**Technical Assistance Paper** 12740

# The Response to Intervention (RtI) Model

## Purpose

Response to intervention (RtI) is referenced in the No Child Left Behind (NCLB) Act as well as in the Individuals with Disabilities Education Act (IDEA) reauthorization of 2004. RtI represents a systematic method for evaluating the needs of all students and for fostering positive student outcomes through carefully selected and implemented interventions. It also may be used to assist schools in identifying students who may require more intensive instructional services and/or be eligible for an exceptional student education program. The purpose of this document is to provide an introduction and clarity on the nature of the RtI model for both general and exceptional student education personnel as it applies to students with and without disabilities of all categorical types who are not progressing adequately in the core curriculum academically and/or behaviorally. This document also provides background and initial information about the new option under IDEA 2004 and includes information/guidance to help make preliminary decisions regarding the possible use of RtI in determination of eligibility for exceptional student education. This document is an initial step in the extensive professional development necessary for the full and successful implementation of RtI. Appendix A contains definitions of the federal and state initiatives referenced in this technical assistance paper (TAP) that relate to and may be used to support RtI.

This TAP is not intended to dictate action but to encourage it. It is not intended to prepare the reader fully for implementation of RtI because successful implementation will involve extensive professional development efforts. This TAP addresses how high quality RtI practices may contribute to the eligibility decision for exceptional student education, but it does not provide specific criteria for determination of eligibility for specific categorical primary and/or secondary disabilities. Professional development efforts, State Board of Education Rule revisions, and policy changes will be forthcoming dependent on the finalization of the federal regulations of IDEA 2004.

## What Is Response to Intervention?

Response to intervention is defined as the change in behavior or performance as a function of an intervention (Gresham, 1991). The response to intervention (RtI) model is a multi-tiered approach to providing services and interventions to students at increasing levels of intensity based on progress monitoring and data analysis. Rate of progress over time is used to make important

REFER QUESTIONS TO:

Heather Diamond
ESE Program Development & Services
325 West Gaines Street, Room 601
Tallahassee, FL 32399-0400
heather.diamond@fldoe.org
850/245-0923

John L. Winn, Commissioner

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educational decisions, including possible determination of eligibility for exceptional education services. Although the instruction and interventions encompassed within the RtI model may involve many different levels of intensity and individualization, they are usually considered to fall within three broad classes or tiers. Primary (intervention tier 1 [IT1]) interventions consist of a general education program based on evidence-based practices; secondary (intervention tier 2 [IT2]) interventions involve more intensive, relatively short-term interventions; and tertiary (intervention tier 3 [IT3]) interventions are long-term and may lead to special education services. See appendix C for a flow chart illustrating the RtI model and its contribution to determining possible eligibility for special education services.

## Why Use the Response to Intervention Model?

The following conclusions are the collective result of research referenced at the end of this TAP:

- Students receive interventions based on reliable and valid data earlier than in the "wait to fail" scenario (discrepancy requirement);
- RtI identifies specific skill deficits, whereas teacher referrals are more frequently general statements of need;
- Scientifically-based interventions are used more frequently and earlier;
- Racial disproportionality is reduced in programs for students with learning disabilities and mental handicaps;
- Greater numbers of at-risk students achieve benchmarks;
- Adequate yearly progress (benchmarks) and disaggregated data (NCLB) move focus of attention to student progress, not student labels;
- Building principals and superintendents want to know if students are achieving benchmarks, regardless of whether the student is served in general education, gifted education, or as a student with a disability;
- Placements in a program defined by a label for a category of special education services do not guarantee that students will be exposed to interventions that maximize their rate of progress;
- Effective interventions result from a combination of valid and reliable information from assessment and from good problem solving;
- Progress monitoring is done best with valid and reliable assessments that are sensitive to small changes in student academic and social behavior;
- Interventions must be evidence-based (NCLB/IDEA);
- Response to intervention (RtI) is the best measure of problem severity;
- Program eligibility (initial and continued) decisions are best made based on RtI because it links directly to instruction;
- Staff training and support (e.g., coaching) improve intervention skills; and
- Intervention tiered implementation improves service efficiency and decreases delayed services due to the discrepancy requirement.

## How Should the Three Intervention Tiers (IT) of the RtI Model Be Implemented?

Each intervention tier (IT) of the RtI model defines the level and intensity of services required for a student to progress. A student is described as receiving tier one, tier two, or tier three services. The three intervention tiers are on a continuum that is fluid; a student may receive services

within IT2, then move forward to receive more intensive IT3 services or backward to receive less intensive IT1 services. The student's level of need dictates the level of support. The actual length of time that an intervention is implemented depends on the student's response to the intervention and realistic time periods required for the target skills to develop. It is possible that students will receive interventions in more than one IT at any given time. In IT2 services, the multidisciplinary intervention team, which should always include the classroom teacher, plans the interventions, arranges supports for the intervention process, monitors progress, and makes formative and summative evaluations of the students' response to intervention. Students who improve as a result of interventions at IT2 are reintegrated into the IT1 program, which includes universally accessible curriculum delivered in the general classroom setting. Some students may display significant progress but continue to need supports. These students may continue in IT2 or move back to IT1 if the level of support required is more minimal. However, students who are not successful with IT2 services despite appropriate interventions over time may be considered for IT3 services. A student's level of risk is assessed based on how much of a gap exists between the students' actual level of performance and the performance of peers who are achieving benchmarks. Levels of risk may be labeled as "none," "low," "moderate," and "high," which are preassigned levels based on student performance on measurements like DIBELS. When the performance of a student indicates that the level of risk has changed from greater to lesser or when the performance of a student has improved within a specific risk level, then the student's response to intervention is considered positive.

The data used for RtI decisions are derived from assessments that measure student achievement within the context of the classroom curriculum. The data are the necessary link between assessment and academic interventions and are sensitive to small changes over time. In the RtI model, assessment is used for the purposes of screening, collecting diagnostic information, and monitoring progress.

