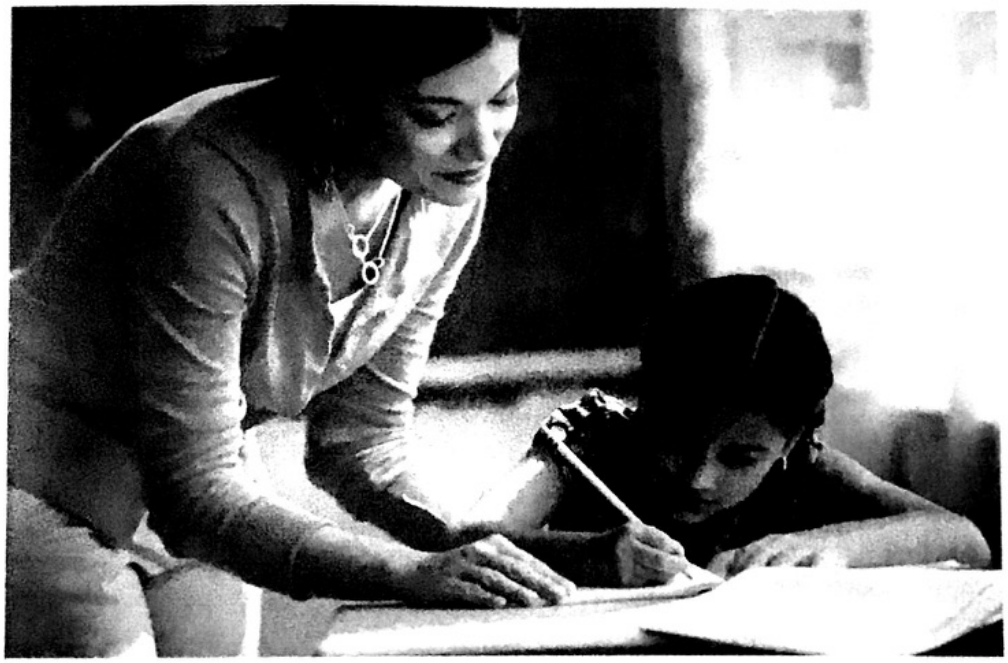
Chapter 3

Response to Intervention and Multi-Tiered System of Supports



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Learning Outcomes

3.1 Describe the response to intervention (RTI) model and multi-tiered system of supports (MTSS).

3.2 Describe universal screening and how it fits into RTI and MTSS.

3.3 List the components and implementation practices associated with the RTI and MTSS approaches.

3.4 Identify the roles and responsibilities of a teacher in an RTI or MTSS system.

Mary Jo Meneke is the special education teacher at Birdseye Elementary School. She serves all students with both learning disabilities and behavior disorders at her school. Mary Jo has been a special education teacher for 8 years, and her role has changed considerably. Initially, her primary role at the school was as a resource teacher who provided pullout academic support to students with identified learning disabilities, as well as an inclusion support teacher for students who were mainstreamed for most of the school day. Three years ago, the district special education director met with all of the elementary special education teachers and asked them to work with her in implementing an RTI model that included multi-tiered systems of supports in their school.

The school was already implementing several components of an RTI model, including screening for reading and math difficulties twice a year in kindergarten and first grade, but decided to enhance the screening procedures through fifth grade. The school also was providing reading intervention support in first grade, but decided to identify appropriate interventions for students in first through fifth grade in reading and in first through third grade in math. The school principal asked Mary Jo to work with the other special education teachers to design their implementation of RTI schoolwide.

This provided several professional development opportunities. Mary Jo decided that she could assist in selecting research-based interventions in reading and math. It also allowed her to facilitate training of key personnel to provide these interventions.

As you will see in this chapter, Mary Jo and her principal provided Tier 2 interventions by hiring and training teaching assistants and provided Tier 3 interventions using Mary Jo and the reading specialist. In this chapter, you will learn more about RTI and multi-tiered systems of supports and how you might facilitate implementation in your school.

Response to Intervention (RTI) and Multi-Tiered Systems of Supports (MTSS)

How did we come to implementing RTI and MTSS? Why is implementation of these models a productive way to prevent academic and behavior problems as well as contribute to identification of students with disabilities? Many educators perceive that although special education may be available to serve students with disabilities, many other students with learning needs do not qualify for special education. What are some possible solutions to this dilemma? One solution that is recommended in the reauthorization of IDEA (IDEIA 2004) is to provide RTI as a means of preventing learning and behavior difficulties.

For the purpose of this book, RTI and MTSS will be used synonymously. Many states refer to their models as RTI, and several states refer to them as MTSS (e.g., Kansas and Florida); however, the general principles that are described in this chapter are applied within both RTI and MTSS approaches.

RTI is the most current model for screening students and using their responses to intervention as a data source to facilitate identifying students who need special education services (Brown-Chidsey & Steege, 2011; Fuchs & Vaughn, 2012).

If RTI is recommended for screening and facilitating identification of students with learning disabilities, how were students previously identified? Students with learning disabilities have most often been identified by determining their potential or ability, usually with an intelligence test, and comparing that with their achievement, as measured by reading or math tests. The idea of this approach is to determine if students have significant differences between their potential or ability and their academic achievement in reading or math. Students who were assessed as being low in both ability and achievement could often not qualify for special education services. This process had many difficulties, including (1) overreliance on IQ measures and (2) the requirement to wait for a discrepancy between IQ and achievement (e.g., math or reading performance), which might have meant that students would not be provided services until too late. The reason for the waiting period for most students is because students in the early grades (kindergarten through third grade) have had limited exposure to school achievement opportunities and therefore have a difficult time showing a discrepancy between their IQ and achievement. RTI was conceptualized as a potential solution to these problems. First, it provides a universal screening (schoolwide) whereby educators can readily identify students with potential learning or behavior problems and implement research-based practices. Second, teachers monitor students' academic or behavioral responses and use the response data as a means of determining students' success and thus subsequent needs. Students who respond well to interventions do not require subsequent support, whereas students whose response to interventions (e.g., supplemental reading instruction for 30 minutes a day) is low may receive additional supplemental instruction. In addition, educators use the data gathered as a result of monitoring student progress, or *progress monitoring*, to assist in the referral and identification for special education.

As a result of the recommended use of RTI, eligibility and identification criteria for learning disability are described as follows (IDEIA 2004; reauthorization [614(b)(6)(A)-(B)]):

When determining whether a child has a specific learning disability:

- The LEA [local education agency] is not required to consider a severe discrepancy between achievement and intellectual ability.
- The LEA may use a process that determines if a student responds to scientific, research-based intervention as part of the evaluation.

While the example provided in the law is specific to learning disabilities, it is also appropriate to provide a similar approach for students with behavior problems. Therefore, RTI may help identify students with learning disabilities by replacing discrepancy criteria and using students' responses to intervention as data to facilitate decision making and provide instruction and learning as critical elements in the assessment process. By replacing discrepancy criteria and using students' responses to intervention as data to facilitate decision making, the RTI model may help identify students with learning disabilities while providing instruction and opportunities for learning as critical elements in the assessment process. RTI may help students with behavior problems by providing schoolwide approaches to preventing behavior problems and specific interventions for students with significant problems.

How does the multi-tiered system of supports fit within the Every Student Succeeds Act (ESSA)? The Every Student Succeeds Act was passed for implementation in fall 2017. ESSA describes MTSS as a process for effectively integrating academic, behavior, and social-emotional learning within what was previously conceptualized as RTI. MTSS is viewed as being more inclusive and addressing learning and behavior as well as providing opportunities to implement both individual student problem-solving approaches and more standardized approaches to intervention. The intention is that a systemic approach to change is in place that provides rapid implementation of necessary support services at the level of intensity needed by the student.

Past and Present Challenges

We use RTI and MTSS synonymously, realizing that their implementation in practice may vary based on state, district, or even school guidelines. One of the goals of RTI and MTSS is to change a prevailing view related to "waiting for students to fail." Too often, when students first showed signs of struggling academically or behaviorally, the prevailing approach was perhaps to wait and hope that students would demonstrate improved academic or behavioral progress over time. The idea was that students might simply be displaying normal developmental or experiential differences and that it would be a disservice to assess them prematurely and provide them with special services. Yet often these students who struggled were not provided adequate academic and behavioral supports and their readily addressed academic and behavioral problems became worse and more difficult to address. Thus, the approach of not providing supports early was often referred to as the "wait to fail" model.

RTI and MTSS are different. All students are screened early, often as early as preschool or kindergarten, and their progress is assessed frequently so that those students who do not seem to be making adequate progress are provided with timely interventions, before they have a chance to fall further behind. Thus, RTI and MTSS serve as a *prevention and intervention model*. As you read this chapter, think about what these changes mean for special educators—and for the students in your school.

Previous Identification Procedures Since its inception, the field of learning disabilities has struggled with numerous challenges related to its definition and identification procedures. Vaughn and Klingner (2007) note that these challenges include

- An increase of more than 200% of students identified as having a learning disability since the category was established.
- Questionable procedures for determining learning disabilities through emphasis on an IQ–achievement discrepancy and processing disorders.
- Students identified using a "wait to fail" model rather than a prevention–early intervention model.
- Subjectivity in student referral for services, with teachers' and others' perceptions sometimes weighing too heavily in the process.
- Students' opportunities to learn not adequately considered during the referral and identification process.
- Considerable variation from state to state concerning identification procedures and prevalence rates for learning disabilities.
- An identification process that provides little information to guide instructional decision making.
- Problematic assessment practices, particularly for culturally and linguistically diverse students.
- Disproportionate numbers of culturally and linguistically diverse students inappropriately identified for and served in special education.

These challenges to the traditional model for identifying students with learning disabilities illustrate the importance of adopting the RTI model, also referred to as a multi-tiered system of supports. RTI provides early and ongoing screening of students with early intervention and uses data to facilitate decision making for identification. This resolves many previous issues at the early grades of waiting for students to have the IQ–achievement discrepancy, waiting to provide the intensity of interventions needed, ensuring that students were provided research-based approaches, and documenting progress monitoring and other assessment approaches as students progressed.

