



## **RtI** **Frequently Asked Questions**

***Q: What is RtI?***

**A:** Response to Intervention (RtI) is an approach to teaching and learning that provides all students with the best opportunities to succeed in school. Its purpose is to identify students with learning or behavioral needs and to ensure that they receive appropriate instruction and related supports.

***Q: What are the essential components of RtI?***

**A:** The core features of an RtI process are:

- High quality, research-based instruction and behavioral support in general education
- Universal screening and benchmarking of academics and behavior in order to determine which students need additional interventions and closer monitoring of progress.
- Multiple tiers of scientific, research-based instruction and interventions that are matched to student need and increase in intensity across the tiers.
- Use of a collaborative team for development, implementation, and monitoring of the intervention system at each tier.
- Continuous monitoring of student progress during instruction and interventions, using formative progress monitoring data to determine if students are meeting goals.
- Documentation of parent involvement throughout the process.

***Q: What are some of the key terms of RtI?***

**A:** Some of the key terms of RtI are listed below:

**Universal Screening**

An assessment process typically completed in the fall, winter, and spring of each school year. Students are given quick, accurate predictors of reading, math, or behavioral success to determine which students are “at risk” for not meeting grade level standards or those who have behavioral or emotional problems that may interfere with their learning. The students whose assessment scores fall below a certain cut score, or benchmark, are identified as needing additional academic or behavior interventions. For example, some schools decide that those students falling between the 25th and 10th percentile of local or national norms need Tier 2, or small group, intervention supports and those students falling below the 10th percentile of local or national norms need Tier 3, the most intense intervention supports. Classroom teachers, with the assistance of well-trained support staff, typically administer the screening measures. An example in the area of reading is as follows: The strongest predictor of reading success is taking a one minute sample of oral reading fluency and determining the number of correct words read per minute and the

number of errors. This type of assessment is known as reading curriculum based measurement, or R-CBM. R-CBM is considered the best predictor of students' "reading health."

### **Screening and Benchmarking data**

Data examined to determine first whether or not instruction at Tier 1 is meeting the needs of the majority of students. If the majority of students are succeeding in the core (Tier 1) curriculum, students in need of additional Tier 2 or Tier 3 supports are identified. These students' academic and/or behavioral needs are matched to appropriate interventions. These interventions can begin immediately. Because this process is part of general education, there is no legal requirement for formal parental consent. However, it is critical that parents be informed and involved in the process.

### **Progress Monitoring**

A scientifically-based data collection practice that is used to frequently assess students' performance to evaluate the effectiveness of instruction and intervention. At Tier 1, all students are typically progress monitored three times during the school year with the universal screening and benchmarking process. At Tier 2, students are typically progress monitored twice a month, and at Tier 3 progress monitoring typically increases to once weekly. When these data are graphed, decisions can easily be made as to whether the instruction and interventions are producing the desired outcome and should be continued or gradually faded, whether the desired outcomes are questionable and intensity should be increased, or whether the outcomes are negative and a change should be made immediately in the student's instruction and intervention. Student graphs chart progress monitoring data for an individual student and provide examples of standardized data-based decision rules. The solid dark line is the performance target, while the red line shows actual student performance and progress. The school team would use these data to determine the student's response to intervention and make decisions about changes that might be needed in the intervention.

### **Scientific, Research-Based Instruction**

Refers to specific curricula and interventions that have been researched and proven to be effective and reported in scientific, peer-reviewed journals. The research will typically state that if implemented or delivered with high treatment integrity (as designed), the instruction and/or intervention should be effective for specific student needs.

### **Effective Instruction and Intervention:**

The following is cited from the "Effective Instruction" page of the Pennsylvania Training and Technical Assistance Network (PaTTAN) website

(<http://www.pattan.net/teachlead/effectiveinstruction.aspx>):

Instruction is the purposeful design, implementation, and evaluation of student learning toward a specific goal. Specifically, effective instruction involves the organization of content, the selection of appropriate learning activities, and the ongoing assessment of student progress toward learning objectives. It is the one variable in the classroom that we control. The goal of effective instruction is to improve student achievement and produce independent, self-regulated learners.