Because students struggle to achieve for a variety of reasons, the goal of assessment within each IT is to determine the barriers that inhibit learning and to alter instruction accordingly. Barriers may include an existing or identified disability, insufficient or inadequate instruction, poor attendance, limited academic engagement, emotional or behavioral concerns, limited opportunities for developmental enrichment, and/or limited English proficiency. Parents are an invaluable source of information in the identification of barriers affecting the progress of a student. When these factors are eliminated as the reasons for inadequate progress and the student requires IT3 services to progress, exceptional student education may be considered. Using a three IT model for RtI systematically addresses the ultimate question: what works for this student who is in need of academic supports? Because student needs vary so greatly, the services provided within each IT will vary. See appendix B for case scenarios that reflect the three-tier, intervention application of RtI. See appendix C for a flow chart illustrating RtI as a three-tiered model.

**IT1**

Who is involved?

- Students at-risk of academic failure;
- Parents;
- General education teachers;
- Site-based administrators; and
- Instructional coaches.

What is the focus?

1. Provide core instructional program using scientifically validated curriculum;
2. Establish school-wide screening schedule, such as review of reading and math data minimally three times per year to identify each student's level of proficiency;
3. Disaggregate NCLB groups;
4. Analyze effectiveness of general education curriculum;
5. Monitor and document the rate of academic growth of all students;
6. Make adjustments in instructional technique for all students in the classroom through whole and small-group differentiated instruction;
7. Monitor integrity of classroom instruction by site-based administrator(s) and/or instructional coaches;
8. Document interventions and measured growth in the academic improvement plan (AIP) and/or the behavioral intervention plan (BIP); and
9. Identify students who continue to lag behind the group on critical measures of performance for additional supports at IT2.

**IT2**

Who is involved?

- Students who require additional academic supports including the manipulation of instructional time and instructional focus**,** beyond what was provided in IT1;
- Parents;
- General education teachers;
- Site-based administrators;
- Instructional coaches;
- Student services personnel (including various types of intervention specialists); and
- Exceptional student education teachers.

What is the focus?

1. Continue to track growth for all students in the class;
2. Conduct individual screenings;
3. Identify specific strengths and weaknesses of individual students;
4. Address barriers and assess outcomes related to barriers (existing or identified disability, insufficient or inadequate instruction, poor attendance, limited academic engagement, emotional or behavioral concerns, and/or limited English proficiency);
5. Integrity of classroom instruction and interventions monitored by site-based administrator(s) and/or instructional coaches;
6. Make a decision about effectiveness of instruction;
7. Instructional techniques adjusted based on student responses;
8. intervention designed for use systematically across students; usually delivered in small groups, often scripted or very structured, have a high probability of producing change for most at-risk students;
9. Implement supplemental interventions;
10. Progress monitoring conducted on a frequent and repeated basis (at least weekly) and data from IT1 screening assessments continue to contribute to decisions;
11. Document interventions and measured growth in the academic improvement plan (AIP) and/or the behavioral intervention plan (BIP);
12. Narrow the focus of instruction to maximize the impact on student performance; and
13. Increase academic engaged time (AET) to the curriculum in the area of concern.

**IT3**

Who is involved?

- Students who require intensive, small group, or individual interventions of longer duration to increase the rate of progress over that achieved in IT2 services;
- Parents;
- General education teachers;
- Site-based administrators;
- Instructional coaches;
- Student services personnel (including various types of intervention specialists); and
- Exceptional student education teachers.

What is the focus?

1. Plan and provide targeted content, specialized instruction, instruction at extraordinary intensity (time) and focus (targeted instruction) either individually or in small groups;
2. Conduct individual assessments designed to measure student progress in the targeted learning areas to determine specific patterns of skill that the individual has and does not have for the purpose of designing effective instruction to remediate deficits;
3. Multiple interventions occur for a period of time necessary to determine which instructional services and supports result in significant improvements in student performance (suggested range is 15-30 weeks across IT 2 and 3);
4. Identify interventions that improve student performance;
5. Add any additional intervention documentation to the existing AIP/BIP;
6. Integrity of classroom instruction monitored by site-based administrator(s) and/or instructional coaches;
7. Continue to address barriers and assess outcomes related to barriers (existing or identified disability, insufficient or inadequate instruction, poor attendance, limited academic, engagement, emotional or behavioral concerns, limited opportunities for developmental enrichment, and or limited English proficiency); and
8. Interventions may or may not include the provision of special education support such as direct services from ESE personnel.

## How May RtI Apply to the Improvement of Students' Social Behavior?

The application of RtI to address the social behavior of students parallels its use with academic behaviors. The RtI process is used to assess the degree to which student behavior responds positively to interventions and the degree to which the behavior reflects the school expectations for peer behavior. The data collected should be responsive to small changes in student behavior and should be collected frequently enough to determine the effectiveness of the intervention. Decisions about the level of student response to intervention occur across the three intervention tiers (IT).

At IT1, data are collected to determine the effectiveness of universal (e.g., school-wide positive behavior support, comprehensive discipline plan) interventions. Two questions should be answered at IT1.

- Do 80-90% of the students in the school respond positively to the school-wide discipline plan?

- Does the behavior level of the target student differ significantly from that of the peer group? Alternatively, does a gap exist?

If a significant number of students are not responding to the school-wide discipline plan, then the appropriate intervention is a universal one (e.g., modifying the school-wide plan). If the target student's behavior differs significantly from that of the peers *and* the peer behavior meets school expectations, then the interventions move to IT2.

At IT2, supplemental interventions available to the general education population (e.g., social skills training, anger control training, counseling groups), are made available to target students when IT1 data suggest that the universal interventions are ineffective. Behavior data continue to be collected on target students throughout IT2 interventions. IT2 interventions are continued when the data demonstrate that the behavior of the target student is moving closer to benchmarks or peer group expectations. IT2 interventions can be discontinued when data demonstrate that the target student's behavior is within peer expectation and is maintained by the universal intervention. If evidence-based interventions are implemented successfully and for an appropriate period of time without evidence that the target student's behavior is moving toward peer expectations, then tier three interventions are considered.