Challenges to Implementing an RTI or MTSS Approach Whether schools are implementing RTI or MTSS, there are challenges to ensuring that personnel are adequately prepared, that appropriate resources for screening and progress monitoring are accessible, that increasingly intensive

interventions are available, that a decision-making process using shared leadership is in place to assist key decision makers, and that continuous improvement of academic and behavioral outcomes for all students is a critical focus.

Possible difficulties with implementing an RTI approach include questions about who provides the academic and behavioral interventions—particularly for students with learning and behavior problems who likely did not respond adequately to the Tier 2 or targeted interventions. The more intensive interventions are often considered Tier 3, and many students with learning and behavior problems require these more intensive interventions to make adequate progress. Who are some of the professionals who might provide targeted (Tier 2) or intensive (Tier 3) interventions? Some schools use well-trained paraprofessionals and general education teachers to provide targeted interventions, and they may use academic or behavioral specialists, including special education teachers, to provide Tier 3 or more intensive interventions.

For many schools and teachers, a significant challenge is determining what constitutes progress. For example, if a student's reading skills are improving, how do you know if the student is improving rapidly enough? How do you decide if a more intensive intervention is appropriate? Establishing procedures to help special and general educators with decisions provides for a more efficient and effective implementation of RTI.

Challenges that you may need to consider when implementing RTI within your school include:

1. **Differentiating between responders and nonresponders.** When do we determine that students are making either adequate progress and no longer need interventions or inadequate progress and require more intensive interventions?
2. **Providing the necessary professional development for practicing professionals.** This is particularly challenging because professional development is required for all key stakeholders, including principals, school psychologists, teachers, and instructional support personnel.
3. **Implementing effective and appropriate roles for families.** Ensuring family involvement in RTI can be challenging initially, because it may require adjustments to new practices.
4. **Developing and implementing effective teams for data-based decision making.** It can be difficult to find adequate time to organize and implement effective teams to make decisions about which students qualify for targeted or intensive interventions, how long they receive these interventions, and what additional classroom supports are provided.
5. **Ensuring that schoolwide academic and behavioral practices are evidence based and effectively implemented.** Many students who qualify for academic or behavioral interventions have not been provided appropriate instructional support in the classroom to facilitate their learning and behavior. If these supports were adequately provided, the number of students requiring targeted interventions would decline considerably.

Other challenges to effective implementation of RTI and multi-tiered systems of supports have been addressed by many schools and districts and include the following:

- Personnel may require additional professional development to implement selected components of RTI (e.g., screening, intervention) and may also require specific professional development on how to use RTI the way the school or district has in mind. Because RTI is a framework and not a set of prescribed procedures, educators who are new to the school district may not know the procedures used by that school or district and will require additional training to effectively implement RTI.
- High-quality instruction in early reading, math, and behavior has developed a solid basis in research; however, research-based practices for implementing instruction in other domains (e.g., writing) and in all domains with older students (grade 4 and higher) are less well delineated. Thus, some schools decide to implement RTI only in grades kindergarten through third grade and only in selected areas such as reading and behavior or reading, math, and behavior.
- Although school leaders have learned extensively about implementing RTI practices in their schools, many principals are still learning about screening, progress monitoring, and instituting tiers of intervention for effective implementation of RTI models.
- Many perceive RTI and MTSS as a special education initiative rather than a combined general and special education initiative. Thus, classroom teachers may be disinclined to take leadership roles within the implementation of RTI if they perceive that it is really a special education initiative.
- Inadequate local- and state-level policies and resources may compromise effective implementation of RTI. School districts may not have the materials, professional development, or other resources to support implementation of RTI.
- Some schools have elected to implement RTI at the middle and high school level, but models for effective implementation of RTI at the secondary level are less well developed and require consideration about screening, progress monitoring, and interventions that are considerably different from those at the early elementary level (Reed, Wexler, & Vaughn, 2012).

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Table 3.1 Identifying Students with Learning Disabilities: Before IDEIA 2004 and with RTI

Before IDEIA 2004	RTI
No universal academic screening.	All students are screened.
Little progress monitoring.	Progress monitoring assesses whether students are reaching goals—multiple data points are collected over an extended period across different tiers of intervention.
"Wait to fail" model—students frequently are not provided with interventions until they have qualified for special education.	Students are provided with interventions at the first sign they are struggling; there is an increased focus on proactive responses to students' difficulties.
Focus on within-child problems or deficits.	Ecological focus. Systems approach to problem solving, focused on instruction and interventions varied in time, intensity, and focus.
Clear eligibility criteria (i.e., a child either did or did not qualify for special education services). Categorical approach—targeted, intensive interventions typically not provided unless a student was found eligible for special education.	Tiered model of service delivery with interventions provided to all students who demonstrate a need for support, regardless of whether they have a disability.
Multidisciplinary team mostly made up of special education professionals; individual students typically referred by classroom teachers with academic and/or behavioral concerns.	Problem-solving (or intervention) teams include general and special educators; teams consider progress-monitoring data and all students who are not reaching benchmarks.
Reliance on assessments, particularly standardized tests.	Collaborative educational decisions based on ongoing school, classroom, and individual student data; adjustments to instruction/intervention based on data.
Assessment data collected during a limited number of sessions.	Multiple data points collected over time and in direct relationship to the intervention provided.
"Comprehensive evaluation" consisting mainly of formal assessments conducted by individual members of the multidisciplinary team, often the same battery of tests administered to all referred children.	"Full and individualized evaluation" relies heavily on existing data collected throughout the RTI process; evaluation includes a student's response to specific validated interventions and other data gathered through observations, teacher and parent checklists, and diagnostic assessments.
Learning disability construct of "unexpected underachievement" indicated by low achievement as compared to a measure of the child's ability (i.e., IQ–achievement discrepancy).	Learning disability construct of "unexpected underachievement" indicated by low achievement and insufficient response to validated interventions that work with most students ("true peers"), even struggling ones.

Source: Based on Response to Intervention, by J. K. Klingner, 2009, in S. Vaughn & C. S. Bos, *Strategies for Teaching Students with Learning and Behavior Problems* (7th ed.). Columbus, OH: Pearson. Reprinted with permission.

The overview in Table 3.1 compares identification of students with learning disabilities before IDEIA 2004 to the identification process with RTI.

Initiatives Influencing RTI and MTSS

Four major initiatives set the stage for changes in how we think about students with disabilities and RTI. First, in August 2001, the Office of Special Education Programs brought together leading researchers to discuss numerous issues related to identifying learning disabilities (R. Bradley, Danielson, & Hallahan, 2002). The team reached consensus on principles related to learning disabilities and the eventual use of RTI to facilitate more appropriate identification of students with learning disabilities (L. S. Fuchs & Vaughn, 2012; Vaughn & Klingner, 2007):

- *Learning disabilities* is a valid construct that represents a life-span disorder.
- Individuals with learning disabilities require a special education.
- The exact prevalence of learning disabilities is unknown; however, the rate is likely between 2% and 5%.
- The use of IQ–achievement discrepancy is not adequate for identifying students with learning disabilities.
- Linking processing disabilities to learning disabilities has not been adequately established; also, most processing disabilities are difficult to measure and link to treatment.
- The use of reliable and valid data from progress monitoring is a promising addition to identifying individuals with learning disabilities.
- Much is known about effective interventions for students with learning disabilities, yet ineffective interventions continue to be used.

Second, the President's Commission on Excellence in Special Education held public hearings throughout the United States and received hundreds of written comments (President's Commission on Excellence in Special Education, 2002) about the state of special education in the nation's education system. The commission concluded that special educators were spending too much time on paperwork and not enough time teaching. The commission also noted that general education and special education seemed to be operating as two separate systems rather than as a coherent

whole. In the report, the commission recommended shifting to a prevention model that takes into account the fact that students with disabilities are also part of general education and this requires special and general educators to work together more closely.

Third, the National Research Council report on the disproportionate representation of culturally and linguistically diverse students in special education provided similar recommendations to those proposed by the Office of Special Education (Donovan & Cross, 2002). The council promoted widespread use of early screening and intervention practices and RTI models. The council's premise was that if schoolwide behavior and early reading programs help culturally and linguistically diverse students receive the support they need and improve their opportunities to learn, then the number of students who exhibit ongoing problems will decrease and the students who continue to struggle will more likely be those who require a special education.

Based on these initiatives, Congress passed the Individuals with Disabilities Education Improvement Act (IDEIA 2004). The new law promoted RTI as a means for preventing learning difficulties and furthering accurate identification of students with learning disabilities. Furthermore, Congress urged the use of early intervening services (EIS) to provide students with support as soon as they show signs of struggling.

The National Research Council's recommendations (Donovan & Cross, 2002) follow:

- Recommends using alternative approaches to identifying students with learning disabilities, but does not require abandoning use of the IQ–achievement discrepancy criterion.
- Urges early screening and early intervention so that students who show signs of struggling do not fall further behind.
- Recommends a multi-tiered intervention strategy. A *multi-tiered intervention strategy* is a set of layers of instruction that increase in intensity (e.g., increase amount of instruction, decrease group size) based on how well students are succeeding in a less intensive instructional format.
  1. The first tier in a multi-tiered intervention approach is typically the classroom instruction. In this tier, classroom teachers implement evidence-based practices associated with strong academic and behavioral outcomes. Implementation of evidence-based practices in Tier 1 reduces the number of students requiring academic or behavioral support in Tier 2.
  2. The second tier is often additional instruction or behavioral supports that are provided by the classroom teacher or a designated professional. Some schools set aside 30 minutes every day for students who need additional instructional time in reading or math.
  3. The third tier of instruction is for students who were typically provided academic or behavioral supports in Tier 2 and inadequately responded to these interventions. They require even more intensive intervention, often provided by a trained person or a specialist such as the special education teacher.
- Asks districts to review practices to accelerate learning so that students make adequate progress in special education.
- Recommends ongoing systematic progress monitoring of students' responses to high-quality, research-based interventions. Progress monitoring provides frequent assessments of how students are learning target knowledge or skills, to determine if their response to instruction is adequate.
- Requires better integration of services between general and special education.
- Emphasizes the role of context when referring, identifying, and serving students in special education.

A strong rationale supports RTI practices for several reasons, not the least of which is the attempt to better integrate support and services for individuals with disabilities. For example, a student with a learning disability who is included in the general education classroom may also have a speech and language specialist, be taught in reading and math by the special education teacher, have opportunities during the day to work with the Title I reading teacher, and also meet with the school psychologist once or twice a month. One of the goals of RTI is to integrate services and to eliminate settings in which general education teachers do "their thing" and special education teachers are quite separate and disconnected.

