



The Need for Response to Instruction Models of Learning Disabilities

by Jack M. Fletcher, Ph.D.

This paper addresses the conceptual underpinnings of Response to Instruction (RTI) models for identification, assessment, and treatment of people with learning disabilities (LDs). I explain why RTI models are essential for improving outcomes of students with LDs and address three specific issues that emerge when schools consider implementing RTI models in relation to provisions of the Individuals with Disabilities in Education Act (IDEA), including concerns about due process and timelines, the nature of a comprehensive evaluation, and the implementation of RTI models in middle and high school.

Why RTI?

Consensus reports on special education.

Four recent consensus reports recommend adoption of RTI models as a primary approach to identifying students as eligible for special education services in the public schools. These reports include a 2001 report on special education from the Fordham Foundation and the Progressive Policy Institute (*Rethinking Special Education*; www.edexcellence.net/library/special_ed/index.html), the National Research Council report on minority overrepresentation in special education (<http://www.nap.edu/catalog/10128.html>), a consensus summary based on reports from the Learning Disabilities Summit by the U.S. Office of Special Education Programs (www.air.org/ldsummit), and the President's Commission on Excellence in Special Education (www.ed.gov/inits/commissionsboards/whspededucation/index.html).

These reports all focused on LDs because these students account for over half of all students identified for special education in schools. The reports observed that outcomes were generally poor for these students, especially in terms of exit rates from special education, graduation rates, and closing the gap in the development of academic skills. The reports focused on reading because this domain of LD accounts for 80-90% of students in this category. Indeed, the President's Commission on excellence in Special Education noted that reading disabilities accounted for 2 of every 5 students

identified for special education. The reports also noted that commonly implemented identification models for LDs, particularly those based on IQ-discrepancy, represent "wait-to-fail" models with an inadequate research base in which the child must fail in order to be referred to determine eligibility for special education. These models impede early identification and prevention because of their focus on failure. Instead of IQ-discrepancy models, the reports recommended an emphasis on the prevention of reading disabilities (and behavior problems) through a focus on early identification and intervention.

Several of the reports specifically recommended the adoption of RTI models because of their focus on intervention as a starting point for identification. Such models require mass screening of all students for academic problems, provision of increasingly intense intervention for students "at risk" for academic problems, and systematic monitoring of the student's response to different interventions addressing the academic problems. Only those students who do not respond adequately to increasingly intense interventions are formally evaluated for special education. All the reports concurred in indicating that a student should be identified for special education only if there was evidence indicating that the student's instructional program was adequate for teaching academic skills to most students, but not for the student being evaluated for LD.

Parent and teacher dissatisfaction. In addition to the concerns about poor outcomes for students identified in the LD category, there has been substantial dissatisfaction by professionals, teachers, and parents with traditional approaches to identification and treatment. To illustrate, a survey by the National Center for Learning Disabilities reported that 54% of parents and 72% of teachers indicated that current identification methods for LD took too long to qualify students in need. Few parents or teachers agreed with a statement indicating that current methods for identifying LD were effective. Parents with a student qualified for special education under the LD category were very negative

about traditional approaches to identification and intervention. Over 80% of the respondents felt that improvements could be made.

Conceptual factors: Classifying and defining LDs. Beyond concerns about poor outcomes and dissatisfaction with current approaches to identification and service delivery, there are also conceptual factors that support the need for models that incorporate RTI into the classification that leads to definition and classification. Definition issues have been a difficult topic since the origins of the concept of LDs. The heart of the construct, however, has always been the notion of "unexpected underachievement." The person with LD has always been conceptualized as a person who is unable to learn adequately under circumstances that should support positive outcomes. Thus, LDs have been traditionally identified when a person underachieves despite an absence of other conditions associated with low achievement (mental retardation, sensory disorders, emotional difficulties, having a primary language other than the language of instruction, poverty, and inadequate instruction). Those who did not achieve in the absence of these exclusionary factors were presumed to have a "disorder of constitutional origin" since environmental causes could be eliminated.

The interest in the use of IQ-discrepancy to identify LDs reflected the idea that it served as a marker of unexpected underachievement. This hypothesis has not been supported because poor readers with and without a discrepancy do not differ significantly in the cognitive correlates of reading, long-term prognosis, response to intervention, or in other key domains. So the question of markers for unexpected underachievement remains. Approaches based on low achievement scores do not take into account the cause of underachievement, so low achievement is necessary, but not sufficient. No reliable cognitive markers of unexpected underachievement have been identified, so additional testing of cognitive processes does not facilitate identification or intervention.