It is also important that instruction be:

- Explicit (I do, We do, You do), which involves teachers modeling skills, students practicing with guided support from teachers, and students doing skills independently.
- Systematic, in that there is a logical order/sequence of instruction, with skills building upon one another. A good systematic program should include a lot of cumulative review and guided practice of previous skills.

Effective interventions are evidence-based, proven to address the targeted skill(s), and implemented as designed (with fidelity).

***Q: What are the potential benefits of RtI?***

**A:** One of the strongest benefits of an RtI approach is that it eliminates a “wait to fail” situation because students get assistance at their level of need promptly within the general education setting. Additional benefits include the following:

- Progress monitoring data drive instructional and intervention changes and keep teachers and parents informed on an ongoing basis regarding a student’s response to instruction and intervention.
- Data regarding student progress are presented in a graphed format that is easy to understand.
- A multi-tiered system of supports provides flexibility to access interventions as needed. For example, if data show progress, a student can move from Tier 1 to Tier 2 and back to Tier 1 within a relatively short period of time.
- RtI techniques have been favored for reducing the likelihood that students from diverse racial, cultural, or linguistic backgrounds are incorrectly identified as having a disability.

***Q: What is the multi-tiered system of supports?***

**A:** A multi-tiered system involves more and more intense instruction and interventions across the tiers. The level of intensity of instruction and interventions a student receives is determined by how he or she responds to the instruction and/or intervention. Illinois’ RtI model utilizes three tiers.

**Tier 1:** This is the core curriculum and instruction that all students receive. A key question to ask is “Does the core curriculum meet the needs of most (e.g., 80-90%) students?” Whole Group/Core Instruction is differentiated to meet ALL students’ needs and is implemented by the general education teacher. For example, many schools have a daily 90-minute Language Arts block for all students with instruction provided by the general education teacher.

**Tier 2:** This tier involves small group interventions for some students (e.g., 5-15%) needing MORE instruction or supplementary interventions. For example, intervention time may be 30 minutes per day in addition to the Core and can be implemented by the general education teacher or other trained and qualified staff (e.g., ELL teacher, related services staff, paraprofessional). These interventions are usually provided to a small group of students with similar skill needs.

**Tier 3:** At this tier, intensive interventions are provided for a few students (e.g., 1-5%) needing the MOST. For example, intervention time may be 60 minutes per day in addition to the Core. These interventions are typically implemented by other trained and qualified staff, which could include the special education teacher. For some students, this could also be a replacement core curriculum. Some students may need a replacement core when they are significantly discrepant (e.g., more than two years behind) from typical peers and the general core is not explicit enough to meet their intense skill needs. Providing a replacement core should be given careful consideration by the RtI team and done with a very small percentage (e.g., 1-3%) of the student population. It is important that the replacement core be evidence-based, aligned with the general core curriculum, and proven to address the specific set of skills being targeted. When students receive a replacement core, there should be weekly progress monitoring and review of the data to ensure a positive response/improved student outcome. Examples of replacement core curricula include Reading Mastery, Corrective Reading, and/or Language! Students should be re-introduced to the general core curriculum as soon as possible so they benefit from this instruction as well.

***Q: What impact does RtI have on students who are not struggling?***

**A:** An important component of an effective RtI framework is the quality of the core curriculum, where all students receive high-quality instruction that is culturally and linguistically responsive and aligned to the common core state standards. This allows teachers and parents to be confident that a student's need for appropriate and effective instruction is being met. In a well-designed RtI system, the core curriculum should be effective and sufficient for about 80% of the student population.

***Q: What role does RtI play in special education eligibility?***

**A:** Districts have the option of using RtI as a data-driven process to establish needs/goals and eligibility for special education in any disability category. In an RtI framework, the focus of a special education evaluation is on determining the effective educational goals, instruction, and interventions that will address the student's specific educational needs.