Components of Response to Intervention and Multi-Tiered System of Supports

What are the components and implementation practices in an RTI or a MTSS approach? Because the conceptual components of both RTI and MTSS are more alike than different, we describe the common elements and refer to these components as being part of RTI; and that is the terminology currently used in the law. RTI is considered an instructional model for preventing learning and behavior problems and providing data-based evidence of students' performance in research-based interventions. Educators use these data in conjunction with assessment and classroom-based observations to facilitate referral and placement in

special education, when needed. RTI provides a framework for monitoring the progress of all students, particularly those with difficulties.

What are the critical elements of RTI? Fundamentally, there are many frameworks for implementing RTI, not just one. However, these multiple frameworks contain critical components, including:

- Screening and progress monitoring to identify students with academic or behavior problems.
- Implementation of effective classroom instructional practices so that all students have an opportunity to learn and receive appropriate behavioral supports (Tier 1).
- Implementation of a multi-tiered system of supports when students fall behind—initially with less intensive intervention (Tier 2) and then later with more intensive intervention (Tier 3) if students' progress is not adequately accelerated so that they reach grade-level expectations.
- Provision of a more intensive individualized intervention (Tier 3) for students for whom a less intensive intervention is inadequate (Tier 3). Learners who are considered special education students may be provided services within Tier 3 or within a fourth tier of intervention, depending on the instructional framework used by the school or district.
- Access to increasingly intensive interventions and more systemic support is provided based on students' needs. The timing of when students are referred for special education can be determined by the model's application (some after Tier 2, some after Tiers 3 or 4) or can be based on more traditional approaches in which the teacher makes a referral and uses data from the progress monitoring and intervention as additional sources of evidence.

RTI and MTSS are schoolwide models that typically start with students in kindergarten and may continue throughout the elementary grades or even into middle school in some districts. Go to **IRIS Module: RTI: Considerations for School Leaders** to learn about some of the considerations school leaders make when implementing RTI in their schools. Although no one single model is accepted as the "gold standard," RTI models commonly include four key components (Glover & Vaughn, 2010; D. Fuchs, L. S. Fuchs, & Vaughn, 2008; L. S. Fuchs & Vaughn, 2012):

1. *Implement high-quality, evidence-based instruction matched to the needs of students throughout all of the multi-tiered levels of support.* Only instructional practices that generally produce high learning rates for students are used, as demonstrated by scientific research. The implementation of high-quality instructional practices as interventions is intended to increase the probability of positive student responses. Whether you are teaching reading or math at the elementary or secondary level, the instructional programs, materials, and practices you use should be selected based on the best research available rather than your own ideology or perspective. When students are provided typically effective intervention, students' responses are easier to interpret. For example, students who respond well to this instruction eventually meet learning goals. Students whose response yields lower academic progress require a more intensive intervention.

2. *Provide universal screening to identify students at risk and monitor students' learning or behavior over time, to determine their level and rate of performance (for ongoing decision making).* Educators assess all students' learning to determine if they are making progress toward meeting expected benchmarks at a rate commensurate with that of peers. Educators provide students who do not seem to be progressing with extra assistance in the form of interventions targeted to their needs. What does this mean for you as an educator? Consider your expectations and goals for learning each week. Create a brief assessment that will help you determine what students know about what you are teaching that week. At the end of the week (or two), use the assessment again to determine how much students have learned. Use this information for reteaching and/or making decisions about additional intervention.

3. *Provide interventions of increasing intensity when students continue to demonstrate academic or behavior problems.* The intensity of instruction can be enhanced by reducing group size, increasing time, and/or making sure that interventions are even more carefully tailored to the students' instructional needs. Determine what options for providing intervention are available. Typically, schools provide additional interventions for elementary students in math and reading. It may also be possible to provide additional supports in spelling and writing. For older students, additional reading classes or after-school tutoring may be available. As another option, consider how you might restructure and regroup students so that you can provide additional instruction to those students with the highest needs by decreasing their group size, increasing the time they are provided instruction, or increasing opportunities to practice with feedback. Be sure the approaches being used are evidence based and align with the instructional or behavioral needs of the students.

4. *Make important educational decisions based on data.* Decisions about selecting instructional interventions, the intensity of the interventions (e.g., how much time each day and in what group size the intervention is provided), and the duration of the interventions (e.g., 2 weeks, 8 weeks) are based on students' responses to the interventions. As you examine students' performance based

on data (e.g., weekly or biweekly assessments), consider instructional adjustments that you could make to ensure that all students have improved outcomes. Also consider whether selected students would benefit from additional instruction.

Screening and Progress Monitoring

Screening involves providing a reliable and valid measure that can be easily and quickly administered to large numbers of students to determine whether these students have academic or behavioral difficulties. For example, in kindergarten, students may be screened for reading problems by asking them to identify letters. With older students, screening may ask them to read a passage at grade level and then respond to questions. These data sources allow teachers to identify students with difficulties and then to provide them additional instruction as needed. Within an RTI model, screening is typically conducted at the beginning and middle of the year. The purpose of conducting screening more than one time (at the beginning of the year) is to ensure that students with academic and behavior problems are recognized as quickly as possible and given the instructional and behavioral supports needed. Screening may be provided in reading or math or for behavior.

Progress monitoring involves frequent and ongoing measurement of student knowledge and skills *and* the examination of student data to evaluate instruction. Used with a few students or the entire class, progress monitoring is essential to effective implementation of RTI because it allows key stakeholders, such as the special education and classroom teachers as well as other specialists (e.g., speech and language teacher, school psychologist), to determine the rate of growth students are achieving and to determine whether additional intervention is needed. Go to **IRIS Module: RTI (Part 2) Assessment**, where you will learn assessment procedures related to RTI and how to use the student data from this progress monitoring to make decisions about instructional planning. Use these case studies to enhance your progress-monitoring skills. To better understand why progress monitoring is used and how to use it, see Apply the Concept 3.1.

3.1 Apply the Concept

Using Progress Monitoring in the Classroom

Why Use Progress Monitoring?

- To keep track of student learning.
- To identify students who need additional instruction and to determine the areas of instructional need.
- To assist in arranging small-group instruction.
- To design instruction that meets individual student needs.
- To refer and identify students for special education based on data gathered during progress monitoring.
- To determine when students should be released from Tier 2 and Tier 3 instruction.

How Do I Monitor Student Progress?

- Assess all students at the beginning of the year in the critical areas that predict success in reading and math for their grade level. Most screening instruments specify what the predictor skills are for reading and math for each grade level (e.g., see **www.aimsweb.com**).
- Use assessments to identify students who need extra help and to create goals for learning. Once you determine which students require extra help, you can plan small-group instruction.
- Monitor the progress of students in small groups more frequently (weekly or monthly) in the specific skill or area being worked on.
- Assess progress by comparing learning goals with actual student progress. Students who are making adequate progress should still be assessed approximately three times a year to ensure that they are learning and continue to achieve at grade level.
- Create graphs and visual displays of data that clearly document students' progress.
- Communicate students' progress to parents and other key stakeholders.

What Are the Benefits of Progress Monitoring?

- According to the **National Center on Monitoring Student Progress**, the following are benefits of progress monitoring:
- Increased learning because instructional decisions are based on student data.
- Improved accountability.
- Better communication about student progress with family and other professionals.
- Higher expectations for low-achieving students.
- Fewer special education referrals.

Role of Screening in RTI or MTSS

How does universal screening fit into the RTI or MTSS model? *Universal screening* in reading, math, and behavior is an essential component of RTI and MTSS models. This process involves administering a brief test to all students to determine who is likely to be at risk for academic difficulties. In the same way that schools have checked children's vision for years to screen for potential problems, screening for math, reading, and behavior problems helps identify students who need treatment. In many schools, screening is carried out two times a year (beginning of school and middle of school year), and in others screening occurs three times a year (beginning, near middle, and toward the end of the school year).

Screening instruments usually have few items and are short in duration. Screening is used to determine whether additional testing is needed. Schoolwide academic screening was rarely implemented with previous models. Instead, it was typically the classroom teacher who first noticed that students were struggling and referred them for an evaluation. Invariably, some students were overlooked. With universal screening, however, a more systematic approach to identifying students with academic and behavioral problems is applied.

As an example of universal screening, most states require universal screening in reading for all students in kindergarten through second grade. The classroom teacher conducts the screening, using a screening instrument selected by the district and in some cases from a list identified by the state department of education. Typically, these quick screening approaches take just a few minutes and are often individually administered by the classroom teacher. Students' performance on the quick screen assists teachers in deciding whether a more diagnostic assessment would provide the necessary information to help teachers design instruction. The screening and assessment tool helps teachers decide in which of the critical elements of reading (e.g., phonics, fluency, and comprehension) the student needs additional instruction; it even provides lessons to facilitate decision making about what instruction should be provided.

Universal screening is also an efficient way to identify general performance levels and determine whether students are on track for developing proficiency in the fundamental skills of reading and math. We know much more than we used to about how to predict future reading levels, for example, using phonological awareness and rapid naming tasks. Thus, we can determine with some accuracy which students are at risk and require additional intervention. Foorman and Ciancio (2005) point out that "the purpose of early screening could be identifying students *not* at risk so that instructional objectives can be established for students potentially at risk" (p. 494). Screening also provides valuable information about class performance and identifies teachers who might need further professional development. Once students have been identified as needing additional assistance using a screening measure, interventions are provided.

Numerous assessments can be used as screening instruments (see Table 3.2 for a list of possible reading screeners).

Some tests assess only one or two elements of reading (such as the C-TOPP, which tests only phonological processing), whereas others tap into several reading components. Some are quick to administer, such as the Test of Word Reading Efficiency (TOWRE), and others take much longer, such as the QRI-4 (Rathvon, 2004).

Using Screening to Make Educational Decisions

Screening is useful for providing quick information at the classroom or group level as well as at the student level. When all of the students in a school are screened, school administrators can examine assessment results for patterns across, as well as within, classrooms. Problems that are widespread across classrooms call for schoolwide interventions. Or it could be that most of the students in the majority of classrooms do well, whereas in one or two classrooms a lot of students seem to be struggling. When this is the case, data indicate a classwide problem for which it may be most appropriate to provide interventions at the class level. When only a few students are struggling relative to their peers, then problems seem to be at an individual level, and individual interventions are warranted.

