RESPONSE TO INSTRUCTION IN THE IDENTIFICATION OF LEARNING DISABILITIES: A GUIDE FOR SCHOOL TEAMS

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Amid the activity surrounding the reauthorization of the Individuals with Disabilities Education Act (IDEA) in the early 2000s were calls for a reconceptualization of how learning disabilities are assessed and identified. The IQ-achievement discrepancy, which had been the predominant method of identifying learning disabilities since the original establishment of regulations (for then Public Law 94-142) in 1977, was challenged on a number of issues. It was argued that this approach often results in the wrong students being identified for special education, requires that students "wait to fail" before receiving needed special education services, and does not lead to useful educational prescriptions for the remediation of the student's academic difficulties (Lyon et al., 2001; see "Resources"). In place of this traditional method, a number of authors as well as the President's Commission on Excellence in Special Education recommended that the student's response to intervention be used as an alternative or replacement to the IQ-achievement discrepancy approach (Gresham, 2002). This approach has alternatively been called response to instruction (RTI).

This handout describes a method of using RTI in the special education identification process. At this point, the RTI model, both conceptually and empirically, has been most frequently articulated in the area of reading instruction. While generalizations to other academic domains can be readily imagined, we will focus solely on reading with particular emphasis on early literacy. This focus is appropriate in that reading deficiencies make up the most frequent profile of students identified for learning disability services (Lyon et al., 2001).

The Dual Discrepancy Format

Low academic performance. The use of RTI to identify students with learning disabilities is based on a dual-discrepancy model. First, the student must be significantly below same-grade peers on measures of academic performance. Most approaches to assessing RTI use curriculum-based measurement (CBM) to make this determination, because the target student's discrepancy from grade peers can be readily assessed by comparing the student's performance on CBM measures (e.g., oral reading fluency) with locally developed norms from the student's school or school district. Shinn (2002) notes that a 2.0 grade level discrepancy is a typical index that identifies a significant academic deficiency. This criterion is based on a discrepancy from grade-level performance without reference to an assessment of the student's ability level (i.e., IQ).

Poor response to appropriate instruction. The second criterion is that the student performs poorly in response to carefully planned and precisely delivered instruction. The data used for this aspect of the determination are developed through ongoing progress monitoring of the student's performance on a critical academic measure during the course of an individually designed intervention. The use of CBM as an ongoing performance measure (usually through data collected twice per week) is most frequently recommended (e.g., Shinn, 2002; Fuchs & Fuchs, 1986).

Operationalizing Response to Instruction

Using RTI in the identification process has most frequently been embedded in a multi-tiered model of assessment, intervention, and progress monitoring. This model can be conceptualized as consisting of three phases:

- Determining whether effective instruction is in place for groups of students
- Providing effective instruction to the target student and measuring its effect on performance

- Referring students whose RTI warrants additional or intensive continuing interventions

Phase 1

Active format. There are two different approaches that can be used in this phase of the model: one active and one passive. In an active format, an entire group of students (most typically a classroom) is screened on a critical measure of academic performance. Students whose scores on these measures place them at risk for not developing requisite skills at an acceptable rate and level are provided with intensive short-term interventions. Generally, these interventions are delivered in the general education classroom, often in a group setting. The focus of this activity is to improve the quality of instruction for larger groups of students to raise the overall level of classroom instruction while focusing on the deficient students. A prototype example of this procedure is the Dynamic Indicators of Basic Early Literacy Skills (DIBELS; see Good, Gruba, & Kaminski, 2002), which features screening of kindergarten and primary-grade students on quick and incisive measures of phonemic/phonological and oral reading fluency skills. The National Reading Panel (2000) reported on numerous studies that indicated that instruction in these skills leads to higher levels of proficiency in reading. Students who fail to make such progress are referred for further assessment and intervention in phase 2 of the process.

Passive format. The active format in which students are screened and actively instructed is the preferred approach in this phase. However, not all schools have such screening/intervention programs in place, especially beyond the primary grades. In these cases, a more passive approach is used to determine *post hoc* whether effective instruction has been in place for large groups of students. This determination is required by IDEA (1997) in its stipulation that multidisciplinary evaluation teams assess the extent to which a student's difficulties are due to a lack of instruction in the basic skills prior to the determination of eligibility for special education.

Qualitative procedures. The appraisal of lack of instruction can be qualitative or quantitative. Qualitatively, the multidisciplinary team would use measures and procedures that assess the instructional environment in the classroom, such as the Functional Assessment of Academic Behavior (Ysseldyke & Christenson, 2002). These measures reflect whether instructional procedures that have been empirically verified as being linked to academic achievement are being used in the classroom. Teams are charged with improving instructional environments prior to further referral of the student to not only improve the overall

effectiveness of the classroom but also to rule out whether a lack of instruction is instrumental in producing the student's deficiency.