In a RTI model, unexpected underachievement is clearly incorporated,

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indicated by the person's inadequate response to instruction that is effective with most people. The essential exclusionary criterion is inadequate instruction. Because of the systematic assessment of RTI and the integrity of the intervention, the adequacy of the instruction is measured. Yet inadequate response per se does not ensure that the cause of low achievement has been established, so RTI is a necessary, but not sufficient, criterion for identification. By ensuring adequate instruction, RTI models get at the heart of the LD construct: What is unexpected underachievement if it is not inadequate response to instruction that works with most people? By isolating inadequate responders, we ensure that all students at risk have received intervention and that the persons who are inadequate responders are not simply instructional casualties. In contrast to traditional approaches to the classification of LD, we have a classification that clearly operationalizes the construct of unexpected underachievement and that can be empirically validated. In contrast to traditional models, we haven't waited for the student to fail or delayed intervention while the student was tested for a diagnosis. Rather, the diagnosis emerges out of the efforts at intervention.

In a recent article in *Annals of Dyslexia*, we identified and addressed 17 different questions about RTI models. Since that paper, and especially the public review of the proposed IDEA 2004 regulations, particular concerns have been expressed in three areas involving 1) due process and timelines that trigger an eligibility evaluation; 2) the nature of a comprehensive evaluation; and 3) the implementation of RTI models for students in middle and high school. We address each of these issues in the remainder of this paper.

Due process issues and timelines

One issue concerning RTI models involves the restrictions in IDEA 1997 and 2004 that stipulate the amount of time schools have to complete an eligibility evaluation. How does a district complete a RTI evaluation in 60 days? Should districts be restricted in the amount of time a student is allowed to participate in a RTI process? More generally, at what point is the comprehensive evaluation triggered?

These types of questions often represent a narrow interpretation of current and past IDEA regulations concerning due process that essentially focus on the use of

psychometric testing to establish whether the student meets "disability" criteria, often ignoring the two-prong test for disability (i.e., both a disorder and educational need establish the presence of a "severe disability"). Such testing can never establish the presence of a disability in the absence of other data (especially the student's response to standard instruction in general education). The focus in the historical model is on eligibility and a lottery-like system that has the effect of creating a dual educational system (general education vs. special education) and *obviates the responsibility of general*

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education to address the needs of every student who struggles. RTI models address many of these shortcomings. In terms of due process considerations, consider the following responses to specific concerns, many of which were discussed in the 2002 NRC report on minority over representation in special education.

Length of intervention. Much of what happens in a RTI model must occur before the student is referred to special education, so trying to fit RTI into the eligibility evaluation is not necessary. Trying to mandate a length of time for the student's RTI to be valued is also not realistic since this is determined in part by the need to provide increasingly intense intervention when student response is inadequate in less intensive intervention. RTI models also vary in terms of the length of time require to address response to instruction, so stipulating requirements in federal regulations that mandate the length of intervention will make it difficult to implement models specific to the context of a local districts. In a RTI model, intervention does not depend on eligibility,

so that students obtain intervention faster than in a traditional system. Students receive intervention immediately and eligibility is determined in part by the student's response to that intervention, which is pivotal for establishing need.

Due process. Concerns about due process stem from the traditional model in which the parent's consent to allow the eligibility evaluation triggers a variety of protections for the child and family. However, this is a narrow view of due process. In the law, due process is not an "all or none" concept - it is a continuum. In any work that occurs with the student before a decision to refer for special education, parents should be notified if a determination is made that the student is "at risk" for academic difficulties and a possible candidate for special education, and provided information about the implications of this designation. Before initiating more intense (i.e., Tier 2) intervention, notice should be provided to parents about what is happening to support their child. Parent options for what might be done to increase their child's learning rate should be clearly presented and understood, including both the Tier 2 intervention option and their right to request a comprehensive evaluation. Parents need to be told about the standards adopted as part of state criteria for the amount and nature of data that will be collected on student performance as evidence of effectiveness (which parents can use in a Due Process hearing). There should be a follow up meeting scheduled to review progress and make decisions.

