

Recognition and Response

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About this Talk

Featured experts **Dr. Mary Ruth Coleman** and **Dr. Virginia Buysse** discuss the Recognition & Response approach to addressing early learning difficulties before kindergarten. This approach includes assessing the overall quality of early learning experiences for all children as well as making program modifications, tailoring instruction, and providing appropriate supports for individual children who struggle to learn.

Recognition & Response is a systematic approach to addressing early learning difficulties before kindergarten. This approach includes assessing the overall quality of early learning experiences for all children as well as making program modifications, tailoring instruction, and providing appropriate supports for individual children who struggle to learn. Recognition refers to the methods used to recognize young children who exhibit early learning difficulties and who may be at risk for learning disabilities when they are older. Response refers both to the ways in which teachers and parents respond to young children with learning difficulties as well as to the ways in which young children react to specific interventions.

I am Dr. Sheldon Horowitz, Director of Professional Services at the National Center for Learning Disabilities, and the moderator of today's discussion. Before we take our first question, let me remind everyone to visit the new [Recognition & Response Web site](#). We welcome your comments and feedback about this new site and about this exciting new approach to serving young children.

Let's take the first question now.

Question from **Sue**:

How does "recognition and response" differ from "response to intervention"?

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Sue, this is a great question. The Recognition and Response system (R&R) is based on the Response to Intervention (RTI) approach. RTI is designed to be used with school aged children while R&R addresses the needs of younger children, ages 3 and 4. There are some important modifications to RTI which we feel make R&R more appropriate for these younger children. We have decided to show these differences in a side by side table:

Area of Difference	Response to Intervention	Recognition & Response
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What is meant by "Response"	"Response" is the change in the students as a result of the intervention (has the student been able to learn successfully?)	"Response" includes changes in the child's learning, but, also includes changes made by the teachers, parents, and other professionals to support the child's success
Parental Involvement	This is not emphasized within RTI	This is a critical component of the collaborative problem solving approach and the natural role of parents as early teachers of young children
Tiered Intervening	Used in RTI , often showed as fixed tiers with solid lines	The emphasis in Recognition & Response is flexibility across the tiers with a dynamic approach to linking assessment information with appropriate responses for the child
Focus areas for intervening	The major area to date has been on reading with some important work on math	The areas include language, literacy, math, social & emotional, self-management, and perceptual motor
Ways to Recognize needs of the student/child	A variety of assessment strategies are used and progress monitoring is key	This is the same, but with an added emphasis on systematic observation of the child in naturalistic settings and developmentally appropriate approaches

While many of these differences may seem subtle we feel that they are important as we think about working with young children, their teachers and their families.

Question from Special Ed. PTA parent, Naples, FL:

What's the difference between early intervention and early intervening? I hope that the new system you are trying to implement does not challenge the hard-fought special services our children receive. There is NO WAY that general educators are going to know how to help young children with disabilities, and taking these services away , for any reason, is against the law. Please explain how this will work for young children with speech language disorders, autistic features and other disabilities.

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Hi PTA Parent, thank you for asking this. Please know that we are strong supporters of special education and are advocates for the needs of children with disabilities. The proposed Recognition and Response System will not replace or reduce the current special education services and requirements for children who have been formally identified. There will always be a need for special education services and we will, likely, always need laws to protect the rights of children with disabilities.

The proposed system of Recognition & Response hinges on the use of a tiered approach with "early

intervening" happening as soon as a problem is noted and before a child is formally labeled - tier I. In tier I the focus is on overall quality within the general classroom and on universal screening for all children.

Tier II support is provided for a child who is encountering some difficulties and needs some extra help to be successful, this support would still be considered "early intervening."

At tier III we would see more individualization of support to address a child's specific needs and here is where more formal assessments might be warranted and formal identification may be needed. Once formal identification has been completed the services provided would be considered "interventions" as these would be part of the existing special education model. This process would be the same for any child who is having difficulties so it should work for children with speech language concerns and/or pervasive developmental delays.

Please note: although the tiers are described as I, II, and III a child does not need to move through these hierarchically. If the concerns of the teacher or parent warrant it, referral and assessment for special education eligibility can be initiated at any time! So, this system should augment the existing special education services and extend support to children who currently fall through the cracks.

