Response to Intervention: Building the Capacity of Teachers To Serve Students with Learning Difficulties

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In thirty years since federal special education law, PL 94-142 (1975), there has been much debate about how to best identify and serve students with learning disabilities and those at-risk for learning difficulties. This debate continues even after the most recent reauthorization of the Individuals with Disabilities Education Improvement Act (IDEIA) in 2004. Many classrooms, especially those in urban settings, have a number of students who are struggling with the core curriculum, particularly in the area of reading. Often these struggling students are referred for special education assessment because their teachers do not feel prepared to meet students' individual instructional needs (Gerber, 1988; 2005; Gersten & Woodard, 1994). Until the most recent reauthorization of IDEIA (2004), students qualified for special education under the category of specific learning disability (SLD) *only* if an assessment revealed a discrepancy between their aptitude and achievement. Students were generally labeled as having a SLD if they demonstrated average or higher intelligence on a standardized test, and a significant discrepancy (usually two standard deviations) on a standardized measure of achievement in one or more academic areas.

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One of the main criticisms of this discrepancy model is that it has not proven useful in enhancing services for students, particularly providing early intervention to struggling students (Braddley, Danielson, & Doolittle, 2007). First, given that a discrepancy between intelligence and achievement is difficult to obtain in the early grades because young children are generally not "far enough" behind in achievement to detect a discrepancy, students typically are not identified as having a SLD until about the third grade (MacMillan & Siperstein, 2002). In this "wait-to-fail" model, struggling learners do not receive needed services as soon as their difficulties are evidenced, and instead they are set up to fail for several years until their achievement gap is wide enough for them to qualify for special education services. Second, the discrepancy model does not provide practical information on how to effectively teach students; therefore, it is not particularly useful to teachers in planning for instruction (Braddley et al., 2007). Additionally, students from minority cultural and language backgrounds have been over-identified as having SLD using the discrepancy model, and these students have been placed in more segregated special education settings as compared to their European-American, English speaking peers (De Valenzuela, Copeland, Qi, & Park, 2006; MacMillan & Reschly, 1998).

In response to the difficulties inherent in the discrepancy model, leaders in the field of learning disabilities proposed an alternative method, *response to intervention* (RTI), as a valid method of identifying a student with learning disabilities (Fuchs, 2002; Gresham, 2002; Vaughn & Fuchs, 2003). Essentially, RTI is a "change in behavior or performance as a function of intervention" (Gresham, 1991, as cited in Gresham, 2002, p.480). The 2004 reauthorization of IDEA made permissible a change in how students are found eligible for LD: "a local education agency may use a process that determines if the child responds to scientific, research-based intervention as part of the evaluation procedures" (20 USC §§ 1, 400), namely response to intervention (RTI).

Overview of the Response to Intervention Model

Though there is not agreement on one specific method for implementing RTI, the law clearly states that RTI is fundamentally a dynamic assessment and instructional process based on thorough scientific research (Kame'enui, 2007). Therefore, proposed models of RTI involve two critical components: implementation of evidence based instruction/intervention and ongoing assessment to monitor student progress or response (Fuchs & Fuchs, 1998; Gresham, 2002; Kame'enui, 2007; National Research Center on Learning Disabilities, 2006). More specifically, to use this

approach to identify students with SLD, the instruction/intervention must be valid, meaning it should have known reliable and beneficial outcomes for students with similar characteristics (Gresham, 2002).

Much of the research on RTI has been conducted in the area of reading, most likely due to the number of students who are identified with SLD have specific reading disabilities. Generally, the literature discusses the model in terms of three tiers of reading intervention (Braddley et al., 2007; Fuchs & Fuchs, 2007;Vaughn & Fuchs, 2003). Tier 1 consists of the core, evidence-based reading instruction that all students receive in general education classrooms coupled with screening assessments, approximately three times per year, to identify those students who are meeting grade level standards with the core curriculum. In most cases, high quality Tier 1 instruction meets the needs of about 70-80% of the students in the general education classroom. However, approximately 20-30% of students do not reach grade level standards within the core program, and thus, additional instruction/intervention is necessary (Vaughn, Wanzek, Woodruff, & Linan-Thompson, 2007).