All of these suggestions are consistent with what should happen in any pre-referral model and indicate that parents are accessing due process. The level of due process protection is not comparable to the protections triggered by the formal special education process, but more than what would be received if students are left to fend for themselves in general education. More importantly, the purpose of due process, which is to fully inform parents, is established. There is accountability built into the system for students, parents and schools, and this level of due process seems appropriate for a student receiving a Tier 2 intervention. How many parents will request a comprehensive evaluation when they understand their options, especially when the result is inevitably a complicated bureaucratic process as opposed to a less-mired-in-procedure-and-paperwork-option that starts immediately? In states like Iowa

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that have significant implementations of RTI models, due process complaints and requests for mediation are among the lowest in the US.

Establishing educational need. The proposed IDEA 2004 regulations are much more explicit about the importance of establishing educational need regardless of the identification model. RTI models put establishment of educational need first and disorder second; IDEA does not indicate a required order.

Consider the issue of a reasonable basis for suspecting a disability, which is when parental consent for evaluation is required. The need for formal consent for evaluation boils down to the intent of the actions. In RTI models, Tier 2 assessments and interventions are usually the province of general education. They are available to anyone in the school who needs them and do not single out individual students. The purpose of the assessments and interventions is to remediate the student's performance problem in general education. When entering Tier 2, there is no presumption that the student may have a disability at that level, nor is there any reason to make that assumption at that point. How is "severity" defined in the absence of efforts to teach the child? A student who is struggling may not have a severe problem - their problem may be resolved by Tier 2 interventions. As such, they do not have a disability. It is inefficient and unreasonable to suspect a disability solely on the degree to which the student is struggling in the general education classroom, which is the heart of any prevention/pre-referral system.

If a student has a severe problem, a more reasonable basis for suspecting possible disability is to ensure first that the problem is not deficient instruction, and then give parents formal notice and obtain consent for evaluation because of the established educational need for more intense intervention than can be provided in general education. States must set standards around what constitutes the "educational need" prong in the two-prong test, just as they should provide guidance as to what is a reasonable basis for suspecting that the disorder is a disability. Most states simply establish criteria for the disorder and address the "educational need" component informally, if at all. These considerations lead directly to the issue of what constitutes a comprehensive evaluation when implementing a RTI model. Within a RTI model,

student progress is continuously monitored through the administration of brief repeated measures of reading or mathematics skills. Because of the amount of data already available for the student as a result of this continuous progress monitoring, any subsequent evaluation can be greatly streamlined.

Comprehensive evaluation

Any student considered for special education should receive a comprehensive evaluation. Such an evaluation does not necessarily equate with psychometric testing. In a RTI model, parental consent includes consent for a comprehensive

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evaluation and for use of the data gathered during the intervention period for making the decision of whether the child has a disability and needs specially designed instruction. In RTI models, there may be sufficient data to make the entitlement decision immediately after intervention, which reduces the time it takes at that point to establish eligibility.

Regardless of the identification model, a comprehensive evaluation for LDs should produce data that addresses three issues: 1) It should establish that the student's response to general education instruction of increasing intensity was not adequate, indicating the possibility of a disability. This determination is based on progress monitoring assessments of student growth, along with evaluations of the integrity of the intervention; 2) the presence of low achievement across multiple academic domains should be determined. Progress monitoring assessments typically focus on basic skills and may not be adequate in domains like reading comprehension and

written language. Norm referenced assessments of achievement may be useful for determining the presence of low achievement, the level of severity, and indicating directions for intervention. These assessments can be repeated over wider intervals than progress monitoring assessments (months, not weeks) to provide additional assessments of RTI. Even here a standard battery is not indicated and would depend on questions that emerged about the student's level of achievement; 3) Contextual factors and the presence of associated conditions must be evaluated. Here the focus is on identifying other factors that may explain the achievement problem and indicate directions for assessment. Such assessments could include IQ tests and assessments of adaptive behavior, assessments of language status, and assessments of behavioral factors that may impede the student's response to instruction. The general principle is to assess for these factors in the same way that the factors and conditions would be assessed if the possibility of the factor or condition presented in the absence of concerns about LDs.

Parent and teacher rating scales of behavior and academic adjustment, along with parent-completed developmental and medical history forms, are often routinely obtained. In other domains, assessments are done depending on the question. If mental retardation is suspected, IQ, adaptive behavior, and related assessments consistent with this classification could be administered. Relatively few students will require this type of evaluation, particularly if the student has received norm referenced achievement tests.