***Q: What is the timeline for continuing to use an intervention before determining that a special education evaluation is needed? Is there a maximum time that a student can be involved in an RtI process?***

**A:** In general, decisions about the duration, type(s), and number of interventions must be based on an individual student's performance data; therefore, there is no prescribed length of time for intervention implementation. Sufficient time must be provided to: a) determine if the intervention is working and b) "close the gap" between the performance of the target student and peers or benchmark expectations when effective interventions have been documented. The greater the gap, the more time that may be needed to bring the target student into the range of expected performance. Accordingly, it is important that the team consider each individual student's needs and use data from frequent progress monitoring and other sources to determine the length of time to implement interventions and plan revisions to interventions accordingly. It is recommended that school teams use standardized data-based decision rules rather than prescribed timelines to evaluate student outcomes. Other factors to consider include:

- The student's baseline performance level
- The student's prior history of effective interventions
- The stability of the student in the current school and instructional environment (e.g. length of time the student has been enrolled, student attendance/absences, disciplinary removals from class, student mobility)
- The intensity of the interventions

Students who are determined eligible for special education services will continue to receive the recommended amount and intensity of supports defined through a well-defined process that measures the growth towards achievement of the identified goals.

***Q: Can students move back and forth between tiers?***

**A:** Yes, students should move back and forth across the levels of the prevention system based on their success (response) or difficulty (minimal/no response) at the level where they are receiving intervention services, i.e., according to their documented progress based on the data. Also, students can receive intervention in one academic area at the secondary or tertiary level of the prevention system while receiving instruction in another academic area in primary prevention (core curriculum).

***Q: Can parents request an evaluation while their child is involved in an RtI process?***

**A:** Yes. The right for parents to request a special education evaluation at any time has not changed, nor have the requirements associated with the district's response to such a request. Therefore, parents can request a special education evaluation at any time prior to, during, or following their child's involvement in an RtI process. If the district agrees that the student may be a student with a disability requiring special education and related services, then it must provide notice of the intent to conduct an evaluation, obtain written parental consent, and complete the evaluation. If the district does not agree that a special education evaluation is warranted, a written notice must be provided to the parents that informs them of this decision and explains the reasons why it has been determined an evaluation is not indicated. The parent can challenge the district's decision by requesting mediation and/or a due process hearing to resolve the dispute over the student's need for an evaluation.

Once written parental consent is obtained, the 60 school-day timeline begins for completing the evaluation, determining eligibility, and if the student is eligible, developing an Individualized Education Program (IEP). When determining SLD eligibility, this timeline may be extended by "mutual written agreement of the student's parents and a group of qualified professionals." Also, given the Illinois requirement for the use of a process that determines how a student responds to scientific, research-based interventions as part of the evaluation procedures for SLD if the student has not been involved in an RtI process and SLD is the suspected area of disability, appropriate interventions must be initiated in the area(s) of difficulty and the student's progress regularly monitored during the evaluation period.

In a system where RtI is being implemented, existing data collected during the RtI process will be used as an important source of evaluation information when determining eligibility. The school team, which includes a student's parents, will determine if these data are sufficient to determine eligibility or if additional evaluation data are needed.

During this process, any interventions the student has been receiving should continue to be provided.

***Q: How do students with disabilities already receiving special education services fit into the RtI process?***

**A:** The same problem solving process used in a multi-tiered RtI model to determine student needs, identify appropriate interventions, and frequently monitor student progress is equally applicable to students who receive special education services. All students, including those with IEPs, need to receive instruction in the core general education curriculum, unless a replacement core is warranted (as discussed earlier). For those students who need them, intensive interventions should be targeted to meet each student's identified strengths and weaknesses. Students should receive the recommended amount and intensity of supports determined through a well-defined process that measures growth towards achievement of their individual goals. The main difference for students who receive special education services (i.e., intensive interventions) is that the IEP team determines their services.

***Q: Is Tier 3 the same as special education?***

**A:** Tier 3 is not the same as special education. The third level of the RtI prevention framework is the most intensive of the three levels of prevention, and is individualized to target each student's area(s) of need. Your child may be receiving tier 3 supports, but not be eligible for special education services. Conversely, your child may be receiving special education services across all three of the prevention levels or tiers based on their demonstrated needs, not just within prevention tiers. Regardless of the prevention level in which your child is receiving supports, the teacher or service provider should be addressing the general education curriculum in a manner that is appropriate for your child.

***Q: Are students who require more intensive levels of instruction removed from the general education classroom to receive those services?***

**A:** Within an RtI framework, the levels refer only to the intensity of the services provided, not where the services are delivered. Your child may receive different levels of intervention within the general education classroom or in a separate location. Services might be provided by a general education teacher or by another service provider, such as a reading specialist or special education teacher, when appropriate. Decisions about where and who provides more intensive interventions will differ depending on the resources and space available at the school.