Tier 2 instruction includes targeted, systematic interventions for these students in small groups of 4-5 students and more regular (bi-weekly) progress monitoring (Vaughn et al., 2007; Vaughn & Roberts, 2007). Ongoing progress monitoring serves two purposes. First, the data are used to make instructional decisions based on students' strengths and needs. Second, ongoing progress monitoring data are used to determine whether the student is "responding" to the intervention. That is, the data indicates whether the student needs to continue to receive interventions or can be "exited" from the Tier 2 program. Tier 2 interventions typically are supplemental interventions that require about 20 minutes per day for up to 20 weeks (Bradley et al., 2007; Vaughn et al., 2007). Students may be exited from intervention before the 20 weeks if they meet grade level benchmarks; other students may need to continue for the full 20 weeks in order to make adequate progress. Even with targeted interventions at Tier 2, some students may still not be receiving enough instructional support to achieve grade level benchmarks. For these students, Tier 3 interventions may be necessary.

Tier 3 provides more intensive interventions for about 2-5% of students for whom Tier 1 and Tier 2 interventions were not adequate. These interventions may include 45-60 minutes of highly individualized instruction and occur in small groups of no more than three students (Vaughn et al., 2007). Because of the length of time needed for Tier 3 interventions, they will generally replace some part of the core curriculum at least temporarily. The interventions in Tier 3 may or may not include special education services depending on district or school policy and deci-

sion-making. However, it is likely that these students will be referred for special education and may qualify for special education services based on the systematic documentation of interventions received through an RTI model or through further evaluation. Unlike the discrepancy approach, in an RTI model students who are not performing at grade level receive interventions early before they qualify for special education. Further, the efficacy of the interventions is monitored to determine if students are responding and making progress. For many students these early interventions may provide the extra assistance they need, and therefore these students may not need special education services.

The RTI model relies heavily on implementing high quality, specific instruction and interventions as well as ongoing systematic assessment of student progress at each of the three tiers. The potential benefit of the RTI model in providing intervention for struggling students is clear. Several studies have demonstrated that when RTI is implemented effectively there is a reduction in the number of students who are referred and who qualify for special education (Fuchs, Mock, Morgan, & Young, 2003; O'Conner, 2007). However, effective implementation of the model demands a shift in how schools "do business" and most importantly has implications for the preparation of both general and special education teachers.

The Roles of General and Special Education Teachers

In the not so distant past, the roles of general and special education teachers were considered disparate. That is, general educators were responsible for teaching the core curriculum and special educators were responsible for serving only those students with identified disabilities. More recently, an emphasis on inclusion has encouraged general education teachers and special education teachers to collaborate in serving students with disabilities in the general education classroom (Haager & Mahdavi, 2007). However, the RTI model requires schools to evaluate the roles of teachers in serving students who exhibit learning *difficulties* before they are referred for special education eligibility.

Both general and special educators have critical and shared responsibilities in the RTI model at each tier, and the collaboration between these educators is essential for student success. In Tier 1, the emphasis is on delivery of core reading instruction, and is likely to not be very different from what general educators are currently doing in their classrooms. This stage also requires screening to identify at-risk students (Bradley, Danielson, & Doolittle, 2007). Thus, districts will need to consider which assessments will be used for screening and whose role it will be to admin-

ister these assessments (Haager & Mahdavi, 2007). Regardless of who is responsible for administering the assessments, classroom teachers, at the individual or group level, will be tasked with using the assessment data to make decisions regarding which students are in need of Tier 2 interventions. General educators may not be familiar with analyzing and interpreting the assessment data, whereas, special educators are likely to have experience, knowledge and skill in interpreting assessments. Thus, collaboration between special educators and general educators in using these data to homogeneously group students and determine the areas of need to guide intervention development is critical.