Using Progress Monitoring to Assess the Student's Response to Intervention

Whereas screening is used to assess *all* students to determine who might need additional support, progress monitoring is applied to individual students to assess their response to interventions. Like screening measures, progress-monitoring instruments are quick to administer and focus on targeted skills in the core curriculum. The purposes of progress monitoring are to closely monitor students' progress, to develop profiles of students' learning, and to assess the effectiveness of interventions so that changes can be made if necessary. These data can be quite useful if children continue to struggle and the decision is made to conduct a comprehensive evaluation of their strengths and needs. Progress-monitoring measures are administered frequently, perhaps once a month, or as often as once a week in some cases.

Table 3.2 Possible Screening Measures for Reading

Assessment	Publisher and Website	Grades or Ages	Oral Lang.	Pa	Phon.	Word ID	Flu.	Voc.	Comp.	Comments
AIMSweb Curriculum-Based Measurement (CBM)	Edformation **http://www.aimsweb.com**	K–12	No	Yes	Yes	No	Yes	No	Yes	Offers Web-based data management
Basic Early Assessment of Reading (BEAR)	Riverside **https://www.hmhco.com/**	K–3								Pencil–paper and computerized versions
Comprehensive Test of Phonological Processing (CTOPP)	PRO-ED **http://www.proedinc.com**	K–3								Phonological processing only
Dynamic Indicators of Basic Early Literacy Skills (DIBELS)	Sopris West/Cambium **http://www.dibelsassessment.com**	K–3, 4–6							Yes (4–6 only)	Grade 4–6 students assessed only in fluency and comprehension
Fox in a Box-2	CTB McGraw-Hill **https://www.learningresources.com**	PreK–3								Includes PreK
Qualitative Reading Inventory-4 (QRI-4)	Allyn & Bacon/Longman **https://www.pearson.com**	K–12								Informal assessment instrument
Scholastic Reading Inventory (SRI)	Scholastic teacher	K–12								Computer adaptive; includes data management system
Slosson Oral Reading Test (SORT-R3)	Slosson **http://www.slosson.com**	K–12								Word ID only
Test of Early Reading Ability (TERA-3)	Pearson **http://ags.pearsonassessments.com** PRO-ED **http://www.proedinc.com**	Ages 3.6–8.6								Assesses letter knowledge and environmental print
Test of Word Reading Efficiency (TOWRE)	Pearson **http://ags.pearson.assessments.com**	Ages 6.0–24.11								Pseudo-word reading and Word ID only
Texas Primary Reading Inventory (TPRI)	Texas Education Agency **http://www.tpri.org**	K–2	Yes							Includes screening section and inventory section

Note: Lang. = language; PA = phonological awareness; Phon. = phonics; ID = identification; Flu. = fluency; Voc. = vocabulary; Comp. = comprehension.

3.2 Apply the Concept

Steps in Conducting Progress Monitoring

When conducting progress monitoring:

- Use trustworthy measures that provide evidence of progress in the target area of instruction.
- Set realistic yet ambitious goals for individual students.
- Use frequent progress monitoring with students identified as having learning or behavior difficulties. Progress monitoring might occur monthly or as often as every week, particularly with the lowest-achieving students, on targeted skills (e.g., oral reading fluency).
- Assess students who score at adequate levels or higher on the screening instrument less frequently, for example, three times a year (i.e., in the fall, winter, and spring).
- Create graphs that provide visual displays of students' progress.
- Evaluate progress-monitoring data regularly using a systematic set of decision rules to determine whether interventions seem to be effective for individual students.
- Revise interventions as necessary in response to the data.

Web Resources
For more information on progress-monitoring measures and procedures specific to reading and mathematics, see the following websites: **http://www.rtinetwork.org** and **http://www.centeroninstruction.org**.

For a list of steps to follow in using progress monitoring, see Apply the Concept 3.2.

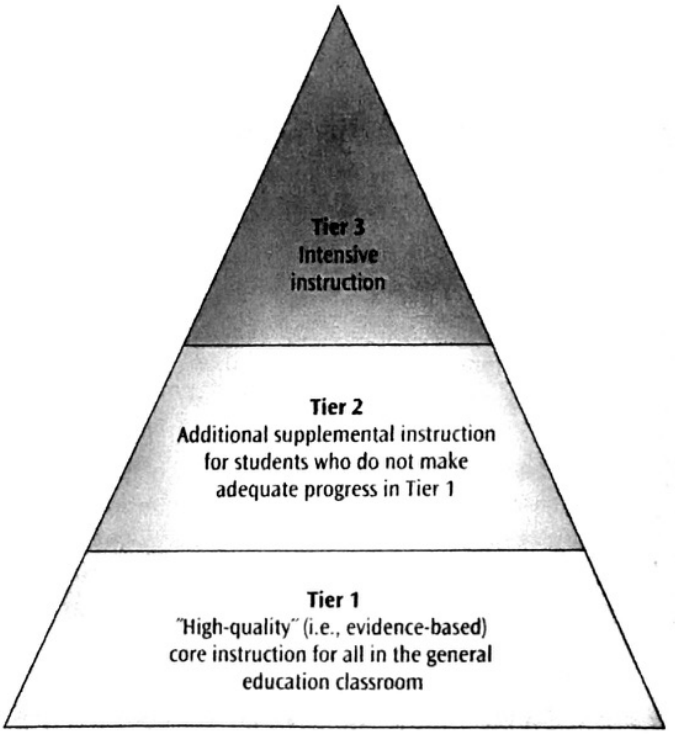
Multi-Tiered Systems of Supports: Implementing Increasingly Intensive Intervention

RTI and MTSS models often discuss instruction or intervention in terms of tiers of support or instruction. Typically, *tiers* represent the level of intensity of instruction provided to a student or group of students (see Figure 3.1). The expectation is that the vast majority of students will receive Tier 1, which is evidence-based classroom instruction. Only students for whom this instruction is inadequately meeting their needs will receive an additional "tier" of instruction. For example, in early grades students are typically provided Tier 2 or targeted instruction. This instruction is often provided in small groups. After students are provided this instruction for 8 to 10 weeks, the progress data collected are used to determine whether the Tier 2 intervention program appears adequate or whether the students require a more intensive intervention, such as Tier 3. It is important to note that for students with very intensive learning or behavioral needs a Tier 3 instruction may be provided immediately without placing the student in Tier 2.

As students move through the tiers, the intensity of the interventions they receive increases. How do you increase intensity?

- Intensity typically refers to *altering group size* (e.g., students in Tier 2 may be in a group of six, whereas students in Tier 3 are in a group of three).
- Intensity may also be provided by increasing *instructional time* (e.g., students are provided an additional 30 to 45 minutes of instruction in reading).

Figure 3.1 Three-Tier Model of Response to Intervention



- Another way to increase intensity is to change the instructional practices or materials so that they are more directly aligned with students' learning needs. For example, perhaps students in the classroom are using a grade-level reading program; students in Tier 3 may be provided a direct-instruction approach to reading.
- Yet another way to increase intensity is to move from the interventionist who is providing the intervention to an interventionist with even more expertise (e.g., a special education teacher or behavior specialist).

Some RTI and MTSS models include three tiers, and others include a fourth tier. In reading, for example, it might be expected that approximately 75% of all learners make adequate progress in Tier 1, 15% to 20% may require some supplemental instruction in Tier 2, and about 5% to 6% need the intensive intervention implemented in Tier 3. As the special education teacher, your role may be to facilitate inclusion of students with disabilities in Tier 1, identify effective treatments for Tiers 2 and 3, and perhaps train teachers and other personnel to implement these interventions. Within a multi-tiered system of supports, you may work with teachers and other school personnel to make accommodations and adaptations to instruction to ensure students' success. You may also assist them in using evidence-based decision making, relying on data collection to influence their instruction. See Apply the Concept 3.3 for a description of how to use technology to implement RTI or MTSS.

Tier 1: Classroom Instruction

What distinguishes Tier 1 from all of the other tiers of instruction? The primary distinction is that Tier 1 involves all students in the classroom, with an intention of providing them with the most effective instruction or behavior supports. For example, in a fourth-grade math or reading class, the math or reading instruction provided to all of the students in the class is referred to as Tier 1 instruction. Ideally, the instructional practices and materials meet the highest standards based on our current research and provide every student with the opportunity to maximize success.

In Tier 1, general education teachers provide evidence-based instruction to all students in the class. The instruction must be evidenced based so that when students are not making adequate progress and additional instructional intervention is provided (e.g., Tier 2), we know that the students have had an adequate opportunity to learn. We do not want students provided Tier 2 and Tier 3 intervention because they were not provided adequate Tier 1 instruction. For example, in schools where Tier 1 instruction has not been thoughtfully planned to align with research, many students are not making adequate progress, and supplemental interventions (Tiers 2 and 3) are required for an extensive number of students. What happens in schools where Tier 1 instruction aligns with research? Fewer students require more intensive tiers of instruction.

What do classroom teachers do during Tier 1 instruction? Classroom teachers or support personnel screen students using easy-to-administer screening measures that are selected for the grade level they are teaching. Typically, screening takes less than 10 minutes per student for each content area (e.g., reading, math) and can be done at the beginning and middle of the year. Students who are having difficulty in reading or math are administered progress-monitoring measures regularly to determine their progress. Teachers differentiate instruction as needed and strive to provide appropriate, effective instruction for their students. Teachers use data from progress monitoring to make instructional decisions to accelerate academic and behavioral outcomes for all students.

3.3 Apply the Concept

Using Technology to Implement RTI or MTSS

A key objective of RTI, as well as MTSS, is to select an instructional strategy to match a student's specific needs. Universal design, authoring software, and assessment software are aspects of technology that can facilitate RTI. Universal design is a growing movement toward designing products and environments to accommodate the diverse needs and abilities of all people.