IT3 interventions are developed with focus on an individual student. Students who require IT3 services generally require individually developed interventions delivered with a frequency and intensity that involve resources and personnel in addition to the general education teacher. Data are collected frequently to assess student response to the interventions. IT3 interventions are discontinued or modified when the target student behavior is progressing in the direction of peer expectations and the level of improvement can be maintained with IT2 interventions. If a target student *cannot* maintain improved levels of behavior without the availability of intensive supportive services (IT3), then the student may be considered for special education eligibility, as appropriate. For students with behavioral and emotional difficulties, special education eligibility usually is considered when a separate setting is required or the services of additional qualified personnel are required throughout the school day.

## What Resources Are Available for Assisting in the Selection of Interventions?

One resource for the selection of interventions for a variety of content areas including both mathematics and reading is the What Works Clearinghouse (WWC), which was established in 2002 by the U.S. Department of Education's Institute of Education Sciences to provide educators, policymakers, researchers, and the public with a central and trusted source of scientific evidence of what works in education. The WWC aims to promote informed education decision making through a set of easily accessible databases and user-friendly reports that provide education consumers with ongoing, high-quality reviews of the effectiveness of replicable educational interventions (programs, products, practices, and policies) that intend to improve student outcomes. The WWC is administered by the U.S. Department of Education's Institute of Education Sciences through a contract to a joint venture of the American Institutes for Research and the Campbell Collaboration. Both organizations are nationally recognized leaders in education research and in rigorous reviews of scientific evidence. Subcontractors to the project are Aspen Systems Corporation, Caliber Associates, Duke University, and the University of Pennsylvania. The WWC can be accessed at www.w-w-c.org.

### *Reading*

More than 90% of students placed in special education programs for learning disabilities (LD) are referred for deficits in reading skills. Vellutino et al. (1996) noted that since the discrepancy approach to defining LD does not screen out those children whose reading difficulties might be due to limited or ineffective reading instruction, exposure to intensive reading instruction should be used to distinguish among reading problems caused by cognitive deficits. The Florida Department of Education has commissioned the Florida Center for Reading Research to analyze and review programs and materials that might potentially be selected to support IT2 and IT3 interventions. Reports reviewing, not recommending, a variety of materials can be found at http://www.fcrr.org/FCRRReports/table.asp.

### *Mathematics*

To facilitate student proficiency in mathematics, concepts are best learned through strategies that include guided instruction, hands-on real world problem solving, and reflective thinking. When students experience difficulties in achieving proficiency in mathematics, prompt interventions are necessary. *Prime: Prompt Intervention in Mathematics Education*, edited by Sigrid Wagner from the Ohio Department of Education, is a collection of research and intervention programs that provides models and commentary designed to assist educators in selecting the necessary early interventions for struggling students.

*Edthoughts: What We Know About Mathematics Teaching and Learning*, by John Sutton and Alice Krueger, provides research findings and best practices for teaching and learning mathematics. As a tool of research based mathematics reform, teachers will find various research topics catered to facilitating student opportunities for learning mathematics. In addition, each topic is followed with classroom implications that are based on national curriculum standards.

*Principles and Standards for School Mathematics*, by the National Council of Teachers of Mathematics (NCTM), is a resource that provides the PreK-12 recommendations for promoting student mastery of the concepts and skills in mathematics. Research supports the constructivist approach to teaching mathematics. Students construct meaning based on context, personal experiences, and relevance. Mathematical literacy and understanding are developed within the strands of number and operations, algebra, geometry, measurement, and data analysis and probability. Students apply the knowledge of the former through problem solving, reasoning and proof, communication, connections, and representation. This resource is the guide for standard-based curriculum.

The resources discussed in this section are listed in detail within the references at the end of this document.

## What Is the Background of Eligibility Criteria for Specific Learning Disabilities?

Beginning in the mid 1960s, there was significant controversy over the definition of a learning disability and classification criteria related to psychological processing deficits and unexplained underachievement. Congress became concerned that lack of specific classification criteria would result in over-identification. They demanded a compromise that resulted in criteria specifying a

