ways. They must either agree to conduct an evaluation (which requires your written consent) or tell you in writing the reason(s) why they don't feel an evaluation is needed at the time (called Prior Written Notice). Either way, you will receive a document called a Notice of Procedural Safeguards that contains information about all of your IDEA rights. Be sure to read and understand this notice. Ask questions if you don't understand.
- **Right to consent to evaluation.** The school must obtain your written consent to conduct an evaluation for special education. Your consent does not mean that you are agreeing to special education if your child is found to be in need.
- **Right to consent to special education.** The school must obtain your written consent to begin providing special education services to your child.

RTI in Action

Paul and Susan attend an elementary school that has a three-tier (or step) RTI process in place for the entire first grade. Parents of all students in first grade are provided with information about the program at the beginning of each school year.

Paul

Tier 1: Paul is a first grade student. At the beginning of the school year, Paul's score on the universal screening fell below the school's cut-point used to identify students who are at risk for reading failure. So, Paul was considered to be at risk for reading failure. All students were monitored for five weeks to gauge their response to the reading curriculum.

At the end of five weeks, Paul's scores on the progress monitoring curriculum-based measurement word identification fluency fell below the performance needed to indicate a positive response. So, Paul was considered unresponsive to Tier 1 general education and in need of additional support.

Tier 2: The school held a face-to-face meeting with Paul's parents. During the meeting, they explained Paul's scores and the reasons why they were concerned about Paul's lack of progress in reading. The school asked Paul's parents for written consent so Paul could enter Tier 2 of the school's Response to Intervention (RTI) program, called preventative tutoring. Paul's parents received a written intervention plan that provided details of the next phase of intervention that Paul would receive.

For the next eight weeks, Paul received preventative tutoring four times each week for 45 minutes per session, in small groups with two other students.

Progress monitoring was done weekly and Paul's parents received a detailed report of his progress, including graphs of his progress monitoring, every two weeks. These graphs helped Paul's parents understand the results of the preventative tutoring. They could ask questions at any time about any information in the progress reports. They were also advised that they could request a formal evaluation as allowed under the Individuals with Disabilities Education Act (IDEA) if they suspected that Paul might have a disability.

After eight weeks under Tier 2 preventative intervention, Paul showed positive progress that exceeded the school's expectations for response to the intervention. So, Paul was considered to be responsive to the Tier 2 preventative intervention in reading and was returned to Tier 1 general education, with the hope that he would now be able to continue to progress adequately. The school watched Paul closely and continued to monitor his progress weekly. If necessary, Paul could reenter Tier 2 preventative intervention if he once again struggles to progress as expected within the general education classroom.



Susan

Susan is also a first grade student. When the school year began, her mother reported that she had shown signs of difficulty with beginning reading skills. Susan's mother told the first grade teacher that her older brother and sister both learned the alphabet more quickly and easily than Susan.

Tier 1: On the universal screening at the beginning of first grade, Susan's score put her in the group of students who are considered to be at risk for reading failure. Like all parents, Susan's parents received notice of her performance on the class-wide screening. Susan, along with the other students considered at-risk, received additional instruction and had her performance monitored for several weeks. It was hoped that, despite her mother's concerns, Susan would progress at an appropriate rate in the strong reading curriculum used by the school.



At the end of five weeks, Susan's progress monitoring information showed that her performance was below the cut-point that would show a positive response. So, Susan was considered unresponsive to Tier 1 general education.

Tier 2: The school held a face-to-face meeting with Susan's mother and explained that Susan continued to show difficulty with reading. The school advised Susan's mother of plans to move Susan to Tier 2 interventions in reading. Susan's mother also asked for information and materials that she could use at home to help Susan benefit from the interventions she would receive in Tier 2. Susan's mother received a written intervention plan and a kit of materials to use every night at home to help develop important reading skills such as phonological awareness, letter-sound recognition, decoding and sight word recognition. Susan's mother began working with her each night for 20 minutes.

Susan received individualized reading interventions for 45 minutes, four times each week, in groups with two other students for eight weeks.