The concept of universal design can be applied to instructional materials to meet the varied needs of all learners. We need materials that increase usability for everyone, appealing to different learners' needs, methods of input, learners' backgrounds, and abilities and disabilities. Such classroom materials may have varying levels of difficulty, multiple means of input, various modes of presentation, and features to customize pace and feedback. Following are some programs that use the concept of universal design:

- *The Early Learning Series*, from **Marblesoft Simtech**. The programs feature multiple difficulty levels, include a built-in record-keeping system, and allow teachers to customize the learning environment to meet the specific needs of each individual child.
- *Measures of Academic Progress (MAPS)*, by **Northwest Evaluation Association (NWEA)**. This research-based, state-aligned assessment tool helps teachers monitor students' growth and progress by having students take adaptive tests in mathematics, reading, science, and language use. Teachers can then use this information to guide their instruction.

Tier 2: Intervention

Tier 2 intervention is provided for those students who are not making adequate progress in Tier 1—in other words, those who are not responding to instruction. Tier 2 interventions are typically provided in small groups, with the intention of providing additional instruction that will allow students to make adequate progress in Tier 1 instruction without further intervention. Tier 2 interventions *supplement* rather than supplant the core curriculum taught in Tier 1 general education classrooms and are intended to reinforce the concepts and skills taught there. What is meant by *supplement*? Students who are provided Tier 2 intervention continue to receive their classroom-based Tier 1 instruction that is differentiated to meet their learning needs.

Is Tier 2 intervention part of special education? No, Tier 2 intervention is still under the domain of general education; however, in your school or district, the special education teacher may assist with identifying Tier 2 intervention programs or approaches and may facilitate preparing school personnel to provide Tier 2 instruction. Yet the support that students receive in Tier 2 is still under the domain of general education. It is *not* special education. All children who appear to be struggling, as evidenced by their slow rate of progress and low assessment scores, are entitled to this support. Researchers refer to both the slow rate of progress and low levels of overall learning as a *dual discrepancy* (Burns & Senesac, 2005; L. S. Fuchs, Fuchs, & Speece, 2002).

Teachers continue to monitor the progress of students while they are receiving Tier 2 support. Tier 2 interventions are provided for a fixed duration (e.g., 10 weeks). After this time, educators examine progress-monitoring and other data to answer the following questions:

- Is the student making adequate progress, and able to return to Tier 1–only instruction?
- Is the student making some but not sufficient progress to move to Tier 1, thereby necessitating continued instruction in a Tier 2 intervention?
- Is the student making very little progress, thereby requiring either an adjustment in the Tier 2 instruction or consideration for a more intensive intervention?
- Is the student's response to intervention inadequate, with enough information from multiple sources to consider referral to special education?

Tier 3: Intervention

Tier 3 intervention is provided to those students who continue to experience difficulties and show minimal progress during secondary, or Tier 2, interventions. Typically, the majority of students who require intervention benefit from the combination of Tier 1 and Tier 2 intervention and do not require more intensive interventions (Tier 3). Tier 3 intervention is typically provided for a longer time period and more frequently than secondary intervention. It is expected that the instructional materials may be changed or adjusted from those used in Tier 2. Depending on the number of tiers in the RTI model, this tier may or may not be special education. Tier 3 students receive explicit instruction individually or in small groups of two or three students. (See Figure 3.2 for a description of how Tiers 2 and 3 compare.) See the **National Center on Intensive Interventions** for a description of intensive interventions and sample lessons in reading and math. Figure 3.3 provides a description of guidelines for implementing effective interventions.

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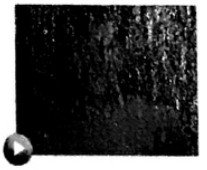
Video Example 3.1



In this video, the teacher describes how to use data and the problem-solving model within the RTI framework to make instructional decisions for students who receive Tier 3 support. What responsibilities does she identify for general education teachers?

Implementing Interventions

Not everyone agrees on who should decide which interventions are selected and provided to students in Tiers 2 and 3. Most people agree on who should provide Tier 1 instruction—the classroom teacher. But what about interventions for Tier 2 and Tier 3? Can the classroom teacher find time in her busy schedule to provide additional

Figure 3.2 How Do Tier 2 and Tier 3 Differ?

	Tier 2 Instruction	Tier 3 Instruction
Daily instruction	30 minutes per day **(plus Tier 1)**	50 minutes per day
Duration	10 to 12 weeks **(1 or 2 rounds)**	10 to 12 weeks **(possibly several rounds)**
Group size	Small group/individual	Smallest group possible/ individual
Ongoing progress monitoring	Weekly	Weekly

Figure 3.3 Guidelines for Implementing Effective Intensive Interventions

SOURCE: S. Vaughn, C. A. Denton, & J. M. Fletcher (2010), Why intensive interventions are necessary for students with severe reading difficulties, *Psychology in the Schools*, *47*(5), 432–444.

- **Determine whether students have been provided evidence-based Tier 1 instruction.** Students may be displaying academic or behavioral problems because they have not received high-quality evidenced based approaches that could readily address their needs.
- **Identify that the student's needs require an intensive intervention.** Some students demonstrate such significant academic and behavioral problems that they require intensive interventions immediately. These students, typically fewer than 10% of the students in the grade, are best served when provided this intensive intervention as quickly as possible and do not require opportunities to demonstrate that they are not adequately responding to Tier 2 interventions.
- **Use progress-monitoring data to determine students' instructional needs.** Use the ongoing progress-monitoring data as well as other assessment to design and modify evidence-based approaches that align with their instructional needs.
- **Use diagnostic measures to supplement information to refine services and supports.** When appropriate, use diagnostic measures to further determine students' learning needs and assist in designing the most effective instruction.
- **Provide daily, intensive instruction that is explicit, systematic and provide ample opportunities for students to respond and practice with feedback.** Students in intensive interventions need the most specific and highly customized instruction to meet their learning needs.
- **Provide very intensive instruction through very small groups.** Students with intensive learning and behavior needs benefit from the more customized supports and instruction provided in very small group sizes.
- **Implement interventions for appropriate amounts of time to assure progress.** Students with significant learning and behavior problems are unlikely to catch up with interventions provided for 20–30 minutes a day.
- **Consider integrating practices from the interventions throughout the day.** Determine how critical instructional and behavioral practices might be integrated throughout the school day to extend opportunities to practice with feedback.
- **Identify the most skilled interventionists to provide intensive intervention.** Students requiring intensive intervention benefit from tutors or other personnel who are highly trained (e.g., special education teachers, behavior support specialists, reading specialists).
- **Communicate frequently with other educational stakeholders and parents.** Parents and other key stakeholders will want to know the progress of students with significant academic and behavior problems and the types of supports they can provide to enhance outcomes.

intervention to students who need it? Can this intervention be provided by well-prepared paraprofessionals? These issues are typically determined for you at the district and school level; however, you may be a member of a school-based decision-making team that makes these decisions.

When students require an intervention (Tiers 2, 3), how should this intervention be selected and provided? Some researchers recommend a standard treatment protocol model (D. Fuchs & L. S. Fuchs, 2006; Vaughn et al., 2011). Others prefer a problem-solving model (Marston, Muyskens, Lau, & Canter, 2003). Still others favor a hybrid model that is a combination of these two approaches (Glover & Vaughn, 2010; Vaughn, Linan-Thompson, & Hickman, 2003). The National Association of State Directors of Special Education noted that selecting between a standardized or individualized approach is an artificial decision and that RTI and MTSS systems integrate the best features from both of them (Batsche et al., 2005; Castillo et al., 2016). **The National Center on Intensive Interventions for Students with Disabilities** provides guidelines for using a data-based individualization approach that uses a standardized intervention as a framework for modifying instruction appropriately for students with significant academic and behavioral needs. Using ongoing assessment as a guide to progress and student response, teachers learn to make adjustments in instruction to meet the learning needs of students (Texas Center for Learning Disabilities, **https://www.texasldcenter.org**).

Standard Treatment Protocol Ms. Cable was a fourth-grade teacher working in a school that used an RTI framework. During her first year in the school, the principal provided training for all of the kindergarten through fifth-grade teachers on a Tier 2 reading intervention program that had been selected by the school district to be used with students who demonstrated reading difficulties. Ms. Cable was informed that because all students who were at risk for reading problems were using the same intervention (variation within grade level), the school was using a standard protocol model.

With the *standard treatment protocol model*, the same empirically validated treatments are used for all children with

similar problems. The standard treatment protocol does not differ from child to child. The interventions are chosen from those that have an evidence base, and instructional decisions follow a standard protocol. Possible approaches might include explicit instruction in phonological awareness or in phonics skills, fluency or comprehension interventions, or computer programs. Specific research-based interventions for students with similar difficulties are provided in a standardized format to ensure conformity of implementation. Proponents argue that the standard treatment protocol is the most research based of the approaches to RTI and leaves less room for error in professional judgment (D. Fuchs & L. S. Fuchs, 2006).

Problem-Solving Model The problem-solving model is a more individualized approach that considers each student's needs. For each child who is not progressing, a problem-solving team—composed of the classroom teacher, school psychologist, special education teacher, and any other key educational stakeholders (e.g., parent, speech and language therapist)—meets to consider all of the data available so that the team can come up with an intervention plan for the child. Interventions are planned specifically for the targeted student and are provided over a reasonable period. The process typically follows these steps:

1. *Define the problem.* Ms. Chung, a fourth-grade teacher, indicated that Thomas was not making progress in math. He seemed easily distracted, did not complete his math work during class, did not participate in team problem solving during math, and had incomplete math homework consistently. She was confident that Thomas was going to fail fourth-grade math. The problem-solving team suggested that the school psychologist observe Thomas during class and meet with him afterward.
2. *Analyze the problem.* After viewing Thomas in the class, the school psychologist asked Ms. Chung to provide samples of Thomas's work over the past month. Both agreed that Thomas would benefit from small-group instruction in math for about 30 minutes every day. They thought that Thomas was making some progress, but it was too slow, and they identified that when he was working in a small group he paid more attention.
3. *Develop a plan.* Several other fourth-grade students lacked progress in math, so they were assembled in a group that met every day with one of the fourth-grade teachers.
4. *Implement the plan.* Thomas started the additional math instruction the following week and received supplemental math instruction daily. His progress in math was monitored every week and these data were retained in a file.
5. *Evaluate the plan.* After 10 weeks, the problem-solving team determined that Thomas was making very good progress, and they attributed it to the additional instruction he was receiving. They projected that after about 10 more weeks of supplemental intervention he would be caught up with his classmates.

