

MASP POSITION STATEMENT ON RESPONSE-TO-INTERVENTION

As adopted 10-28-06

PURPOSE

In April 2003, the National Association of School Psychologists (NASP) provided recommendations for the reauthorization of the Individuals with Disabilities Education Act (IDEA) related to eligibility determination procedures for students suspected of having a Specific Learning Disability (SLD). In December 2004, the Individuals with Disabilities Education Improvement Act (IDEIA) was signed into law by President Bush. In June 2005 the US Department of Education released the proposed federal regulations accompanying IDEIA for public comment and in August 2006 the final regulations were released. The Michigan Association of School Psychologists (MASP) formed a committee to review the NASP position statement and the proposed federal regulations with the purpose of making recommendations to the MASP membership and the Michigan Office of Special Education regarding procedures for using Response-to-Intervention (RTI) as an alternative method for SLD identification in Michigan. The following statement provides information and suggestions to Michigan stakeholders (e.g., educators, legislators, parents, students, etc.) to assist in understanding the alternative identification procedures for SLD that are described in the new federal regulations.

PROBLEM STATEMENT

Twenty years of research on reading and the identification of learning disabilities have cast a spotlight on the problem of poor reading achievement. Nationally, 36% of students have failed to demonstrate mastery of basic reading skills on the 4th grade National Assessment of Educational Progress (NAEP). With the problem of poor reading achievement persisting, there has been a tendency to look to special education as a solution. Although poor reading achievement is often what initially triggers a special education evaluation, poor math and written language skills are also common areas targeted for special education services. At present, national data indicate that SLD eligibility comprises 52% of all special education students. The total number of students identified as learning disabled has increased by 300% since 1976-77. However, making students eligible for special education has not, in general, accelerated their learning. In fact, local, state and federal data indicate that over time the achievement gap between general education and special education students has grown. Moreover, special education classification is associated with lower graduation rates, increased drop-out rates, and significantly poorer life outcomes for special education students when compared to the general student population.

Is it possible that this dramatic increase in the identification of students with learning disabilities is due to an actual increase in the incidence of students with intrinsic learning differences? In reality, ineffective assessment and instructional practices, and the absence of appropriate interventions responsive to student needs have led to early failure becoming entrenched for far too many students. Over-reliance on the IQ-Achievement Discrepancy Model for SLD identification, which has been demonstrated to be both invalid and unreliable in numerous studies over the past two decades, has exacerbated the problem, delaying intervention and distracting educators from focusing on providing appropriate instruction. Is it possible to intervene more effectively to address achievement problems? Yes, implementation of instructionally relevant assessment practices, early intervention, and delivery of research-based instruction aligned with student needs has been demonstrated to help 90-95% of at-risk readers learn to read at average levels (Lyon, 1998). Furthermore, early intervention in writing and math is anticipated to achieve similar improved outcomes. Over the past few years the systematic application of these research-validated methods has come to be known as *Response-to-Intervention* (RTI). At its core, RTI refers to the systematic application of data-based decision-making to instructional planning and delivery with the goal of improving the achievement of all students. The widespread use of RTI models holds the promise of improving educational outcomes for all students. In fact, the underlying principles of RTI such as early intervention, focus on improved academic outcomes, accountability, and use of research-based instruction are strongly embedded in the re-authorizations of both the Elementary and Secondary Education Act (ESEA) of 2002 also known as No Child Left Behind (NCLB) and the Individuals with Disabilities Educational Improvement Act of 2004.

In order to fully appreciate the systemic implications of the RTI movement, it is essential that we view an alternative approach like RTI within the broader context of school reform and school improvement, and not solely as a change in eligibility procedures impacting special educators and a small minority of

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students. Identification models that incorporate RTI represent a shift towards prevention and improved achievement outcomes for all students. It is clear that this is not a change in policy that can be carried out by making changes in special education rules and procedures alone. To be successful in this transition and in keeping with the spirit of IDEIA, RTI requires the reengineering of both general education and special education support systems in order to provide a single, unified system of support. To achieve unification, administrators, classroom teachers, general education support staff, and special educators such as school psychologists, speech and language teachers, and resource room teachers all have vital roles to play if improved achievement for all students is to be ensured.