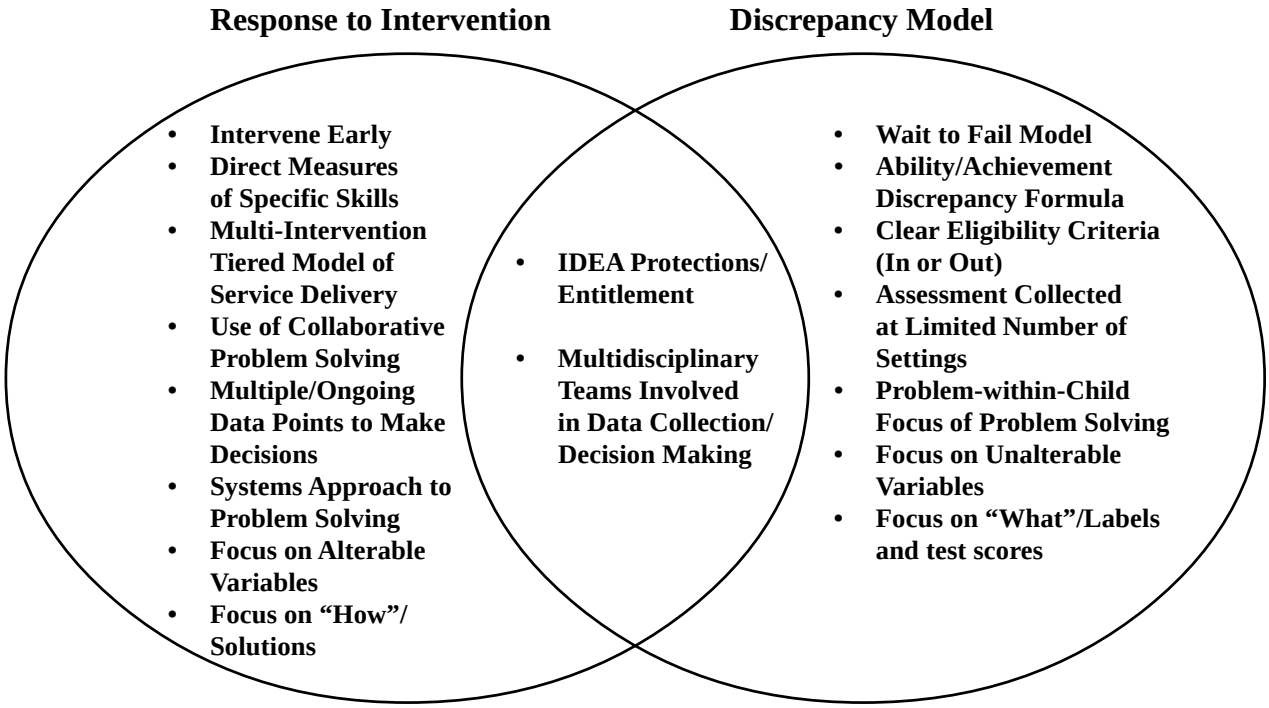
severe discrepancy between ability and achievement in one or more of seven areas along with exclusion of other causes. Florida State Board of Education Rule specified the discrepancy requirement for determining eligibility for a specific learning disability (SLD). Although criteria were established and implemented, decisions about best methods to determine significant discrepancy were never reached. Furthermore, the lack of congruence in the definition of SLD related to psychological processes and the classification criteria prompted challenges among professionals. From the late 1990s to present, criticisms of the discrepancy model have become increasingly more persuasive and backed by research (Hallahan, D.P., & Mercer, C.D., 2003).

Disproportionality, delayed services, lack of connection between evaluation and instruction, and elevated numbers of students being identified as SLD are among the criticisms with documented evidence. Additionally, there is extreme variance among the states in criteria for determining eligibility. Leading researchers proposed the response to intervention (RtI) model as a more educationally relevant option. The Office of Special Education Programs (OSEP) established the National Research Council on Learning Disabilities (NRCLD) as part of the learning disabilities (LD) initiative leading to the inclusion of the following in the reauthorization of IDEA 2004 where Section 614 (6)(B) states that "[i]n determining whether a child has a specific learning disability, a local educational agency may use a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures described in paragraphs (2) and (3)." Additionally, the proposed Federal Regulation Provisions declare that the state education agency must adopt criteria to be used consistently by the public agency for determining eligibility that may prohibit the use of a severe discrepancy; may not require the use of a severe discrepancy; must permit the use of a response to scientific, research-based intervention process; and may permit the use of other alternative research-based procedures. These regulations have not been adopted at the time of publication of this TAP.

The reauthorization of IDEA 2004 creates a significant alternative to determining whether a student is eligible for special education services as a student with a specific learning disability. That alternative is called "response to intervention" and is a part of an intervention method that has proven effective in both special and general education. In preparation for final federal regulation provisions and subsequent revisions to our state board of education rule to reflect the changes accordingly, professionals are encouraged to learn about RtI, disseminate related technical information about the process, and promote positive discussions surrounding the ultimate benefits to students.

## How Does the Response to Intervention Model Compare to the Discrepancy Model?

The discrepancy model currently used to determine eligibility for specific learning disability (SLD) services focuses on the discrepancy between intellectual ability and academic performance, whereas RtI focuses in large part on the discrepancy between student performance and benchmarks as well as pre- and post-intervention levels of performance. The Venn diagram below illustrates important similarities and differences.




## How Can RtI Be Used to Determine Eligibility for Special Education?

A student whose diminished performance is the result of lack of instruction or exposure to instruction (e.g., absences) may need to be provided ongoing, intensive instruction to close the gap. Another student whose lack of performance is directly linked to their limited English proficiency may also require IT3 services for an extended time and will demonstrate progression as a result of those services. However, if a student's learning history and performance data show that the struggle is not a result of other factors, the multidisciplinary team may work under the parameters of IDEA to determine that the student does have a disability and needs special education in order to identify interventions and to initiate or maintain acceptable rates of learning. In this case, the data used are those which have been collected through the RtI process. If additional data are needed in conjunction with the information gathered in IT1 through IT3, further assessment may be conducted (i.e. norm-referenced tests, behavioral rating scales, etc.). Using all relevant performance data, a team of individuals can use three guiding questions to determine eligibility for special education services.

1) Does this student display significant discrepancies in his/her level of performance in one or more educationally related human performance domains based on multiple sources as compared to typical peers or benchmarks for their grade at the classroom, school, district, and state level?

2) When provided with high quality, research based classroom instruction as well as interventions of reasonable intensity and duration, was the student's rate of progress insufficient to close the achievement gap with typical peers on benchmarks for their grade?

3) Does evidence exist to support that long-term, intensive, and specially designed instruction results in meaningful educational progress?

Some students who are not found eligible for special education will, nonetheless, require an array of support services in general education to make and sustain adequate progress, thus increasing the number and variety of intervention programs available for students in general education. IT3 interventions may include both general and special education intervention options. IT3 services must be designed to eliminate barriers which may be risk factors or the actual causes of inadequate progress. It is also the responsibility of the team to identify intensive interventions that are effective in producing meaningful outcomes in the area of concern. Ultimately, any decisions on eligibility for special education must be based on the degree of services needed to fully implement the intensive interventions over an extended period of time. An intervention plan (AIP, IEP, etc.) should go beyond determining eligibility and should clarify what additional resources and supports are needed to address the student's achievement gap.