Progress monitoring information was collected weekly. Susan's mother received a progress report each week that helped her understand Susan's performance. Despite both the school's interventions and the additional assistance provided by Susan's mother each night, Susan failed to respond to the Tier 2 intervention. Her scores on the progress monitoring showed that she was still well below the achievement level needed to indicate a positive response.

Susan's lack of response to Tier 2 indicated that she might have a disability that was interfering with her learning. The school met again with Susan's mother and explained their concerns about Susan's lack of progress. They also explained that if Susan kept falling behind her classmates, she would soon be unable to participate meaningfully in the curriculum. The school asked Susan's mother for her written consent to conduct an evaluation in order to gather additional information about Susan. The school conducted testing that could measure Susan's language skills and rule out an intellectual disability. Information from a classroom observation and a parent interview were also gathered, along with information from the progress monitoring records of Susan's performance in Tier 1 and Tier 2.

Tier 3: All of this information was used to determine that Susan had a learning disability. She was found eligible for special education. A team of people, including Susan's mother, met to develop an Individualized Education Program (IEP) for Susan. Susan's mother provided written consent for special education services

to begin and Susan entered Tier 3, where a trained special education teacher began a more intensive intervention program in reading.

In this program the special education teacher worked with Susan one-on-one each day for an hour and supplemented the hour each day with another half-hour of small-group tutoring with one other student.

Susan's progress was monitored twice weekly and her mother was provided with a report of Susan's progress every grading period. The graphs showing Susan's performance helped her mother understand that, at last, Susan was making some progress in reading. To improve the progress even more, the special education teacher enhanced Susan's special education program by adding 30-minute sessions, four times per week, using a computer software program. That additional help increased Susan's rate of growth to a rate that would make up for her earlier lack of progress. Susan's mother also continued to work with her at home each night to reinforce the special education services. Susan's progress will continue to be monitored and reported to her mother. Should her reading level improve sufficiently, the school team and Susan's mother will meet to determine if Susan can discontinue special education services and receive all reading instruction in the general education classroom with continued monitoring.

RTI: A Public Health Analogy

We can think of RTI as similar to a public health model. In public health, everyone gets wellness information on how to stay healthy and receives basic, broad vaccinations. That's the first tier or level of intervention. In spite of this first tier of intervention, some people will get ill. Or, we might discover as the result of large-scale screening of the population, that some people need more specialized treatment. This level of specialized treatment is considered the second level of intervention, which is not for the general population, but for a smaller segment of maybe 10 to 15 percent of the total population. Even within this second-tier group, though, some people, 5 percent or so, are going to need further, very specialized treatment. This highest level is referred to as the third level of intervention and is the most intensive and most costly level of intervention.

RTI can work as the public health model applied to students' school performance. School staff provide a high-quality education for all students and conduct screenings to ensure that everyone is learning from that instruction. For students whose academic screening results suggest that a closer look and a more intense intervention are needed, the schools will have procedures to ensure that the appropriate services are provided, and that the student's progress (or lack of progress) in response to that intervention is monitored.

Adapted from [Basic Principles of the Responsiveness-to-Intervention Approach](http://www.greatschools.org) available at www.greatschools.org.



Questions Parents Should Ask

- Is the school using Response to Intervention (RTI) to provide extra help to struggling students?
- How does the school determine that all students are receiving high-quality instruction? (If large numbers of students are not making acceptable progress, the instructional program should be examined.)
- How will the school provide parents with information about the specific RTI process being used?
- What information about RTI has the school, school district or state provided for parents?
- Will all parents be notified of their child's screening results?
- What screening procedures are used to identify students in need of intervention?
- What are the interventions and instructional programs being used? What research supports their effectiveness?
- What process is used to determine the intervention that will be provided?
- Will parents receive information on how to help their child at home?
- Will students receiving interventions miss important instruction?
- How will interventions be delivered so the student isn't made to feel different?
- What length of time is allowed for an intervention before determining if the student is making adequate progress?
- What progress monitoring is being used? What are the types of data that will be collected and how will student progress be shared with parents?
- Is a written intervention plan provided to parents as part of the RTI process? At what point?
- Is the teacher or other person responsible for providing the interventions trained in using them?
- When and how will information about a student's performance and progress be provided?
- At what point in the RTI process are students who are suspected of having a learning disability referred for a formal evaluation?
- How will the information gathered during RTI, such as progress monitoring data, be used to determine the student's need for special education?
- What is the difference between RTI and special education? Are special education services more helpful than RTI?
- If my child is already receiving special education services how can RTI help?