This approach maximizes problem-solving opportunities by allowing teams to be flexible. Ms. Chung appreciated that her professional expertise was valued but realized that it took considerable time to attend meetings with other professionals and design effective interventions for the students in her class who were behind in reading and math. Ms. Chung appreciated the contributions of the problem-solving team and their recommendation to involve the school psychologist. Together, she felt that they had come up with a successful strategy for Thomas.

Differences Between the Standard Protocol and Problem-Solving Models Ms. Cable and Ms. Chung taught at schools that were implementing RTI frameworks, yet Ms. Cable was implementing a standard protocol intervention, and Ms. Chung was implementing a problem-solving intervention for the students in her class requiring secondary (Tier 2) interventions. Research suggests that both of the models can be effective, and in fact, most sites implement a hybrid in which aspects of each model are used (Tackett, Roberts, Baker, & Scammacca, 2009).

What is the main difference between the standard treatment protocol and the problem-solving approach? The fundamental difference is the extent to which decision-making teams engage in analyzing individual student data before selecting and implementing interventions (Burns & Gibbons, 2013; Castillo et al., 2016). With a standard treatment protocol, little examination of the reasons for a child's struggles takes place. The rationale is that for secondary interventions, considerable evidence shows which interventions are effective, and the best strategy is to implement an effective intervention. In contrast, the problem-solving model is more flexible. The emphasis is on individualized, targeted interventions based on an analysis of the learning context, environmental conditions, and instructional variables, as well as on the progress-monitoring data and other assessment data for a student (Glover & Vaughn, 2010; Spear-Swerling, 2015).

Decision-Making Team or MTSS Support Team How is the RTI or MTSS model implemented within schools? Who takes the leadership role for directing decisions within these models, such as who qualifies for Tier 2 instruction, how long students will remain in Tier 2, and how well Tier 2 and Tier 3 are coordinated. The answers to these questions vary by school and district. It is common to have a team of professionals who work together to guide the RTI process at the school level. Schools might have one or more decision-making teams, and membership might be flexible, depending on the expertise needed for a given situation. You may be asked to be a member of the team to provide insights into curriculum expectations and suggestions for what interventions might be effective with students, or you may be asked only to attend team meetings that are relevant to students you teach.

Decision-making teams should include members with relevant expertise. One team member must have expertise in learning disabilities. Another should be an expert in the targeted area of concern (e.g., reading, mathematics, behavior). If the student is an English language learner (ELL), it is critical that someone on the team have expertise in language acquisition and, if relevant, bilingual education.

The overall purpose of the team is to ensure that the RTI model in the school is implemented effectively and that all students who need additional support are identified early, provided appropriate interventions, and monitored over time. See Apply the Concept 3.4 for more about how team members facilitate the RTI process.

Mr. Chan works in an elementary school in California. He describes how his decision-making team works:

> When the majority of a class is progressing and about 20% or fewer of the students differ from their peers in rate of progress, then the role of the team is to determine which Tier 2 interventions to implement with students who are slower to respond. When students who are receiving Tier 2 interventions continue to experience difficulty, the decision-making team convenes to determine which steps to take next. The team might decide to try different Tier 2 interventions, or perhaps more intensive Tier 3 interventions. The team might decide to initiate a more comprehensive evaluation for possible special education identification.

Mr. Chan's experience is similar to that of other teachers who are in schools using an RTI framework. Even within the RTI model, however, due-process safeguards apply. Families must provide permission for an evaluation to take place. As before the passage of IDEIA 2004, families may request an evaluation for their child.

Adequate and Inadequate Responders to Intervention

One of the important contributions of using a MTSS is that it is possible to quickly identify when students are falling behind and require additional intervention that is targeted to meet their needs. Fortunately, the majority of students respond well when provided additional intervention (Tier 2). We refer to students who respond well to intervention as *adequate responders*. These students may need additional intervention in the future but are generally able to maintain grade-level performance or near grade-level performance with occasional Tier 2 intervention. An example of a good response is when the gap narrows between a student's academic performance in the target area (e.g., reading, math) and the progress of her peers. In other words, the student seems to be catching up. In contrast, students who make minimal or no gains after being taught with high-quality, validated interventions are considered to be inadequately responding to intervention; in other words, they are *inadequate responders or nonresponders*. For these students, the gap keeps growing between them and their peers. These students may need more intensive long-term interventions, most likely through special education services.

Web Resources

Go to the National Center for Learning Disabilities (NCLD) website at **http://www.ncld.org** to expand your understanding of RTI.

3.4 Apply the Concept

How Team Members Facilitate RTI and Multi-Tiered Systems of Supports

Members of the decision-making team facilitate the RTI or MTSS process in several ways, including the following:

- Review progress-monitoring data of students in interventions and for grade levels and the school as a whole. Identify patterns and determine potential solutions to prevalent problems. For example, a particular class is having many students referred for behavior problems—determine if there an opportunity to support the classroom teacher or provide further professional development.
- Observe classroom instruction to ensure that evidence-based instruction is occurring. Identify areas of strength and suggestions for improvement.
- Provide professional development to teachers and other key educators that relates directly to the needs as determined by the data. Professional development can be targeted and specific to schoolwide, grade-level, or specific needs.
- Assist with data collection and monitoring. The critical aspect is use of data to effectively determine instructional changes at the class and student level.
- Facilitate instructional decision making, including identifying students who require Tier 2 or Tier 3 interventions, specifying accommodations, determining changes in instructional goals, etc.
- Organize intervention groups, and monitor their effectiveness.
- Communicate with parents and professionals.

3.5 Apply the Concept

Identifying Why Students Inadequately Respond to Instruction

Before concluding that a student is a nonresponder who needs more intensive services, consider that the student may not be responding to instruction for many reasons, such as:

- The method is not an effective one with this student, and a different approach would yield better results.
- The level of instruction might not be a good match for the student.
- The environment might not be conducive to learning.

Nonresponders do not seem to make adequate progress even when instructed with a research-based approach. It is important to evaluate "adequate progress" in terms of both how the student's performance compares with grade-level peers and how the student's performance compares with previous performance by the student. Why? Not all students can readily achieve grade-level expectations, but they can close the gap between their current performance and grade-level expectations. When students do not seem to be responding to an instructional method, it is important to try a different approach. RTI researcher Amanda VanDerHeyden defines nonresponders as "students for whom we have not yet found the right intervention" (personal communication, February 2006). See Apply the Concept 3.5 for help in identifying why children may not respond to instruction.

Role of Teachers

What is the role of the teacher within an RTI or MTSS model? At a professional development session designed to improve teachers' knowledge of the RTI model at Sunset Elementary School, Mrs. Jacobs, a 20-year veteran teacher who had taught all grades from second through fifth grade, said, "I think I understand the basic principles of the RTI model, but I just don't understand what I'm supposed to do to facilitate implementation. What is my role?" Amanda VanDerHeyden (2009) indicates that teachers and other school personnel need to establish procedures to accomplish the following:

- Identify students who need intervention. This is typically done using a schoolwide screening in which students who fail the screening at their grade level are considered at risk and provided secondary or tertiary intervention.
- Provide evidence-based interventions that effectively improve learning for the vast majority of students receiving the intervention. Typically, the classroom teacher provides the secondary intervention (Tier 2). This may occur in small groups or individually. Sometimes teachers coordinate their Tier 2 instruction by working cooperatively with teachers in their same grade to provide intervention to a small group of students while the other teacher provides a large-class activity.
- Monitor the effects of the intervention to ensure that it positively influences learning. If the classroom teacher is providing the intervention, and if students in Tier 2 intervention are not making adequate progress, the teacher should consult with the special education teacher or school psychologist.
- Make decisions, in consultation with other key professionals, about the need for more or less intensive intervention so that monitoring students' progress through the tiers is possible.
- Meet regularly with interested stakeholders, including parents, other teachers, and school psychologists, to facilitate successful interventions and identification of students who need special services.

The teacher plays the most important role in implementing an RTI and MTSS model. Because the primary focus of the model is early identification of students who need additional assistance, the teacher is a critical link in ensuring that this happens.

Web Resources
Go to **http://www.meadowscenter.org/vgc/** for specific research-based interventions and strategies for instruction.

Once a student has been identified as needing additional assistance, the special education teacher may be consulted. The special education teacher plays several important roles in a multi-tiered RTI model, which include the following:

- Collaborate with general education teachers, and provide consultation services.
- Help to identify children with disabilities.
- Offer intensive interventions to Tier 3 students.
- Help Tier 3 students access the general education curriculum.

Special educators may work with struggling students who have not been labeled as having disabilities. In some ways these roles are similar to those that special education teachers assumed in the past, and in other ways they are quite different. These shifting roles will require some fundamental changes in the way general education and special education personnel do their work (Burns, Griffiths, Parson, Tilly, & VanDerHeyden, 2007; Clough & Lindsay, 2012). See the Building RTI website for excellent information aimed at supporting teachers in implementing RTI or MTSS components, including sample lessons and resources to guide decision making (**https://buildingrti.utexas.org**).

Collaborating and Consulting

As with previous models, particularly coteaching and inclusion, teachers in an RTI or MTSS model collaborate with other teachers (e.g., English language development teacher, reading specialist) to provide students who have instructional or special needs with a seamless set of services. Special education teachers may still spend part of their day coteaching or conferring with general education teachers to meet the special education students' instructional needs. The purpose of these efforts is to ensure that students with disabilities receive accommodations and adaptations so they have access to the general education curriculum and can participate in the general education program to the extent they are able.

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Video Example 3.2

In this video, a science teacher works collaboratively with a study skills teacher to provide interventions for a student with a learning disability and behavior problems. What are the effects on the student's learning and classroom motivation?

Another way that teachers collaborate is by serving on RTI or MTSS decision-making teams that consider progress-monitoring data and other data and make decisions about teacher and student needs. Teachers provide their expertise when planning interventions or assessments. They are most likely the team members with the greatest expertise about learning difficulties and can offer insights about individual cases. Determining which students need intervention, what types of interventions, and for how long is a critical function of the decision-making team.