## What Roles and Responsibilities Are Important within RtI?

Accountability for positive outcomes for all students is the shared responsibility of all personnel. Individuals involved and roles of those individuals vary with the intensity of student need. Knowledge and skill will determine an individual's role rather than professional title or assignment.

Possible members of the multidisciplinary team conducting the RtI model may include but are not limited to the parent(s), student, general education teacher(s), exceptional education teacher(s), site-based administrator, reading coach, school psychologist, social worker, counselor ,other student services personnel, support agencies, occupational therapist, speech/language pathologist, and district personnel. The student, parent(s), and classroom teacher(s) are the core members involved in activity within IT1 of RtI, but members are added as the intensity of interventions and frequency of monitoring increase based on the measured increase in the intensity of student need.

As follows, the table on page 11 provides recommendations for how to involve and report to parents throughout the RtI process.

## Involving and Reporting to Parents

| Events | How to Involve Parents |
|---|---|
| start of school year for all students | send notice home to all parents referencing process in place to address needs of all students; may include conferences, additional specialized staff sensory screening activities, etc., so parents know this system exists and do not think it automatically means “ESE referral” |
| IT1 data collection:<br>DIBELS; math and reading assessments; report cards; curriculum-based assessments and mini-assessments; FCAT reports; any universally administered standardized, reliable, and valid tests results | notify parent through written notice or document; provide contact information if parent has questions or needs clarification |
| IT1 and IT2: individual student issues addressed | conduct parent/teacher conference |
| IT2: multidisciplinary team meets to address problems of identified students, progress monitoring | invite parent to attend these meetings; solicit input in a formal manner if unable to attend |
| IT2: documentation of progress | continue to send home reports, data reviewed by team; involve parent in the intervention process (Note: If we are teaching in a different way or teaching a targeted skill, the parent should know about this and be guided in helping the student at home to the extent the parent is willing and able.) |
| IT2 and IT3: team meetings to review progress and make instructional decisions | invite parents to participate in meetings and/or receive any of the data that is used by the team with a summary of the meeting in writing accompanied by a follow-up telephone call and/or parent/teacher conference |
| decisions that result in a student spending more time in intensive instruction than typical peers | send form letter home; obtain consent for individual evaluation; conduct follow-up call to address parent questions |

# Questions and Answers

1. **What has to exist in order for RtI to work?**
   RtI is successful when an infrastructure exists to support sufficient assessment and intervention resources to make decisions that result in successful outcomes for students. School staff must possess skills in the necessary assessment and intervention practices. Applying these skills requires that staff members have an understanding of evidence-based interventions and how to apply them to academic or behavior problems. Additionally, monitoring would be needed to assure that interventions are implemented with a high degree of fidelity. Teachers and support services personnel will require the support of building administrators and district staff to implement the RtI model. Support provided to teachers must extend through the implementation of interventions and the collection of appropriate data to assess student progress.

   The implementation of RtI is best done in phases with focus on quality over quantity and generally requires three to six years. Extensive professional development must take place. For more information about professional development, refer to *Response to Intervention: Policy Considerations and Implementation* published by the National Association of State Directors of Special Education, Inc. (NASDSE) pages 39 - 42.

2. **What is the criterion for a successful intervention?**
   An academic intervention is successful if there is a sustained narrowing of the achievement gap for the struggling learner as demonstrated by data collected through progress monitoring. A behavioral intervention is successful if there is a reduction in the problem behavior and/or an increase in desired replacement behaviors.

3. **How long should interventions be implemented in RtI?**
   The amount of time required to identify and verify the effective interventions will vary by skill (decoding, algebraic equations, etc.), the age, and the grade level of the student. Interventions should be continued as long as the student exhibits a positive response. The interventions should be modified as appropriate when a student's progress is less than expected.

4. **What documentation is used with the RtI model?**
   Districts should document the assessment and intervention strategies and outcomes using the district's AIP and/or BIP guidelines. The use of graphs and charts is a basic component of RtI. The district is encouraged to review AIP/BIP requirements for ESE students. In addition, other data collection strategies may be employed at the teacher or building level. Such strategies should produce documentation of a student's progress or lack of progress (e.g., graphs, charts).

5. **How is RtI funded?**
   The RtI model will operate within the current funding structure in the state of Florida. IDEA 2004 allows for up to 15% of the Part B allocation to be used for early intervening services. Other funding streams can be utilized such as the Title I, Supplemental Academic Instruction (SAI), reading FEFP, etc.

6. **Is RtI just a way to avoid providing special education services?**
   RtI is a way to integrate the mandates of NCLB and IDEA so that all students receive high-quality, effective instruction in the general education setting and beyond.

7. **How/what do we communicate to parents?**
   Regardless of whether the parent initiated a concern or the teacher initiated a concern, parent involvement is critical and should be facilitated throughout the process, beginning with the problem identification phase. The district should communicate the progress monitoring information to the parent each time the data are analyzed. Parents should be involved in all the decisions regarding modifications to interventions and related changes to a student's curriculum. Refer to Table B of this TAP for additional information about involving and reporting to parents.

8. **Do I have to use RtI to determine eligibility for the program for students who are SLD?**
   Until such time that State Board of Education Rule (SBER) is revised to include criteria for using the RtI model or the final regulations are released, the local education agency (LEA) should continue to comply with current SBER 6A-6.03018, which sets forth the criteria for using the discrepancy model. RtI is an effective way to improve progress for all students who may be experiencing difficulty, and districts are encouraged to begin using the RtI process as a best practice for all populations.

9. **If a parent requests an immediate evaluation within the sixty (60) day time frame during or prior to the RtI process, is the school obligated to default to the discrepancy model?**
   Until such time that SBER 6A-6.03018, FAC, is revised, the answer is yes. The 60-day requirement in Florida stipulates that if the parent requests an evaluation before the interventions have been completed, the district must complete the general education interventions concurrently with the evaluation but prior to the determination of the student's eligibility. Parents are to receive frequent progress monitoring updates throughout the RtI process in such a way that they are assured of actions taken to improve their child's educational outcomes and the results of those actions.