Some children may have oral language disorders requiring speech and language intervention. Screening with vocabulary measures will help identify children in whom overall language development is an issue. Again, these problems typically extend beyond the academic domain and represent additional areas that require intervention, so that any assessment is determined by the need to provide services.

Another consideration involves English language learners. A person experiencing difficulty learning reading skills in their non-native language should not be considered LD unless there is evidence that the problems occur across languages. Formal tests of language proficiency and academic skill development across languages may be needed to evaluate this possibility

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when it arises. More generally, these examples demonstrate that the comprehensive evaluation can be streamlined and is done to identify other intervention needs— not just to test to diagnosis.

RTI Models in Older Students

The final question concerns the implementation of RTI models in middle school and high school. It is clear that RTI models can be vital for preventing common learning and behavioral difficulties. However, if a district decides to implement a RTI model on a wholesale basis, what happens to students already identified in the system and how are such models implemented in the upper grades?

In terms of issue of students previously identified, special education eligibility is never decided with a single criterion. If the district implemented a RTI model, a student could not (and should not) be dismissed solely on the basis of adequate response to instruction. Indeed, if the student is functioning in a general education environment, but needs the protection of IDEA in order to receive accommodations, the implementation of a RTI model would not change this eligibility. The provision of continued eligibility is always a judgment of the interdisciplinary team, which includes the parents. IDEA 2004, in particular, is quite specific in indicating that no single criterion can be used to determine eligibility.

The concerns about implementing a RTI model with older students reflect the wrong question. Instead of worrying about how older students become eligible, the advantages of RTI approaches should be immediately recognized. If an older student is identified with a reading problem, and this student has not previously received intervention in either general education or special education, the first thing that should happen with the student is to provide an intervention. As with any RTI model, eligibility should proceed only after it has been demonstrated the student does not respond to an appropriate, high quality intervention. In this sense, the need for the intervention has not been delayed by the process of conducting a comprehensive evaluation. Rather, the comprehensive evaluation was triggered by the student's RTI.

It is also possible to implement RTI models on a widespread basis in the upper grades. The essential components of RTI implementation involve mass screening of all students to indicate risk, progress monitoring for students who demonstrate risk characteristics, and the provision of

interventions of increasing intensity depending on the results of the progress monitoring assessments. It is in some respects easier to screen older students for reading difficulties because the assessments themselves are highly reliable and have better sensitivity and specificity. False positive rates systematically decrease from kindergarten to grade 3, and are relatively low for fluency assessments in grade 3 and beyond. A RTI process could focus on students that represent risk characteristics of particular concern, such as those who do not achieve state standards on high stakes tests. Any student who does not achieve such standards could be screened with a short reading fluency measure. If the student demonstrates fluency difficulties, additional screening could establish whether the problem is with accuracy or fluency of reading skills. If these assessments do not indicate problems at the level of the accuracy or fluency of decoding skills, the problem is likely in comprehension. This simple process would triage students into different kinds of interventions (word recognition, fluency, comprehension) without the time consuming concerns about a comprehensive evaluation and the special education eligibility process. The obvious question is why the student was allowed to struggle for so many years, indicating that RTI models are best implemented in the context of a district wide prevention model. Similarly, the idea that interventions in general education should be implemented with middle and high school students outside of special education would require some reorganization. There is a need to more fully develop and evaluate interventions for middle and high schoolers who are struggling to develop reading and math skills, particularly since such interventions will be remedial in nature. Problems with reading comprehension and written expression may become apparent so that the nature of a comprehensive evaluation may change. Nonetheless, there is nothing about RTI models that would indicate that they should only be used in the early elementary grades or cannot be used with older students.

Conclusions

RTI models permit the strongest possible operationalization of the historical concept of unexpected underachievement because the student's response to instruction that is usually effective is systematically measured. Without ensuring adequate

instruction, the construct of LDs is empty and meaningless. Nonetheless, RTI is only one component of eligibility for special education and a comprehensive evaluation is needed and required by IDEA 2004. When implemented appropriately, RTI models do not reduce due process protections; rather, they provide a continuum of protections to parents, students, and schools that are allowable within IDEA. The question about the 60 day requirement reflects a view of special education as a magical resource where a special few can be qualified and others are excluded, leading to mediations, due process hearings, and intense arguments about eligibility. Advocates historically have worked in systems where trust in the schools is not encouraged and an adversarial process is anticipated. In RTI, everyone gets intervention; parents have the protection of progress monitoring data collected over time for their student and the ability to request a comprehensive evaluation at any time.

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