KEY PRINCIPLES OF RTI

- *Shared Responsibility:* Historically, special education, general education, and at-risk programs (e.g., Title One) have not been coordinated or aligned to strategically, effectively and efficiently address the continuum of student instructional needs. Traditional special education eligibility determination processes simply transferred responsibility for low achieving students from general to special education with little attention paid to accelerating student achievement. A central tenet of the RTI approach is shared responsibility for student achievement using a three-tiered system of support in which general and special educators collaborate and support one another across all tiers.
- *Universal Screening Measures Linked to Instruction:* Universal benchmark assessment facilitates data-based instructional planning that is responsive to the needs of all students. In RTI models assessment procedures are closely aligned with instructional practices, student progress is carefully monitored, and instruction is adjusted at frequent intervals to insure optimal progress toward goal attainment. Over the past few decades, instructionally useful assessment tools such as Curriculum Based Assessment (CBA) and Curriculum Based Measurement (CBM) have been found effective in identifying academic needs and in monitoring student response to instruction. Historically, special education evaluation has been focused primarily on eligibility determination rather than differentiating instruction or predicting response to intervention.
- *Program Evaluation:* School-wide and grade-level data is used to evaluate instructional effectiveness. The goal is that at least 80% of all students will meet grade-level expectations in response to effective general education instruction; that no more than 15% of students should require supplemental Tier 2 intervention, and that no more than 5% of students should require intensive Tier 3 intervention. When general instruction fails to achieve these criteria of effectiveness, the first priority is for the quality of Tier 1 instruction to be re-examined and core instructional strategies altered to achieve improved results.
- *Early Intervention:* Traditionally, academic interventions have been poorly matched to student needs, poorly implemented and monitored, and too often delayed until third grade or later when referrals to special education are typically initiated. Research demonstrates that the longer a student is off track from meeting grade level benchmarks, the more difficult it is to close the gap. In RTI models, children who are at-risk for academic problems may be identified as early as kindergarten. As a result, instruction may be adjusted and supplemented early on. This approach has proven to be effective in raising student achievement and in decreasing the need for long-term special education placements.

ESSENTIAL INGREDIENTS OF RTI

1. **Multi-Tiered Continuum of Support.** RTI is most often accomplished through implementation of a three-tiered service delivery model. A description of the three tiers is provided in the next section.
2. **Problem-Solving Process.** Application of a systematic problem-solving process (which includes problem identification, problem analysis, instruction / intervention planning, and monitoring and adjustment stages) is implemented at each tier of support.

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3. **Systematic Implementation.** Transitioning to this model requires the gradual, step-by-step implementation of new assessment procedures, data-based instructional decision-making, and new roles for staff. These changes must be accomplished within the context of adequate administrative support, professional development, and coaching, which are required to support a smooth transition to a new service delivery model.
4. **Professional Development.** Ongoing professional development is a key to successful system change. At a minimum professional development should address: a) the theoretical and scientific rationale for moving toward a response-to-intervention model, b) training in new assessment procedures for screening, monitoring and evaluating student response to instruction, c) methods for conducting problem analyses and planning interventions, d) research-based intervention strategies, and e) data-based program monitoring, evaluation and review. Professional development activities must be ongoing, linked to the school improvement plan and goals, and informed by the knowledge, skills, and beliefs of the participants.
5. **Universal Screening.** Universal screening of all students is the shared responsibility of general and special educators. Screening should be phased in at the elementary level (K-5) and should occur three times per year. The screening measures employed must be valid, reliable, and predictive of important literacy and math outcomes.
6. **Progress-monitoring.** Depending on the intensity of student difficulties and the services provided, progress monitoring will occur at more frequent intervals. In addition to the universal screening of all students in **Tier One** three times a year, students receiving **Tier Two** supplemental instruction should be progress-monitored at least biweekly, while students receiving intensive **Tier Three** interventions should be progress-monitored at least weekly for the duration of the intervention.
7. **Scientifically Based Core Curriculum.** While there is no one curriculum or instructional methodology that meets the needs of all students, evaluation of the effectiveness of core curricula is a fundamental principle of RTI. The systematic review of benchmark data collected on all children will guide districts in evaluating current curriculum, in identifying core instructional program strengths and weaknesses, and enable timely adjustment of the instructional program to better address student needs.
8. **Research-based Interventions.** Selection of instructional strategies, modifications and supplemental interventions should be based on empirical research studies in which these instructional strategies have demonstrated positive effects on student outcomes. Interventions should be selected to meet identified student needs and monitored to evaluate treatment fidelity and effectiveness for individual students.