10. **How will the ESE teacher plan interventions for a student after he or she has been found eligible for services through the RtI process?**
    The multidisciplinary team continues to work together until effective interventions have been implemented regardless of the setting in the school within which the student is receiving services.

11. **Under the RtI process, how will students transition between districts using different evaluations models?**
    For students with an IEP, IDEA 2004 Section 614 (d) (2)(C) states that "…the local educational agency shall provide such child with a free appropriate public education, including services comparable with those described in the previously held IEP, in consultation with the parent until such time as the local educational agency adopts the previously held IEP or develops, adopts, and implements a new IEP that is consistent with the Federal and State law." Additionally, current SBER 6A-6.0334 is consistent with IDEA

2004 in regards to transferring exceptional students. A student found eligible for a program in one district in Florida is automatically eligible for the same program upon enrollment in any other district in the state unless and until the IEP team determines through reevaluation that the student is no longer a student with a disability under IDEA. Districts may use different evaluation models to determine eligibility. However, regardless of the evaluation model used to determine eligibility, it is expected that the RtI model will result in an intervention plan that significantly improves the academic performance of the student.

# Appendix A

## Federal and State Initiatives

In addition to national support for RtI through IDEA 2004 and NCLB, the current infrastructure in Florida supports each of the components of the RtI model. School districts that wish to use RtI will find many resources available to ensure that educators have the skills necessary to implement these practices. For example, Florida's continuous improvement model (FCIM) is designed to ensure early identification and intervention for students who do not achieve state benchmarks. The Florida Department of Education has supported interventions for struggling readers with the academic support plan for K-3 students (including tier 1, 2, and 3 intervention protocols in which the tiers are based on the number of times a student has been retained), criteria for the intensive accelerated classroom, and the rigorous reading requirements at the secondary school level. These initiatives support IT1, 2, and 3 interventions when the RtI model is used. In addition, the intervention system of school-wide positive behavior support facilitates the development of a school climate that supports academic engaged time of students that leads to higher levels of student performance. Relevant federal and state initiatives are listed and defined in this appendix.

**Florida Continuous Improvement Model (FCIM)** is a quality-based approach that tracks student performances, is based on research, helps close the achievement gap between all racial and socioeconomic subgroups, and is performance-driven. Implemented at all levels, the FCIM treats students individually by assessing how much they are learning at regular intervals. Based on these assessments, students who have achieved the mastery level receive enrichment to challenge them further. Others receive remediation to bring their skills up to accepted standards. Strong principals, high expectations for teachers and students, sharp instructional focus, a safe and orderly climate conducive to learning, and standards of achievement all make schools more effective.

**Florida's Discrepancy Model** is defined in State Board Education Rule (SBER) 6A-6.03018 and specifies exact criteria for special programs for students with specific learning disabilities. These criteria include evidence that general education interventions have been attempted and found ineffective, evidence of a disorder in one or more basic psychological processes as determined by at least one standardized instrument to determine intellectual functioning, and evidence of academic achievement significantly below the student's level of intellectual functioning. A significant discrepancy is required for students below age seven; a discrepancy of at least one standard deviation is required for students ages seven through ten, and a discrepancy of one and one half standard deviation is required for students ages eleven and above.

**Just Read! Florida** is Governor Jeb Bush's statewide reading initiative that emphasizes reading in Florida's public schools and among all the community groups and volunteer organizations that support them. Just Read, Florida! is based on the latest reading research that includes emphasis on phonemic awareness (knowing that words are made up of sounds), phonics (the link between sounds and letters), vocabulary (what words mean and how to say them), fluency (the ability to read words accurately and quickly with appropriate inflection), and comprehension (the ability to understand what you read). Charged with establishing reading as a core value in this state, Just Read, Florida! was launched in 2001 with the unequivocal goal of every child being able to read at or above grade level by the year 2012. With that goal in mind, Just Read, Florida! focuses on three main components: schools, parents, and community partnerships.

**Reading First Grants** assist Florida school districts, schools, and teachers in a variety of ways including reading coaches, to implement proven methods of scientifically based reading instruction in classrooms in order to prevent reading difficulties through assistance to teachers serving students in grades K-3. This competitive sub-grant process ensures that Florida school districts meet the eligibility criteria prescribed by the *Reading First* federal legislation and Florida's state grant application.

**No Child Left Behind (NCLB) Act** contains the most sweeping changes to the Elementary and Secondary Education Act (ESEA) since it was enacted in 1965. The act contains four basic education reform principles: stronger accountability for results, increased flexibility and local control, expanded options for parents, and an emphasis on teaching methods that have been proven to work. The purpose of the act is to ensure that all children have a fair, equal, and significant opportunity to obtain a high-quality education and reach proficiency on challenging state academic achievement standards.

**Adequate Yearly Progress (AYP)** measures the progress of all public schools and school districts toward enabling all students to meet the State's academic achievement standards. Benchmark measurements target the performance and participation of various subgroups based on race or ethnicity, socioeconomic status, disability, and English proficiency. The goal of NCLB is to have all students proficient in reading and math by the 2013-2014 school year as measured by AYP.

**Positive Behavioral Supports (PBS)** is the application of behavior analysis to achieve socially important behavior change. PBS is a collaborative, assessment-based process to develop effective, individualized support plans for individuals with challenging behavior that focuses on proactive and educational approaches. PBS involves the assessment and re-engineering of environments in which people function and recreate such that they will experience reductions in their problem behaviors and increases in positive functioning. Attention is focused on creating and sustaining school environments that improve lifestyle results by making problem behavior less effective, efficient, and relevant and desired behavior more functional.