Using Data to Identify Students with Disabilities

As you recall from the beginning of the chapter, one of the reasons Congress recommended using an RTI approach is that considerable concern arose about the validity of traditional practices for identifying students with learning disabilities (e.g., IQ–achievement discrepancy practice). For this reason, you are likely to work in a school or district that uses data from screening, progress monitoring, and other records related to students' progress in primary and secondary interventions to influence decision making about identifying students with learning disabilities.

How might this work? No uniform procedure is used in all states; however, many states are using data they accrue during progress monitoring of students in interventions to facilitate referral and decision making about whether students do or do not have a learning disability. When students have participated in targeted interventions at the Tier 2 level and still do not seem to progress, the decision-making team may conclude that a comprehensive evaluation is needed to determine whether the students have learning disabilities. Not all researchers agree about how much and what kind of additional data are needed to make this determination. The National Association of School Psychologists (NASP; **www.nasponline.org**) emphasizes that MTSS optimizes service delivery that is aligned with evidence-based practices (screening, progress monitoring, instruction) delivered along a continuum (NASP, 2016). In other words, the data collected should include information about the instructional environment as well as within-child factors. For example, *within-child factors* that have traditionally been the focus of determining whether a student has special needs include cognitive functioning, which can be measured by an IQ test; academic functioning, often assessed by individually administered tests in reading, math, writing, and spelling; or functioning on such processing measures as auditory and visual tasks. The change in perspective provides less emphasis on these within-child factors and more emphasis on how students are performing in the classroom, whether students are meeting the academic and social demands of their grade level, and whether the classroom environment is conducive to learning.

Most experts agree that RTI or MTSS data may not be sufficient to identify learning disabilities but that the data can serve as the core of a comprehensive evaluation. It is likely that comprehensive formal and informal measures of the child's academic skills will be administered in addition to the screening measures, progress monitoring, and other assessment data already collected. The focus should be to develop a profile that includes information about the student's strengths as well as areas of need. The special education teacher and/or other members of the team would observe the child in different contexts to better understand the instructional environment and how appropriate it seems, as well as under what conditions the student seems to thrive or struggle. Observations should include a focus on how well the child is doing in comparison with similar peers.

A psychologist may or may not conduct an evaluation of the student's intellectual ability and cognitive functioning,

Just how this is done depends on the state's and district's policies and what the problem-solving team decides is useful data. If the team has concerns about the child's mental and emotional health, the psychologist also conducts assessments in these areas. A social worker interviews the parents about the child's background and developmental milestones. The team collects additional information, such as about the child's attendance patterns. The family members are involved in the process as valued team members.

The teacher then works with the team to review and analyze all relevant data to make decisions about the best course of action for the child. They develop an intervention plan and set learning and, if appropriate, behavioral goals. If the team determines that the student has a disability, then team members develop an individualized education program.

See Chapter 1 to review the IEP process.

Providing Interventions

Using a research-based approach to instruction means that the vast majority of students (typically 80%) will be meeting grade-level expectations. These students will not need additional interventions. However, in some schools 20% to 40% of students will require secondary (Tier 2) or tertiary (Tier 3) interventions. What does this mean for the classroom teacher?

Depending on how your school is organized, the classroom teacher is likely to be involved in the provision of the Tier 2 interventions. This means that a subgroup of students will require additional instruction three to five times per week for 20 minutes or more. Typically, this instruction is provided in small groups by the classroom teacher, a paraprofessional, a reading teacher, or other educators trained to provide interventions. Because these students may need instruction that is closely aligned with their instructional needs, the teacher providing the additional instruction uses the data from progress monitoring to guide instruction. Teachers will adjust the pacing of the lesson, provide adequate differentiation, select appropriate materials, provide students with ongoing feedback, and allow students adequate opportunities to respond with guided feedback. Providing students with appropriate feedback is essential to effective interventions. Apply the Concept 3.6 provides some examples of how to provide this feedback.

Several helpful resources are available to help you with interventions. Apply the Concept 3.7 identifies considerations for implementing effective interventions.

In addition to the instruction provided by the general education teacher, the special education teacher works one-on-one or with small groups of students in reading, math, or other content areas (Vaughn et al., 2012; Vaughn & Linan-Thompson, 2003). Instruction is intense, frequent, and of

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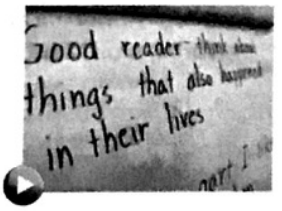
Video Example 3.3



This video presents ideas about interventions in general education that help students who struggle with language and learning. How do teachers use data analysis to improve learning? How do they improve core instruction for all students?

3.6 Apply the Concept

How to Provide Appropriate Feedback

Following are examples of how to provide feedback to students that will result in an effective intervention:

- Nod, make eye contact with students, smile, and indicate approval.
- Use verbal praise, providing specific feedback about what the student did well.
- Pat the student on the arm to indicate that he or she answered a question correctly.
- Repeat the student's response, adjusting it to indicate the needed change; then ask the student to repeat the answer correctly.
- Write the student's response, and then elaborate to extend or expand.
- Ask students to write a response, and then give specific feedback on what aspects are correct.
- Describe why the answer or work was correct.
- Describe what the student could say or do to make the answer more correct.
- Summarize the key ideas.
- Summarize what students should have learned.
- Ask students to identify what they learned.
- Advise students to start the task again.
- Ask another student to build on what a different student has said.
- Show students how to make specific corrections.
- Ask students to explain how their work is correct or incorrect.
- Ask students to show you where in the text their answer was drawn.

3.7 Apply the Concept

Guidelines for Implementing Effective Tier 2 Interventions

- ***Implement universal screening to identify students at risk for reading problems.*** Develop procedures for screening all students at least twice a year (beginning of year and middle of year) to determine those at risk for reading or math problems. Provide students at risk with appropriate interventions.
- ***Determine students' instructional needs.*** Determine students' knowledge and skills related to relevant reading or math skills/knowledge expected at their grade level. For example, for reading, the instructional needs may be several of the following elements: phonemic awareness, alphabet knowledge, phonics, word reading, word or text fluency, vocabulary, spelling, and comprehension.
- ***Form small same-ability groups.*** For secondary intervention, form groups of students with similar learning needs. Group sizes should be as small as local resources will allow.
- ***Provide daily, targeted instruction that is explicit, is systematic, and provides ample practice opportunities with immediate feedback.*** Divide the instructional content into small instructional units (e.g., 3 to 5 minutes per unit) for each lesson.
- ***Focus on the reading or math skills that have the highest impact on learning, based on students' current performance.*** Provide modeled examples before student practice. Scaffold instruction, and make adaptations to instruction in response to students' needs and to how quickly or slowly students are learning.
- ***Follow a systematic routine.*** Use clear, explicit, easy-to-follow procedures, and sequence instruction so that easier skills are introduced before more complex ones.
- ***Pace instruction quickly so students are engaged and content is covered.*** Maximize student engagement, including many opportunities for students to respond.
- ***Provide ample opportunities for guided initial practice and independent practice.*** Monitor student understanding and mastery of instruction frequently. Adapt instruction so that items are more difficult for some students and easier for other students.
- ***Include frequent and cumulative reviews of previously learned material.*** Reteach, when necessary.
- ***Ensure that students are reading texts at the appropriate level of difficulty.*** When students are reading text independently without teacher (or peer) guidance and support, levels of accuracy need to be very high. When students are reading text with teacher guidance and support, lower levels of accuracy may be appropriate. Reading accuracy levels vary from source to source. To calculate reading accuracy, divide the number of words read correctly by the total number of words read. Take into consideration:
  - ***Independent level:*** Texts in which no more than approximately 1 in 20 words is read incorrectly (accuracy level: 95% to 100%).
  - ***Instructional level:*** Texts in which no more than approximately 1 in 10 words is read incorrectly. Students need instructional support from the teacher (accuracy level: 90% to 94%).
  - ***Frustration level:*** Texts in which more than 1 in 10 words is read incorrectly (accuracy level: less than 90%).
- ***Provide many opportunities for struggling readers to apply phonics and word study learning to reading words, word lists, and connected texts.***
  - Have students practice reading words and texts at the appropriate level of difficulty (usually, instructional level under the direction of the teacher).
  - Include the reading of word cards or words in phrases or sentences to increase word-recognition fluency (often used with high-frequency and irregular words and words that contain previously taught letter–sound correspondences or spelling patterns).
  - Include comprehension instruction that introduces new vocabulary words, incorporates graphic organizers, and teaches comprehension strategies explicitly.
- ***Include writing to support reading and spelling.*** Have students apply what they are learning about letters and sounds as they write letters, sound units, words, and sentences. Involve parents so they support students' efforts by listening to them read and practice reading skills.
- ***Conduct frequent progress monitoring (e.g., every 1 to 2 weeks) to track student progress and inform instruction and grouping.***

longer duration than at previous tiers in the RTI model. The special education teacher controls task difficulty and provides ongoing systematic and corrective feedback; progress monitoring continues. See Apply the Concept 3.8 for an example of how Marla conducts intensive interventions in her reading class.

What RTI and MTSS Can and Cannot Do

In a recent study, researchers worked with an entire team of elementary special education teachers who were responsible for RTI implementation in their schools (Swanson, Solis,

3.8 Apply the Concept

Using Intensive Interventions

Marla is teaching a 30-minute lesson to a group of second- and third-grade students who are all reading at an upper-first- or a second-grade level. Progress-monitoring data indicate that all four students need to build their word study skills. During their first activity, the teacher asks students to review a previously taught word study component—words that end in *-ide* or *-ike*. She asks students to take 1 minute to write all of the words they can think of that have the -ide or -ike rime, or, in other words, are in the same word families. Marla lets them know when time is up, and they count all of the words they have listed. The student with the most words reads them aloud, while other students check their lists to see if they have written down any words not stated by the first student, and then they read these aloud. This is a quick warm-up activity that also serves as a review of previously learned material.

Next Marla introduces two-syllable words that have an open vowel–silent *e* pattern: be-side, a-like, lo-cate, fe-male, e-rase, do-nate, re-tire, ro-tate, pro-vide, and mi-grate. The last two are "challenge" words because they include blends. Before the lesson began, Marla had written the words on the whiteboard at the front of the classroom, each with a hyphen between syllables. Each student also has a list of the words at his or her desk, one row with the hyphens in each word and another without them. Marla directs students to count how many syllables they see in each word. Next, she has them mark vowels and consonants. She asks the students what they notice about the first syllable in each word, and then what they notice about the second syllable in each word (i.e., that all have the open vowel–silent *e* pattern). She points out that they have learned the syllables before and probably recognize most of them. She asks them to look for syllables they know. Then together the students read the words.