DESCRIPTION of the THREE-TIERED MODEL

Tier 1: Core Instructional Program: High quality instructional and behavioral supports for all students is provided and continuously monitored for effectiveness. Core instruction is informed by a system-wide problem-solving process that assures continuous improvement.

- **Assessment:** Universal screening for all students three times a year. Ongoing, curriculum-based measurement of academic skills is an essential component of high-quality instruction. Systematic evaluation and review of the core instructional program is essential for maximum effectiveness to be achieved.
- **Instructional Focus:** Implementation of research-based core instructional program. Data-based instructional planning and adjustment of instructional components to meet the needs of all students, including students who may be receiving special services. Adjustments to the core instructional program may include the following: flexible grouping for differentiated instruction, accommodations and modifications to promote attainment of general curriculum benchmarks,

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allocation of adequate time and intensity of instruction in essential components of the core instructional program.

- Roles for Staff: Administration of screening assessments, data entry, data summarization and analysis, grade-level meetings, coaching, consultation, systems-level problem-solving (at school, grade, and classroom levels). Assessment and interventions are delivered in general education by either general education or special education staff (or both). Participation in professional development is based on priorities identified in the data analysis.
- Roles for School Psychologists: Involvement in universal screening of all students, including training staff on screening measures, organizing school wide assessment procedures, creating assessment probes, collecting data to create local norms, aggregating and plotting data, collaborating with pre-referral intervention teams to determine which students need additional screening, participating in instructional consultation meetings to align instruction with student need, designing individual academic and social interventions and providing professional development on universal supports for general education teachers.

Tier 2: Strategic Instruction: A group-level problem-solving process which addresses the needs of students who are likely to fail in meeting grade level expectations when provided with the core instructional program alone. Curriculum-based measures are used to form flexible groups of students with similar instructional needs who receive additional targeted interventions. Students receiving this additional support may or may not continue to need supplemental instruction in the future.

- Assessment: In addition to benchmark screening assessments, there is more frequent progress monitoring and charting of student response to the instructional intervention (e.g., weekly / biweekly). Specific goals are established, progress toward goals is carefully monitored, and adjustments are made based on student response. At decision points (usually following the collection of three to five data points), data is examined to determine whether the instruction is appropriately targeted, delivered with integrity, at the appropriate level of intensity, and of adequate duration.
- Instructional Focus: Supplemental instruction, in addition to the core program, that is targeted to address specific learning needs and/or deficits of smaller groups of students. The intention is that supplemental instruction will be time-limited (10-12 weeks), with the goals of both accelerating student learning to meet grade level benchmarks, and maintaining academic gains upon return to the core instructional program without support.
- Roles for Staff: Intervention, coaching, consultation, assessment of the instructional environment, data review, evaluation of student response-to-intervention, instructional problem-solving, and program evaluation. Assessments and interventions may be delivered by either general education or special education staff (or both).
- Roles for School Psychologists: Provide instructional consultation for smaller groups of students on behavioral and academic concerns interfering with academic progress; develop and evaluate targeted interventions for students not achieving at benchmark levels; orchestrate progress monitoring, data plotting, and evaluation of effectiveness of interventions; design modifications to ineffective interventions; utilize targeted diagnostic assessment tools for the purpose of aiding in intervention development.

Tier 3: Individualized Instructional Intervention: A student-focused problem-solving process resulting in the development of an individualized, instructional intervention plan. Evaluation of the student's response to the intervention may be the first step in determining eligibility for special education services.