**Problem Solving Method (PSM)** refers to a systematic process based on the scientific method that can be used to make decisions about the effectiveness of instructional programs and interventions based on data. It is essential during each step in the RtI approach. Structured problem solving involves clearly defining and validating the problem, analyzing the problem, developing a plan of intervention, implementing the plan, and evaluating the results.

**Progress Monitoring** is a systematic method for tracking and comparing an individual or group's performance and progress through data collection. A consistent monitoring plan is essential to determine effectiveness of instructional programs and interventions. Movement of a student within the intervention tiers is determined by the data collected through progress monitoring. Progress monitoring is the way in which a multidisciplinary team can gather the data used to make decisions during the problem solving process.

# Appendix B

## A Classroom Scenario

### IT1 Services

Judy is a school principal in Florida. After reviewing data regarding all third grade classrooms, she notices that 4 out of 5 classrooms have 90% of their students meeting benchmarks for reading. One classroom has 45% of their students meeting benchmarks for reading. After consulting with this classroom teacher, John, it becomes apparent that he is utilizing a whole language approach to reading instruction that does not include systematic, explicit instruction in targeted skills. Upon implementing an evidence-based reading curriculum as designated by Reading First, 75% of the students demonstrated expected progress towards meeting benchmarks. Therefore, IT1 interventions were successful for 75% of the students in the classroom when evidence-based instruction was implemented. Five students in John's classroom will require additional interventions in order to meet benchmarks.

### IT2 Services

Additional information (e.g., cumulative folder review, parental conference, assessment data) was collected for each of the five students in John's class who will require additional instructional supports. It was determined that three of the students were arriving to class tardy, thereby missing reading instruction three out of five days a week. The interventions employed included calls home, breakfast club, and incentives for being on time. After this intervention two of the students increased their academic engaged time and displayed expected progress towards achieving classroom benchmarks. The remaining student received further intervention including a change in incentive for being on-time and a consultation with the truancy officer, which resulted in the desired increase in academic engaged time.

Data collected on the other two students indicate significant deficiencies in comprehension and fluency. An intervention for reading comprehension was implemented in a small group, and during this time, students also engaged in repeated reading of appropriate text to increase their fluency. This intervention was implemented in a small group with highly structured instructional techniques in a before-school program three times per week for 30 minutes a day in addition to the 90-minute reading block. After a period of 10 weeks, during which the multidisciplinary team met four times to analyze performance data and make instructional decisions, it was decided that these students still are not progressing at a rate that closes the discrepancy between their performance and the performance of their peers. Therefore, they require more intense and focused interventions.

### IT3 Services

The time for interventions was increased from three days a week to every day of the week, and the repeated reading practice focused on carefully selected passages designed to provide practice with high utility, high frequency words. The students were assessed in reading fluency every week for 15 weeks. At the end of 15 weeks, one student displayed a positive response to the

academic intervention and made expected growth towards meeting benchmarks. He will continue to receive these interventions until the discrepancy between his performance and that of his peers has closed. The remaining student has demonstrated growth but has yet to respond at an acceptable rate of progress. Other barriers that may be affecting his progress have been addressed and remediated through intervention strategies.

**Eligibility for ESE Services**

Consent for evaluation under the IDEA will be obtained from the parent. Prior to obtaining consent, the team must ensure that all activities required prior to referral under State Board of Education Rule 6A-6.0331, including all screenings, have been completed. The multidisciplinary team, including the parent, will meet to review all data collected and to determine whether the student requires individualized, intensive continuing services in an exceptional student education (ESE) program to maintain adequate progress.

## Sample Student Scenarios

**Sample Student: Tom**

*IT1 of the RtI model*: Tom is in a kindergarten classroom with a beginning teacher. She teaches using primarily theme-based projects. The students enjoy her class, but second semester, Tom's report card indicates that he is not making adequate progress in reading compared to his classmates. In February, Tom's teacher asks his parents to come in for a conference to discuss retention for the coming year.

*IT2 of the RtI model*: The multidisciplinary team meets and decides that Tom should be moved to the teacher next door who uses a more explicit and systematic approach to the teaching of beginning reading skills for 90 minutes every day. Tom is placed in this class beginning March, and by May, Tom is showing significant progress in the critical areas of reading growth.

*Return to IT1 of the RtI model*: The multidisciplinary team meets and agrees that Tom should be promoted to first grade and be placed in a teacher's class that uses direct instruction to teach reading. The teacher continues to monitor Tom's progress and determines by mid year that he is reading on grade level.

*Further IT2 or IT3 of the RtI model*: Not Applicable

*Eligibility for ESE services*: Not Applicable

**Sample Student: Susie**

*IT1 of the RtI model*: Both of Susie's parents are from Puerto Rico and do not speak fluent English. Susie mixes English and Spanish in her writing and reads at a very slow rate. Susie is completing the second grade, and her teacher has asked the ESOL teacher to consult with her because Susie has not shown adequate progress as compared to her classmates on critical assessments in the classroom.

*IT2 of the RtI model*: As a result, Susie goes to the ESOL classroom each afternoon for a phonics and fluency lesson. They participate in English word drills and explore the relationship between English and Spanish sounds. She also reads decodable books in English with the teacher's support. Susie is still reading quite slowly by the end of the school year.

*IT3 of the RtI model*: By mid year Susie's general education teacher and ESOL teacher agree that Susie is not making sufficient progress, and they ask the reading coach for help. The reading coach suggests initiating timed reading practice each afternoon, in addition to continued support for reading accuracy. Susie continues to work with the ESOL teacher and receive specialized instruction in fluency. Susie is making steady progress. Although it is slow, the services at this IT will continue to close the discrepancy between her performance and that of her peers.

*Eligibility for ESE services*: Not Applicable

**Sample Student: Joe**

*IT1 of the RtI model*: Joe is a third grade student who has missed 45 days already this school year, and it is only January. The guidance counselor has met with his mother about attendance, and she promises to do better. The truancy officer is involved in the case. Mom is very ill, and Joe often is up all night taking care of his baby sister. He often puts his head down and falls asleep during class. Joe is reading on a second grade level. His teacher uses the third grade state adopted basal reader. When Joe reads in class his reading is inaccurate and lacks fluency. Joe is falling farther and farther behind.