Sample Written Intervention Plan

Student: _____ School: _____ Grade: _____

Date **Initial meeting to define areas of concern:** Parent, teacher and the progress monitoring team meet to discuss academic concerns. Check appropriate items below. Attach additional information if needed.

Reading <input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Comprehension <input type="checkbox"/> Vocabulary <input type="checkbox"/> Other	Mathematics <input type="checkbox"/> Numeracy <input type="checkbox"/> Calculation <input type="checkbox"/> Fluency <input type="checkbox"/> Problem Solving <input type="checkbox"/> Other	Writing <input type="checkbox"/> Letter Knowledge <input type="checkbox"/> Letter Writing <input type="checkbox"/> Fluency <input type="checkbox"/> Other	Behavior Please describe:
--	---	--	-------------------------------------

Analyze the Problem: The review of existing data indicates (Attach academic, discipline, and attendance data if appropriate):

Development of Intervention Plan: Statement of goal(s) student needs to meet by end of year.

Research-based intervention	Frequency and duration of services (including number of times a day, for how many minutes, for how many days a week, and for how many weeks the intervention will be provided)	Progress monitoring tool (such as CBM)	Progress monitoring schedule (such as weekly, every other week)	Persons responsible

Intervention to Begin ____/____/____ Meeting to Evaluate Progress ____/____/____	Team Leader _____ Teacher _____ Parent _____
---	---

Date **Follow-Up Meeting to Evaluate Student Progress:** Collection of data the includes progress notes, observations, assessments, etc., should be reviewed, analyzed and summarized for the follow-up meeting. Summarize intervention results and decisions below. Indicate the student's acceleration rate of improvement (e.g., 1.2 words/wk). Indicate the expected rate of improvement so that a comparison can be made. How was treatment fidelity assessed? What did the fidelity data indicate regarding adherence to the planned intervention, student engagement, and teacher quality. Was the intervention delivered as intended? Attach appropriate documentation or referral forms.

Actions to be Taken: <input type="checkbox"/> Goal was met. Discontinue intervention(s) on ____/____/____ <input type="checkbox"/> Progress was made, continue current intervention(s). Next Progress Review: ____/____/____ <input type="checkbox"/> Insufficient progress. Revise or develop new plan to begin ____/____/____ <input type="checkbox"/> Insufficient progress. Team referral for special education evaluation. <input type="checkbox"/> Parent requests referral for special education evaluation.	Signatures Team Leader _____ Parent _____ Teacher _____
--	---

Adapted from Sample Documentation of Response to Intervention (RTI) Activities, Virginia Department of Education.

Resources

RTI Action Network

www.RTInetwork.org

National Center for Learning Disabilities

www.LD.org

National Center on Response to Intervention

www.RTI4success.org

Parent Center Network

www.parentcenternetwork.org

About the Author: Candace Cortiella is Director of The Advocacy Institute (www.AdvocacyInstitute.org), a nonprofit focused on improving the lives of people with disabilities.



Our Mission

The National Center for Learning Disabilities' (NCLD) mission is to ensure success for all individuals with learning disabilities in school, at work and in life. We:

- Connect parents and others with resources, guidance and support so they can advocate effectively for their children.
- Deliver evidence-based tools, resources and professional development to educators to improve student outcomes.
- Develop policies and engage advocates to strengthen educational rights and opportunities.

For more information about learning disabilities, special education and parental rights, please visit us on the Web at **www.LD.org**.

National Center for Learning Disabilities

381 Park Avenue South, Suite 1401, New York, NY 10016-8806

Telephone 212.545.7510 Facsimile 212.545.9665

© National Center for Learning Disabilities 2011. All rights reserved. This publication is provided free of charge by the National Center for Learning Disabilities. Wide dissemination is encouraged! Copies may be made and distributed in keeping with the following guidelines: The publication must be reproduced in its entirety, including pages containing information about the author and the National Center for Learning Disabilities. Copies of the publication may not be sold.