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- **Assessment:** Rigorous progress-monitoring (e.g., weekly). Additional data are collected as needed in order to plan and adjust instruction. Additional assessment may be conducted to identify potential targets for instruction and the instructional conditions which promote learning. (e.g. direct observation of the student in the learning environment, pre-requisite skills, prior knowledge, academic task analysis). This process may be considered part of a comprehensive evaluation to determine the need for special education services. Traditional evaluation procedures (intelligence tests, norm-referenced achievement tests) may not be required unless deemed necessary by the IEP team to rule out other possible causal conditions or identify deficit areas in need of further investigation prior to instructional planning.
- **Instructional Focus:** Intensive (1:1 to 1:3), systematic, specialized instruction is provided and adjusted when progress monitoring indicates poor response. Diagnostic teaching and informal assessment data may be needed to further inform and/or refine the instruction.
- **Roles for Staff:** Rigorous progress-monitoring and diagnostic teaching. The instruction is most often delivered by a highly trained special educator with the goal of accelerating learning such that the student meets grade level benchmarks.
- **Roles for School Psychologists:** Design and consult on individualized instructional interventions using diagnostic evaluations or diagnostic teaching to determine the need for more intensive supports. May include formal assessment, including use of standardized measures, and informal curriculum based measures with a continued focus on monitoring programs, and modifying curriculum and instructional environments for those children now receiving the most intensive remediation.

MOVEMENT THROUGH THE TIERS OF SUPPORT

In the Three-Tiered Model, students receive services in a flexible way using data to guide decisions. Entrance and exit criteria for interventions in each tier should be predetermined and based on a combination of research-based criteria predicting future academic success and local curriculum benchmark assessments. The use of local norms to guide decision-making can ensure that resources are allocated appropriately to those students with the greatest needs.

Considerations for increasing or decreasing the intensity of interventions include the student's age, severity of the deficits (breadth and depth) in the students' performance relative to their peers, the intensity of the intervention needed to make progress, the rate of progress that the student is making toward his/her goals, and the alignment of the intervention with the student's needs. Due to the diversity of student learning needs in schools across the state, the three tiers should be considered a framework, not a blueprint requiring all schools to have identical plans. Each school will have the flexibility to shape their implementation of the model based on the reallocation of available resources and the need to be responsive to local student learning characteristics.

THE SCHOOL PSYCHOLOGISTS' ROLE IN RTI MODELS

School psychologists have specialized training and skills in areas such as: psychological and educational assessment, data and statistical analysis, behavior and learning principles, consultation, and problem-solving processes which uniquely prepare them to play important roles in data-based decision-making, intervention planning, and program evaluation. Many school psychologists have developed expertise, by virtue of their graduate training and field experience, which has prepared them to serve in a variety of assessment, intervention, consultative and leadership roles that are essential to the successful implementation of RTI models of service delivery.

Comments about "traditional assessment": Historically, the use of IQ tests for the purpose of instructional planning has not been empirically validated by research (Merrell, Ervin, & Gimpel, 2006). However, others argue that specific components of intelligence tests that address cognitive factors such

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as memory, attentiveness, and verbal reasoning may be helpful in planning instructional intervention. School psychologists are encouraged to: reserve individual norm-referenced evaluation for students who are resistant to intervention, and use a variety of assessment instruments with empirically demonstrated links to instruction which are intended to strengthen and validate hypotheses about instructional programming needs. School psychologists' roles are varied across the state; however, adoption of a problem-solving approach (e.g., as outlined by Merrell et al., 2006) is most strongly recommended. By using a problem-solving approach, school psychologists will move away from the standard "test and place" role and toward roles as consultants and interventionists who solve problems related to learning.

In summary, roles for School Psychologists may include:

- Co-teaching: Working with general educators to provide behavioral and academic interventions.
- Coaching: Working collaboratively with interventionists (teachers, instructional aides) to improve instructional delivery with content, pacing, and group management.
- Data Mentoring: Helping educators effectively use data to judge effectiveness of core curriculum and to facilitate effective problem-solving for small groups and individual students.
- Instructional Consultation: Using expertise related to: student engagement, curriculum variables and learning principles to design and evaluate the integrity of interventions.
- Professional Development: Providing training and ongoing professional development on essential tools used to identify and intervene to address student risk status.
- Program Evaluation: Helping educators evaluate the overall effectiveness of instructional programs in meeting diverse student needs.
- Individual Student Evaluation: Individual evaluations of students who are slow responders to intervention in order to gather additional information to facilitate instructional planning.

RECOMMENDED GUIDELINES FOR THE DETERMINATION OF SPECIAL EDUCATION ELIGIBILITY FOR SPECIFIC LEARNING DISABILITIES

The IEP Team, when designing or conducting evaluations, or making determinations about eligibility for special education as a student with a specific learning disability, shall include certified professionals with the requisite training and skills to analyze the child's suspected learning problems and assess conditions in the environment that hinder or promote learning (e.g., school psychologist, special education teacher, social worker, speech and language pathologist).