*IT2 of the RTI model*: A multidisciplinary team meets to discuss Joe's progress. The social worker is able to help get mom a home health aid on week nights. DIBELS scores show that Joe is low in fluency, and he makes many word reading errors on third grade text. In addition, his performance on SAT10 at the end of the previous year indicated that he also struggles with reading comprehension. Joe is transferred to a third grade intervention class that uses a core reading program more suitable to his reading level and instructional needs and that has a smaller class size than his previous class. Joe is coming to school more regularly and reports he is now sleeping at night. Joe is participating well in the intensive reading program but is still not showing progress on DIBELS.

*IT3 of the RtI model*: Starting in March, Joe is pulled aside for specific work on phonics and fluency three mornings a week for an additional 30 minutes of individualized instruction. Multiple strategies at increasing levels of intensity have been implemented for five months, and Joe is making progress on phonics, but his fluency is still very slow. His comprehension is still on a mid second grade level.

*Eligibility for ESE services*: Joe is referred for evaluation under the IDEA. Joe's parents give consent for additional assessment. The multidisciplinary team reconvenes to analyze all relevant data. The relevant data might also include results from psychological testing if the multidisciplinary team determines the need for additional information provided by administering specific tests. Once data analysis occurs, the multidisciplinary team considers whether Joe demonstrates a need for special education services.

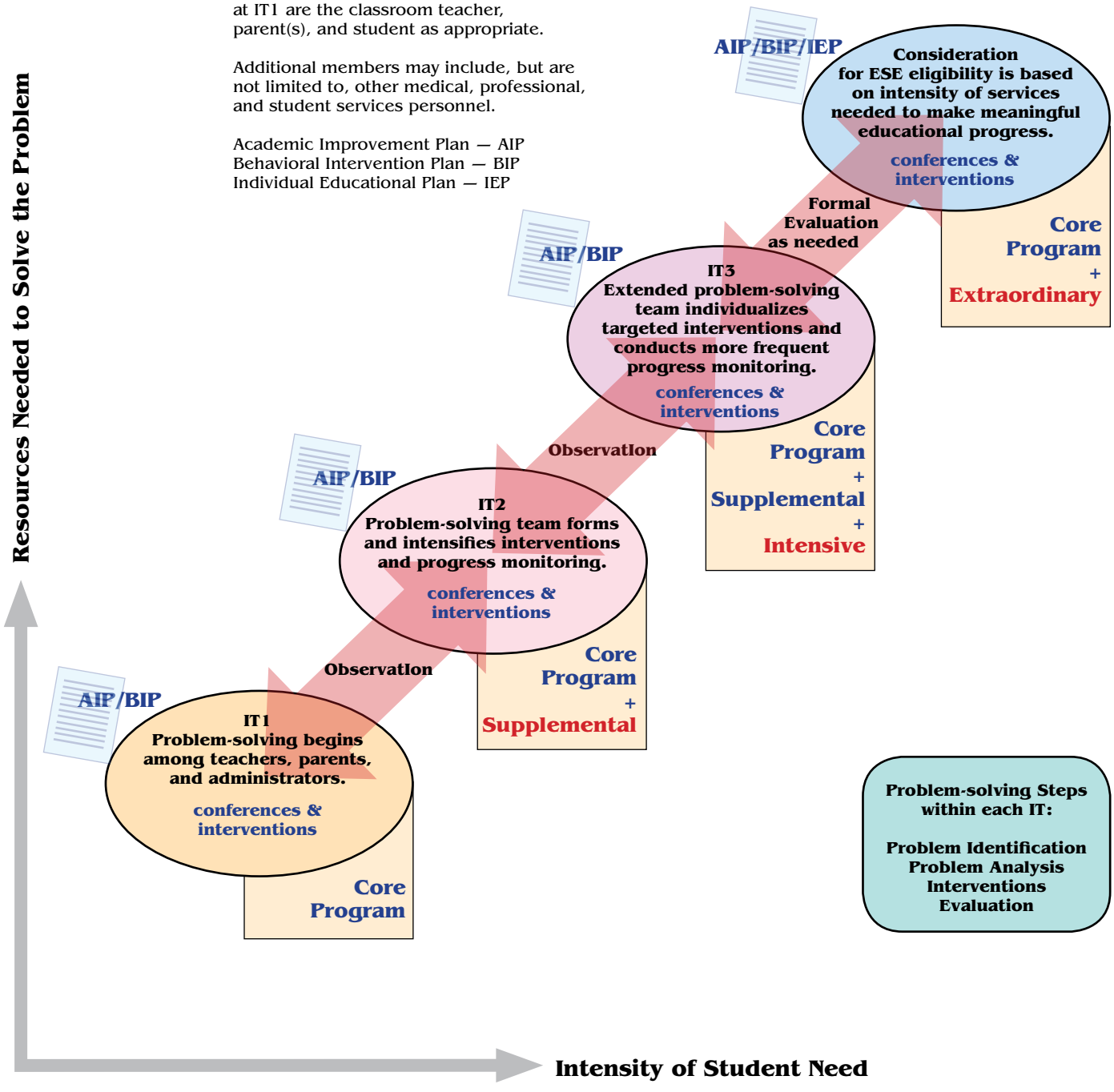
# Appendix C

## Response to Intervention (RtI)
## Intervention Tier (IT) Flowchart

The core members of the team beginning at IT1 are the classroom teacher, parent(s), and student as appropriate.

Additional members may include, but are not limited to, other medical, professional, and student services personnel.

Academic Improvement Plan — AIP
Behavioral Intervention Plan — BIP
Individual Educational Plan — IEP




*Adapted from Heartland IA AEA Model*

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