The role of both general education and special education teachers in Tier 2 is not particularly clear in the literature, and is likely to be decided at the individual school or district level (Haager & Mahdavi, 2007). For instance, some schools use their specialized teaching staff including special education teachers, Title I teachers, and reading specialists to assist general educators in implementing Tier 2 interventions, while these specialists provide only Tier 3 interventions and support at other school sites. Therefore, schools need to decide who will be providing the targeted interventions at this level. Time is, of course, one of the main challenges in determining who will deliver the intervention. Also, general educators may not feel they have the expertise to provide targeted interventions, and special educators may feel "stretched", given the demands to serve students with identified disabilities (Haager & Mahdavi, 2007).

Considering the limited resources of many schools, it is recommended that Tier 2 interventions are most efficiently delivered by the general educator since they can provide interventions to just the 4-5 students in their individual classes that need intervention, yet it is important that general educators feel supported in delivering interventions and monitoring student progress. Special educators, reading specialists, speech and language pathologists, and school psychologists can provide this support through consultation and coaching, particularly in analyzing data and using the data to develop specific interventions. As indicated previously, students who need Tier 3 interventions are those students who have not made adequate progress with targeted Tier 2 interventions and need very intensive interventions, possibly including special education services.

In Tier 3, students may receive interventions from a specialist, most likely the special education teacher. Since special educators will be serving those students with the most significant reading difficulties, they need to be highly skilled in delivering intensive reading interventions, using progress monitoring tools, and interpreting data from these tools. Students in Tier 3—whether they are identified as having a disability or not—will be in general education for most of the day, requiring col-

laboration and ongoing communication between the special educator and the general educators essential.

Implications for Teacher Education

The RTI model proposes a "paradigm shift" in the way in which schools serve students who demonstrate learning difficulties, and in the nature and level of support provided once students are found eligible for special education. This paradigm shift has implications for preservice preparation provided to teacher candidates and also for the ongoing professional development provided to school staff.

RTI requires the collaborative preparation and flexible role definitions of school personnel. To successfully implement such a model will require supportive school teams comprising of special educators, school psychologists, speech therapists, reading specialists, administrators, and others who will need to work together to assist the general education teacher in identifying at-risk learners, and in developing and implementing appropriate interventions and progress monitoring. Furthermore, as discussed earlier, schools will need to determine the specific roles and tasks that will be completed by each team member to prevent turf issues and ensure successful outcomes for students. There will need to be a shared value system, school-wide commitment, and administrative support with appropriate resources and incentives in order for RTI to be a firmly established and successful as a form of service delivery at a school.

While catalyzed by special education legislation, RTI is essentially a model of effective schools with widespread implications for how all school personnel are prepared, acculturated to the school environment, and how they implement instruction in the classroom. RTI requires a shift towards a more "individualized" look at students in the class, and consistent monitoring of instructional progress using empirically validated techniques. It has implications for the general educator's workload and how he/she is prepared. For instance, general education teachers will now be required to look more closely at the individual learning needs of their students and develop strategies and skills that can be implemented to address these learning needs. They will also need to develop expertise in data-based decision making and the administration and use of ongoing progress monitoring measures such as curriculum-based measurement. It is paramount that these skills be embedded in general education teacher preparation programs.

RTI also changes the role of special education teachers, moving special education from the frontline role of serving those who are not able to keep up in school, to the intervention of "last resort". Special

educators will need to have a deep understanding of the methods for delivering highly individualized and intensive interventions as well as making data-based decisions. Special education teachers will be required to take on several new roles; that of a collaborative consultant assisting general education colleagues in the implementation of RTI; providing Tier 3 interventions to students not identified as having disabilities; and assisting the school in developing and utilizing validated progress monitoring techniques to keep close tabs on student progress. Additionally, students who do get identified as having special needs are now going to require more intensive and specialized interventions that call for greater teacher skill and expertise. Faculty in special education teacher preparation programs are going to have to be more responsive to these needs, and work closely with general education teacher preparation programs in the joint preparation of the workforce.