If a student has been provided appropriate research-based instruction in the regular education setting and there is data-based documentation of repeated assessment of achievement at regular intervals, the IEP team may consider a student as a student with a learning disability if the student meets **all** of the following criteria:

- a) The student persistently fails to meet state or district grade level expectations and benchmarks in the area of suspected disability as measured on repeated assessments. Some students with disabilities may pass grade level or state assessments but only with the assistance of an individualized accommodation plan. Students who meet grade level expectations under these conditions may or may not be excluded from special education eligibility.
- b) Academic achievement is significantly below that which is expected when compared to the performance of local peers and measured using rigorous progress-monitoring tools with established reliability and validity. For example, some educational agencies have suggested using a percentile rank cut score based on local norms to determine significant academic achievement discrepancies (e.g., 10th percentile and below). These examples are based on discrepancies from the local norm for grade-level performance without reference to an assessment of the student's ability level (i.e., IQ).

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- c) Rate of learning, determined by the slope of the student's achievement growth line, is significantly less than the average of local grade level peers. In addition, the rate of acquisition of learning is not likely to increase and be sustained without special education intervention.
- d) The student demonstrates lack of response to research-based interventions that are targeted to the individual student's specific needs and are *delivered with integrity* for a substantial period of time (typically, one year with intervention trials at both Tier 2 and Tier 3); however, extreme discrepancies in achievement and rate of progress may necessitate more rapid movement through the tiers and implementation of intensive interventions over a shorter period of time with more frequent monitoring and targeted diagnostic assessment. *Delivered with integrity* means that the intervention was implemented following a regular schedule, attendance was documented, student progress was measured repeatedly, and other students within the setting demonstrated adequate progress when exposed to the same or similar interventions.
- e) There is evidence that access to and progress in the general education curriculum is not possible without the provision of special education intervention, support, accommodations, or modifications.
- f) The student's achievement deficits are not primarily the result of his/her status as an English Language Learner, or another disability or condition, such as: Cognitive Impairment, Emotional Impairment, Autistic Spectrum Disorder, Physical Impairment, Visual Impairment, Hearing Impairment, or Other Health Impairment.

Note: The information gleaned from using the response-to-intervention framework described here may also help inform the provision of instruction and accommodations for students with disabilities other than specific learning disabilities.

RTI AND INDIVIDUAL EVALUATION REQUIREMENTS

As in IDEA 97, the 2004 reauthorization of IDEA includes the following language (verbatim from the act) on full and individual evaluation requirements (300.301 – 300.306).

The IEP Team ... must-

- 1) *Review existing evaluation data on the child, including-*
 - i *Evaluation and information provided by the parents of the child;*
 - ii *Current classroom-based assessments and observations; and*
 - iii *Observations by teachers and related services providers*
- 2) *On the basis of that review, and input from the child's parents, identify what additional data, if any, are needed to determine-*
 - i (A) *Whether the child is a child with a disability... and the educational needs of the child;*
(B) *In case of a reevaluation... whether the child continues to have a disability, and the educational needs of the child;*
 - ii *The present levels of academic achievement and related developmental needs of the child;*
 - iii (A) *Whether the child needs special education and related services; or*
(B) *In the case of a reevaluation of a child, whether the child continues to need special education and related services;*
 - iv *Whether any additions or modifications to special educational and related services are needed to meet annual goals set out in the IEP and to participate as appropriate, in the general education curriculum.*

IDEA 2004 empowers the IEP Team to individualize the evaluation of each and every child. In so doing the team **must** consider information from the parent, classroom-based assessments and direct

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observations of the student in the learning environment. In most cases, a rigorous, data-based evaluation of a student's **response to intervention** would provide all of the data that is required by law.

It is left to the discretion of the IEP Team to determine what additional assessments, **if any**, are needed to:

- 1) identify, design or refine interventions intended to resolve the presenting problem,
- 2) establish instructional targets and goals for the student,
- 3) determine if the level of intervention needed requires the provision of special education services,
- 4) develop an individualized plan of service, which allows the child to progress toward IEP goals, and provides access to accommodations needed to participate and progress in the general education curriculum.