Quantitative procedures. Whether the student has been exposed to sufficient instructional quality can also be appraised from a quantitative perspective. Vaughn and Fuchs (2003) describe a procedure in which performance measures of individual classrooms are developed to determine if, on average, students in a given classroom score at desired levels of proficiency. The implication is that classrooms that produce comparatively low levels of performance among their students are likely to not be providing effective instruction on a systematic and consistent basis.

Phase 2

Problem-solving process. Students who continue to display academic performance deficiencies after group-based interventions in phase 1, or after it has been determined that there are no systemic factors in the instructional environment that are preventing satisfactory academic achievement, are referred for more individually tailored interventions. In this phase, a close match is forged between the precisely assessed skills of the target student and the instructional approach. Instruction that is typical for large groups of students is specifically adapted for the target student.

In most cases, interventions in phase 2 are supported by teams of general educators and specialists working to support the student's teacher. Most effective support teams use a problem-solving model that features the ongoing collection of student performance data (typically CBM) throughout the intervention period. Fuchs, Mock, Morgan, and Young (2003) identified formalized team support models Ohio, Pennsylvania, Iowa, and Minneapolis, while related formats have been described by Prasse and Schrag (1999), Rosenfield and Gravois (1996), and Batsche and Knoff (1995). Kovaleski (2002) described a set of procedures that are critical to the success of these teams.

Determining need for referral. It is in this phase that the student's RTI is specifically described and quantified. Students who display acceptable progress during this phase are deemed to have "good" RTI while those who show significantly sub-par progress have "poor" RTI. Students who display acceptable RTI are typically not referred for further assistance after this phase. Rather, the support team works to ensure that the interventions that have worked to produce this improved performance continue in the general education classroom. Some students, however, who display acceptable RTI may still need to be considered for further services when the additional aids and

services that were required to produce improved performance are so intensive that they are beyond what can reasonably be delivered in general education.

There are two scenarios for students who fail to make progress during this phase. First, many teams have experienced difficulty in producing high-quality strategies that match their intervention plans (Flugum & Reschly, 1994). Consequently, support teams must appraise the extent to which the treatment was delivered with fidelity. If it is not, an apparently poor RTI may in fact be a failure to produce an intervention of sufficient power to change the student's level of performance. Alternatively, students who display poor RTI after a sufficient amount of time with high fidelity of intervention are referred for further determination in phase 3. It is hoped that even if the student has displayed little progress during this phase, the support team should still have identified some promising strategies that should be continued. The question to be answered in phase 3 is, *What is the nature and level of support that is needed to support these approaches?*

Phase 3

In this phase, the multidisciplinary team is charged with determining whether the student meets qualifications for special education. As indicated earlier, this determination is based on a dual-discrepancy model. The student needs to be verifiably deficient from grade peers and have demonstrated during earlier phases either poor RTI or the need for demanding and intensive levels of continued interventions to ensure ongoing positive RTI. Whether further testing using norm-referenced instruments is needed at this point has been the focus of some debate. Whether needed or not, a component of the debate must include what value, if any, norm-referenced standardized testing contributes to the student's education.

Clearly, the RTI model does not require a further appraisal of intelligence, unless moderate levels of mental retardation are suspected. The decision to perform norm-referenced testing at this stage must be based not on the test's contribution to differential diagnosis or categorization, but rather on its contribution to developing specific classroom-based interventions. If the CBM data collected in phases 1 and 2 are compared with suitably collected local norms, that contrast can suffice for the determination of discrepancy (i.e., a substantial deficit from local grade-level performance). Further, because the student's RTI has been well documented in phase 2, no further testing is needed for this aspect of the dual-discrepancy model. The appraisal team must also determine whether the aids and services needed to support the student's

academic progress require a special education program or can be delivered adequately through the general education program.

Benefits of the Dual Discrepancy Model

The dual-discrepancy model that incorporates RTI as its core procedure has been advanced because it appears to address many of the problems that were unintended negative consequences of previous approaches. Potential benefits of the approach include:

- Prevention of the development of significant academic deficiencies by intervening in the early grades
- Improvement of instructional practices for large groups of students in general education
- Increased fairness in the assessment process, particularly for minority students
- Closer match between the assessment process and activities undertaken to address the academic deficiencies
- Closer relationship between the assessment measures and procedures of effective instruction

Summary

Response to intervention appears to be a promising alternative to the traditional IQ-achievement discrepancy model for identifying students with learning disabilities while improving classroom instruction in general education. Though there have been some systematic attempts to use RTI in this way in individual states and school systems, large-scale adoption of the practice has only recently been considered. Consequently, as with any model, evaluation of the overall impact of this approach at a local level by school psychologists and other educators is recommended.

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