Implications for Professional Development

Even as teacher preparation programs begin to incorporate curriculum involving RTI, ongoing professional development will be necessary at the school and district level. Though many school districts are committed to implementing the RTI model, they are continually faced with the challenge of having the time and funding to provide the additional professional development required to prepare educators for this method of supporting struggling learners. Typically, districts provide teachers with professional development in the core curricular programs required by the district/state. Teachers are provided assessment tools, curricular guidelines, and pacing charts. However, RTI requires a cyclical process of data-based instructional decisions, which requires specific professional development in progress monitoring, using data to make instructional decisions, and implementing evidence-based interventions.

As one teacher notes, "I've seen a lot of teachers try interventions. But, I rarely see them measuring the interventions closely to actually see if the strategies they are implementing are working." (Amanda Fraizer, personal communication, May 20, 2007). This elementary school teacher describes her frustration with not knowing how to effectively monitor the interventions she is trying in her classroom. As noted by the National Research Center on Learning Disabilities (2006), schools must implement continuous progress monitoring measures to pinpoint students' specific difficulties, use the data to determine the effectiveness of an intervention, and make necessary instructional modifications.

RTI also requires teachers to be continuously responsive to the instructional needs of individual students (Gerber, 2005). This process is

not easily placed into curriculum guides and pacing charts. Professional development needs to include both the content and methods of instruction shown to be effective with struggling learners. In reading instruction, for instance, most teachers are familiar with the components of an effective reading program proposed by the National Reading Panel (2000) (e.g. phonemic awareness, alphabetic principle, fluency vocabulary, and comprehension); however, instructional methods of intervention in these skill areas may not be as clear. Consequently, reviewing the principles of effective intervention (i.e., explicit, targeted instruction, corrective feedback) will be a necessary component of professional development. Follow-up observations of teachers implementing these principles in their classrooms and coaching are also recommended (Haager & Mahdavi, 2007).

Along with supportive professional development, there is a need for ongoing collaboration and open communication (Haager & Mahdavi, 2007). Most likely, individual schools will need to be creative in how they allocate the time needed for ongoing collaboration. Many schools currently have weekly planning time which provides a forum for critical analysis of data from progress monitoring assessments and intervention planning. Research has found that support from administration is key to successful collaboration and implementation of interventions (Haager & Mahdavi, 2007). Therefore, school administrators will need to provide teachers and other professionals this critical time to focus on successfully implementing RTI.

Conclusion

In a recent article, Ed Kame'enui, Commissioner of Special Education for the Institute of Education Sciences reflected that RTI was both timely and premature (Kame'enui, 2007). While there is consensus in the field for the need to implement early intervention services to assist struggling learners in our schools and that there are many inherent problems with the previous "wait-to-fail" approach that has been used to identify students with SLD, there are still many unanswered questions with regards to RTI. Most of the research on RTI is limited to the field of reading, particularly early reading, and less is known about RTI in the areas of math, content areas, and behavior (Fuchs & Deshler, 2007). Similarly, there are few validated intervention programs for middle and high school, and thus this model is relatively untested in the secondary grades. Other site-based implementation issues arise such as: who is best prepared to provide interventions; how do we ascertain whether or not a student has responded to intervention; when do we refer a student for special education and what does the learning disability eligibility

process look like; and which variables do schools or districts use to evaluate whether RTI has been successful (Fuchs & Deshler, 2007)?

For teacher educators, there are questions as to how best prepare all teacher candidates with the knowledge, skills, and dispositions necessary to implement the RTI model. It is imperative that we work across general and special education teacher preparation programs to ensure that all teacher candidates acquire and demonstrate the necessary competence. Much research is still needed in how to best prepare our future general and special educators in an RTI model.

Despite challenges and unanswered questions, RTI has the potential to assist many struggling students by providing them necessary interventions and consequently reducing the number of students who are referred and placed in special education programs. By preparing our teachers in the RTI model, including the implementation of evidence based interventions and ongoing progress monitoring, teacher educators are given the opportunity to build the capacity of all teachers to serve students with learning difficulties.

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