Within a RTI problem-solving model, emotional, behavioral, language, and/or cultural factors affecting learning are considered, impediments to learning are assessed, targeted for intervention, and monitored for improvement. When such conditions do not improve, additional informal, formal and comprehensive evaluation may be necessary to improve our understanding of how these variables impact student performance. For instance, additional assessments, intervention or data may be required to address multiple causes of the student's poor achievement (adaptive behavior, cognitive assessments, behavioral rating scales, social history information, Functional Behavioral Assessment (FBA), Behavioral Intervention Plan (BIP), language based measures, assessment of primary language, attendance history, etc.). Evaluation teams may choose to use formal IQ tests when there is a suspicion of cognitive impairment or other cognitive difficulties affecting learning.

IMPLEMENTATION RECOMMENDATIONS: WHERE CAN WE START?

Regardless of the release of federal regulations and the State of Michigan Rules and Regulations, LEAs who intend to move toward RTI will require long-term planning, intensive and systematic staff development, and a collaborative relationship between general and special education from the start. Identification models that incorporate RTI represent a shift towards prevention and improved achievement outcomes for all students in which school psychologists and all educators will have new roles to play. Systems change initiatives such as RTI must be embedded in school-wide and district-wide school improvement and strategic planning efforts in order to be sustained.

The following steps are recommended as prerequisites to RTI implementation by LEAs:

- Central administration, building principals, general education teachers, and special education personnel need to formalize their commitment to working collaboratively toward systemic change. In order to move towards an RTI model for service delivery, local administration must agree to re-engineer previously uncoordinated student support systems (General Education, Title One, ELL Services, and Special Education) in order to align these systems both structurally and financially to achieve effective coordination of instruction and services. Such an effort requires significant planning, preparation and collaboration between departments.
- At a minimum, a five-year plan for RTI implementation needs to be developed, beginning with the primary grades (K-2), and gradually phasing in additional grade levels step-by-step. Planning should include: data-based evaluation of core instruction, implementation of universal screening for academics, standardization of decisions rules, development of more effective teaming processes, establishing implementation standards, redefinition of staff roles, and establishing effective internal/external review processes.
- LEAs may wish to develop RTI pilot sites as working models of research-based practice and training centers developing the skilled professionals needed for the broader implementation of RTI district-wide. A training of trainer's model may be useful in disseminating the knowledge and skills required for more widespread implementation of RTI in a district.

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- LEAs should establish special education assessment review committees to examine existing initial and reevaluation assessment practices to assure that assessment activities are aligned with instructional goals and sensitive to student academic growth. Assessment practices must be both effective and efficient. Ineffective and inefficient practices must be discarded. Only those practices that are proven to enhance student achievement should be continued. Changes in the requirements for assessment articulated in IDEA 1997 and IDEA 2004 not only permit but also strongly encourage the movement towards more functional assessment practices directly linked to the student's progress in the general curriculum. Assessment focused exclusively on the re-determination of special education eligibility in the absence of a comprehensive review of student response to special education programs and services is an ineffective use of valuable time and resources which could be used much more effectively to improve student achievement. Time is our most valuable resource.

FREQUENTLY ASKED QUESTIONS

- *Do special education timelines apply?* When RTI is adopted by the school, assessments and interventions are available to all students. Students in need of Tier Two interventions are students suspected of low achievement, not students suspected of having a learning disability; therefore, due process timelines are not invoked. See Federal Regulations 300.302 entitled, "Screening for instructional purposes is not evaluation" which states that "the screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services."
- *When is parental consent needed?* Parents should be kept informed on a regular basis about the provision of general education interventions that occur as a part of a general program. When students participate in Tier Two or Tier Three Interventions, especially when removed from general classroom instruction, parent notification and involvement in decision making is appropriate, and in fact, encouraged. The school team may seek to explain to them the process and potential benefit of using an RTI framework for addressing their child's difficulties and report back to parents on their child's progress. Parents have the right to object to additional interventions offered as a part of the school's general program. However, if a parent or teacher requests a comprehensive evaluation for a handicapping condition, this request must be honored consistent with the Michigan Administrative Rules governing Special Education.
- *How will transient students be addressed?* RTI is especially applicable for students who frequently move. Such students will be quickly identified via universal screening. Low achieving students may be immediately placed in intervention, eliminating delays due to lengthy referral and evaluation processes, and decreasing the probability of over-identification of students for special education. When such students fail to make adequate progress in response to quality interventions, then a problem-solving process is initiated.
- *What about Math, Writing and the content areas?* The principles of RTI have been applied systematically to address student needs in math, writing and the content areas. At present, however, there is less accumulated research on the system-wide use of screening and assessment tools linked to the critical skills and big ideas of instruction in math, writing and the content areas. However, more research in these areas is being reported every day.