Question from **from an Adjunct. Instructor, Community College:**

I read the research synthesis paper and still don't know what specific behaviors would put a child at risk for learning disabilities. Can you please give some examples?

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Great question, we are currently working on what kinds of things should be "red flags" for young children, ages 3 and 4, who may show early indications of a possible learning disability. We have completed a comprehensive literature review, and a review of all instruments we found that looked at this age group. We are also currently working on an observation tool that will help identify early indicators of learning disabilities. The Recognition and Response Observation and Rating Scales (RRORS) will help pre-school teachers and parents recognize when a child is having problems in any one of a number of critical domains. We expect that this observation tool will be ready to pilot this spring.

Some details from this rating scale work include:

Domain: Expressive Language

Description: Vocabulary, syntax, pragmatics, articulation, generating rhymes, reciprocity, non-verbal communication behaviors, verbal memory, word retrieval, speaking/oral communication

Domain: Receptive Language

Description: Oversensitivity to sound, recognizing rhymes, sound discrimination, auditory processing, follows through on two-and three-step directions, completes sound patterns, recognizes and discriminates environmental sounds, listening comprehension, sound localization, shifting auditory attention, listening comprehension with a low level of music/noise in the background, discriminating between loud and soft sounds, discriminating between fast and slow tempos, whispering games, completion of riddles, auditory

sequencing games, identification of objects with their sounds

Domain: Early Literacy

Description: Alphabet knowledge, phonological awareness, knowledge of print & book, pre-writing skills/activities, decoding, word recognition, letter sounds knowledge

Domain: Early Math

Description: Quantity comparison (more, less, equal), one-to-one correspondence, concept of attribute (color, size, shape), recognition of simple patterns and sequences, spatial orientation (up, down, beside; location in space), concept of time (yesterday, today, tomorrow, before, after), counting, concept of number, number recognition, number naming

Domain: Social and Emotional

Description: Social interactions, friendships and play, turn-taking, waiting, reciprocal play, self-expression and emotions, interprets emotions of others, cooperation, participates in group activities

Domain: Self Management

Description: Self-regulation skills, delayed gratification, impulsivity, understanding consequences of actions, self-help skills, remembering routines, seeks help when appropriate, attentive behaviors, work habits (organization, distractibility, perseverance/diligence), response to learning situations, hyperactivity

Domain: Perceptual and Motor

Description: Fine motor skills, gross motor skills, proprioceptive awareness (awareness of positioning/location of body parts), visual-motor integration, sensory-motor integration, sensory integration, coordination, perceptual motor, visual memory, tactile defensiveness.

Question from **Ana de Rodas, Counselor, Colegio Decroly Americano, Guatemala.:**

What skills do we have to focus on to determine whether a young child has a possible learning disability? And is it possible to prevent the learning disability if you work on developing those skills?

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Hi Ana. Part of your question on skills has been addressed in earlier answers looking at the domains that indicate possible learning difficulties so we will address your question on prevention of learning disabilities. If we consider a learning disability to be a physiological / neurological problem then we can not "prevent" learning disabilities as such. We can however, if we provide support early, mitigate the negative results of the learning disabilities by strengthening a child's skills and can perhaps prevent secondary problems (e.g. low self-esteem, social adjustment difficulties, etc) from occurring. In any event, early support for success will help a child by giving them a strong foundation for future learning.

Question from **Talla McIlvain, ABA School, Muscat, Oman:**

What formal and informal assessment tools/methods do you use to determine whether a child is at risk for LD? Would love to join the chat, but with the time difference, it will be past midnight for me. Thank you!

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Hi Talla - your question is a great one. Part of the answer is given above with the domains that we are looking at for early warning signs, but here is a little more information on assessment. You are right on target when you mention formal and informal measures. We believe that both are very important with young children. The National Association for the Education of Young Children has [several policies on assessment and we are following their guidelines](#).

At this point we are recommending that systematic observations be used as the primary way to help us spot a child who may be encountering difficulties. The benefits of systematic observation include:

1. Looking at child-behaviors in naturalistic settings;
2. Capturing authentic behaviors of the child;
3. Helping teachers pay attention to their students;
4. Documenting strengths and needs of students over time;
5. Providing concrete information that can be used in planning to address student needs; and
6. Providing concrete information that can be used in communicating with parents and other professionals about the child's needs.