Marla explains and demonstrates what the words mean. For example, for the word *erase*, she erases a word on the board, and for *retire*, she reminds the students that one of their previous teachers has retired. Students practice reading the words, first with the entire group, and then taking turns with a partner. Marla then asks students to look at the story they are reading today. She reminds them of key words previously introduced that they will see in the story. She also asks them to look at the title and the key words and pictures and to make predictions about what they will read or learn. She continues with the lesson, providing students opportunities to read silently and aloud and to ask and answer questions about what they are reading.

Ciullo, & McKenna, 2012). They provided very interesting data through observation and interview. Overall, the teachers were positively impressed with many of the changes provided through implementing RTI, including the fact that students were provided interventions earlier in their schooling, smaller group instruction, more information about student progress, and opportunities to work with a range of professionals. Teachers also recognized that implementing RTI had its challenges, including additional paperwork and meetings, and strains with scheduling interventions.

Here are three key points about what RTI can and cannot do:

- RTI neither creates nor fixes learning disabilities. However, models such as 3-Tier Reading provide a safety net for students who might end up in special education simply because they have not been provided adequate instruction or appropriate interventions before referral for special education services (see **Meadows Center** for a description of the 3-Tier Reading framework).
- RTI is a dynamic model that allows students to move between levels of interventions, depending on results of ongoing progress monitoring and benchmark assessments.
- The key to the 3-Tier model and other RTI models is to provide effective instruction early to ensure that students are provided with the resources and support they need to become proficient learners.

Teachers vary a great deal in how they apply different instructional approaches. How well a teacher implements a practice influences how well students learn. This commonsense finding has important implications for anyone implementing RTI. Determining whether a program is well implemented and appropriate for students requires observing in classrooms. The program being implemented by the classroom teacher may be appropriate, but the teacher may not be using it effectively. Maybe the teacher is struggling with classroom management and needs assistance in this area before being able to focus more on instruction. In any case, it is important to explore what can be done to improve instruction and to provide group interventions before providing individual interventions (see Apply the Concept 3.9).

RTI or MTSS for Students Who Are Culturally and Linguistically Diverse

RTI and MTSS have the potential to improve outcomes for students who are culturally and linguistically diverse and to more accurately determine which students need special education services (Klingner & Edwards, 2006; Thorius & Sullivan, 2013). RTI and MTSS practices that are responsive to the cultural and linguistic needs of students can assist teachers in determining whether students' progress is related to what they are being taught, their background experiences, or how they are being taught. The quality of RTI and MTSS depends on the quality of the team involved

3.9 Apply the Concept

Determining Whether Interventions Are Appropriate

To determine whether the intervention is an appropriate choice for student(s):

- Examine the program to determine whether it has been validated with students like those in the class. Some students may not be responding adequately to instruction because the instruction is not based on empirical findings.
- Evaluate whether instruction is at an appropriate level for students and the program is well implemented. Students may be low responders because they are getting inadequate amounts of instruction.
- Establish whether teachers are sufficiently differentiating instruction to meet diverse student needs.

in decision making. Without sufficient knowledge about cultural and linguistic diversity, for example, educators implementing RTI and MTSS may presume that a child who does not make progress at a certain pace must have a disability, rather than recognize that the child may need additional time and support while learning English. Educators may also equate cultural differences with cultural deficits, which may influence their interpretations of their diverse students' behaviors (Klingner & Solano-Flores, 2007; Harry & Klingner, 2014).

Working with Families

Family involvement has been a required part of identifying and monitoring students with disabilities since the earliest version of the IDEA. Explore this **IRIS Module: Collaborating with Families**, and you will learn to collaborate with families through videos and strategies to build the home–school connection and support student learning. Family involvement is required in all aspects of identifying students with disabilities—regardless of the model used. If schools are using RTI models, families must be informed and involved in the process. Just as before, families can request a formal evaluation for a disability at any time. A family should also be notified early in the RTI process that a child seems to be struggling and that the school plans to try specific interventions to help. **The Council for Exceptional Children** suggests that schools let families know about their child's participation in the RTI process at least by Tier 2. Schools should

- Describe the RTI process and MTSS system in clear terms so that parents are able to understand how the system functions as it relates to their child.
- Provide families with written intervention plans that are clearly explained.
- Obtain families' consent.
- Provide families with ongoing updates about their child's progress.

The **NCLD** has developed a guide for parents that provides a complete description of RTI and all of the components using language that parents can readily understand. The guide, *A Parent's Guide to Response to Intervention (RTI)*, by Candace Cortiella, is a marvelous asset for parents and teachers and includes an overview of RTI for parents, a glossary of key terms related to RTI, an overview of tiered instruction referred to as *tiered intervention 101*, a sample intervention plan, and many checklists and worksheets to help parents untangle where students might be in the RTI process. Among many beneficial ideas provided, the guide advises that parents understand the following information about intervention plans:

- 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 to 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 curriculum-based measurement (CBM), that will be used.
- A progress-monitoring schedule.
- How frequently (the parents) will receive reports about (their) child's response to the intervention.

Several states have developed documents for parents, to assist them in understanding RTI; these documents are available on their state websites.

Using RTI and MTSS Models in Middle Schools and High Schools

Because RTI was designed as a prevention approach, it is typically provided at the elementary grades. However, some districts and school sites are using RTI models with older students, particularly in grades 6 to 8.

Figure 3.4 Comparison Between Standardized and Individualized Interventions

SOURCE: Based on Response to Intervention with Older Students with Reading Difficulties, by S. Vaughn, J. M. Fletcher, D. J. Francis, C. A. Denton, J. Wanzek, & J. Wexler, et al. (2008), *Learning and Individual Differences, 18*, pp. 338–345.

Standardized	Individualized
Reduced instructional decision making	Increased instructional decision making based on assessment results
High control of materials used for instruction	Lower control of materials used for instruction
Highly specified curriculum	Low-to-moderate specification of curricula
Use of time specified	Flexibility in use of time to address specific student needs
High levels of fidelity to a single approach	Responsive to needs of students
Motivation results from success	Motivation considered in text selection
Systematic and explicit instruction	Systematic and explicit instruction
Fast-paced instruction	Fast-paced instruction
Ongoing progress monitoring	Ongoing progress monitoring

Mr. Morris is one such teacher who worked at a middle school that is implementing an RTI model. As the science teacher, he was unsure what his role would be. He learned that all of the content teachers would be participating in professional development to enhance their knowledge and skills at providing vocabulary and comprehension learning to their students. This was part of the school's Tier 1 instruction, and all content-area teachers (e.g., math, science, social studies, language arts) were participating.

His class consists of study groups supplemented with in-class modeling and coaching. Reading coaches, who are part of the research team, facilitate monthly study groups with content-area teachers and focus on effective practices for teaching students to read and comprehend academic (content-area) text, including research-validated instructional practices targeting vocabulary (e.g., providing examples and nonexamples of words, semantic feature analysis) and comprehension (e.g., question generation, summarization strategy instruction, strategic use of graphic organizers). Mr. Morris said, "At first I was skeptical but then I learned some very practical strategies that were actually helpful to me in teaching all of the students. The emphasis is not on preparing content area teachers to teach reading, but on giving them evidence-based instructional approaches to teach students vocabulary and comprehension in their specific content domain."

Mr. Morris went on to explain how their school uses RTI to provide secondary interventions for students identified as at risk for reading problems based on their low scores on the state assessment of reading. Selected teachers provide a standardized reading intervention to students who were at risk for reading problems but scored very close to grade-level expectations. Other teachers provided a more individualized approach to students who had more significant difficulties. Figure 3.4 compares the differences between the standardized and individualized approaches. For a summary of reading interventions for older students with reading difficulties, see the review by Reed and Vaughn (2010).

MyLab Education Self-Check 3.1
MyLab Education Self-Check 3.2
MyLab Education Self-Check 3.3
MyLab Education Self-Check 3.4
MyLab Education Application Exercise 3.1: RTI Model

MyLab Education Application Exercise 3.2: RTI Versus IQ-Achievement Discrepancy Model

MyLab Education Application Exercise 3.3: Role of the Teacher in the RTI Model

Summary

- RTI and MTSS address numerous challenges associated with past procedures for supporting student learning and identifying students with learning disabilities. Previous identification criteria focused on establishing a discrepancy between achievement and potential as measured with an IQ test. Yet this way of determining who qualified for special education turned out to be problematic for multiple reasons. Not all students who struggle and need special education demonstrate an IQ–achievement discrepancy.
- Universal screening and progress monitoring are essential components of RTI. Through these assessment procedures, data-based decisions can be made about which research-based instructional practices educators should use to teach students. Screening is done as part of the first tier of an RTI model. All students are screened. Progress monitoring can also be part of the first tier, but it is an essential component of Tiers 2 and 3. The progress of all students who receive interventions targeted to their instructional needs is monitored frequently. The purposes of progress monitoring are to assess the effectiveness of the interventions so that changes can be made if necessary and also to develop a profile of the student's learning. These data can be quite useful when determining whether a student has a learning disability.
- The multi-tiered systems of supports (MTSS) include several key components: Tier 1, Tier 2, and Tier 3. With each tier, the amount of support provided the student becomes more intense. For each tier, research-based instruction is well matched to students' needs and implemented with fidelity by skilled, caring teachers. This entails coordinating screening, instruction, intervention, assessment, and progress monitoring, as well as providing ongoing professional development.
- Teachers play several important roles in RTI and MTSS models. The most important role they play is to provide high-quality, research-based instruction so that when students demonstrate low reading or math skills, it is because they need additional instruction and not because their current instruction is inadequate. Teachers may also assist with screening, progress monitoring, and providing interventions. They collaborate with other educators (e.g., special education teacher, English language development teacher, school psychologist) and other service providers, offering consultation services and helping to identify children with disabilities. They also provide intensive interventions to special education students to help them reach learning objectives in targeted areas, such as in reading and/or math. In addition, they help special education students access the general education curriculum.