FINAL COMMENTS

This paper has attempted to address the most salient issues related to RTI and learning disability eligibility in special education, while staying true to the original request from the MASP Board for a position statement on the topic and the space constraints that this format entails. This paper is not intended to be a comprehensive review of the literature, nor is it intended to supply answers to myriad

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implementation questions and concerns that might arise. The committee did review all feedback submitted to MASP through the public comment period, and it incorporated the ideas, comments, and suggestions that were consistent with prevailing research and served to improve the clarity of this paper. We would like to thank all those individuals who submitted thoughtful suggestions because those suggestions led to significant revisions of the document.

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References

- Batsche, G., Elliott, J., Graden, J., Grimes, J., Kovaleski, J., Prasse, D., et al. (2005). Response to Intervention: Policy Considerations and Implementation. Alexandria, VA: National Association of State Directors of Special Education.
- Lyon, G.R., Fletcher, J.M., Shaywitz, S.E., Shaywitz, B.A., Wood, F.B., Schulte, A., & Olson, R. (2000). *Learning disabilities: An evidence based conceptualization*. Paper presented at the Rethinking Special Education for a New Century Conference, Washington, DC.
- Fletcher, J.M., Coulter, A.W., Reschly, D.J., & Vaughn, S. (2004). Alternative approaches to the definition and identification of learning disabilities: Some questions and answers. *Annals of Dyslexia*, 54(2), 304-332.
- Merrell, K. W., Ervin, R. A., & Gimpel, G. A. (2006). School psychology for the 21st century: Foundations and practices. New York, NY: Guilford Press.
- National Institute of Child Health and Human Development (1999). Overview of Reading and Literacy Initiatives: Testimony of G. Reid Lyon. From: <http://www.nichd.nih.gov/publications/pubs/jeffords.htm>
- National Institute of Child Health and Human Development. (2000). Report of the National Reading Panel Teaching Children to Read: An evidence-based assessment of the scientific research literature on reading and its implications for reading instruction (NIH Publication No. 00-4769). Washington, DC: U.S. Government Printing Office.
- Stanovich, K. E. (2005). The future of a mistake: Will discrepancy measurement continue to make the learning disabilities field a pseudoscience? *Learning Disabilities Quarterly*, 28(2), 103-106.
- Tilly II, W.D., Reschly, D.J., Grimes, J.P. (1999). Disability determination in problem-solving system: Conceptual foundations and critical components. In *Special Education in Transition: Functional assessment and noncategorical programming*. Longmont, CO: Sopris West.

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Tilly II, W. D. (2002). Best practices in school psychology as a problem-solving enterprise. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology: IV* (Vol. 1, pp. 21-36). Bethesda, MD: National Association of School Psychologists.

Vaughn, S. & Fuchs, L.S. (2003). Redefining learning disabilities as inadequate response to instruction: The promise and potential problems. *Learning Disabilities Policy and Practice*, 18(3). 137-147.

Vellutino, F., Scanlon, D., et al (1996) Cognitive profiles of difficult-to-remediate and readily remediated poor readers: ... *Journal of Educational Psychology*, 88, 601-638.

Additional Sources of Information

National Center on Student Progress Monitoring. <http://www.studentprogress.org/>

National Research Center on Learning Disabilities. <http://www.nrcl.org/research/rti.shtml>

<http://www.ode.state.or.us/initiatives/idea/orrtitreadinesschecklist.doc>

<http://www.ode.state.or.us/search/results/?id=319>.

What Works Clearinghouse. (n.d.). Curriculum based interventions for increasing k-12 math achievement. From <http://www.whatworks.ed.gov/Products/BrowseByLatestReportsResults.asp?EvidenceRpt1>