We are in the process of developing an observation tool to help with this.

In addition to systematic observation, we are recommending that teachers use a curriculum-based approach to monitor their children's mastery of specific skills. This approach must be tied to benchmarks and requires the teacher to use progress monitoring to follow each child's successes and to note where there are problems. The Connecticut State Department is currently using a [series of benchmarks for preschool children](#). Finally, formal assessments like [Get Ready to Read!](#) can be useful as screening tools to help us pinpoint difficulties. All of these approaches form the initial set of Recognition strategies, if problems are noted through these, then more information should be collected on the child's needs through targeted assessments.

Question from **David T, elementary school principal:**

I think your ideas about Recognition and Response are fantastic. I wish we had more opportunities to communicate with preschool professionals and let them know how helpful your approach would be for those of us who receive children from so many different settings, all feeding into a structured learning classroom. It's hard to know where to begin reaching out since there are so many different kinds of preschool settings in our community, some of much higher quality than others. If you could select two or three 'essential' things about the model that we could use to start a dialogue in our community about Recognition and Response, what would they be? And where might we look for funding to pay for some of

these activities?

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Hi David, thank you for your comments! We know that the transition from pre-k to K is critical and that it is difficult to facilitate communication between the various settings. I think that the idea of a "learner passport" discussed earlier is critical and could be very helpful. The essential things about the R & R model are:

(a) the tiered approach with tier one being solid quality for all children and universal screening (you might state a discussion here with what is currently being done). Tiers two and three build on this foundation and provide support that is tailored to the needs of the child when more support is warranted.

(b) The collaborative problem solving approach with parents and professionals working together is also critical (again you might look at "round table" discussions on how you can increase communication and structure the problem solving). Finally,

(c) Dynamic assessment and progress monitoring are key. We really appreciate that while these things are clearly good practices - they are difficult to implement in a systematic way in the "real world." I think if you find a few pre-school sites who want to work with you on this you can pilot some of these ideas and build from there. As for funding - do you have any business partners in your community? You may also have private foundations who are interested in parental involvement and early childhood initiatives in your state.

You can follow this work by keeping up with the [NCLD Web site](#). We would also love to hear more about your efforts and your successes.

Question from **Susan Reinhardt, Certified Parent Educator, Catawba County Schools, Newton, NC:**

Hi, I am a parent educator and we use the Parents as Teachers program. We conduct monthly home visitations to help prepare children for school and support and educate the parent. We do screen our enrolled children once a year, and do so with Ages and Stages. We try to take training to help keep us as current as possible to discover red flags. One example is an autism spectrum disorder training we will be taking tomorrow. What else might we do to catch potential problems early? We work with children birth-age five (also prenatal moms.) Thank you!

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Hi, Susan. Thanks for your question. Universal screening is an emerging early childhood practice (See the new program standards recently released by NAEYC). The field is still considering how to make this happen. NAEYC recommends that universal screening occur within the first two months of the academic year and the developers of R&R are recommending that screening occur on a regular basis thereafter (e.g., 3-4 times per year). Ideally, the same measure could be used for both screening (for all children) and progress monitoring (for individual children who need additional support under tier 2 or 3).

Question from **Maria H. in Manhattan, NYC:**

My child's teachers are great and I love the program he's in. You got me thinking about whether the curriculum they are using is research-based. How do I find out? And since my son seems to be doing just fine, should I be worried if it's not?

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Hi Maria - thank you for your question. First, the main thing is that your son is doing well. This is the most important element of a program: is it meeting the child's needs? More and more emphasis, however, is being placed on the research-base for the practices we use. Professionals are currently building the evidence-base for a variety of practices and so it is hard to point you in a clear direction for a source on rather or not the specific program for your child is research-based. The [What Works Clearinghouse](#) is beginning to compile this information. You can also have a conversation with your son's teachers about this if you wish, but again, the main thing to ask is, "does this work for my child?" and you have answered, "yes!"

Question from **Ellen Yazmer, Special Education Teacher, Simsbury Ct Public Schools:**

When is an appropriate time to assess early learning, before the students enter kindergarten or if during the kindergarten year, at what point would it be appropriate to assess? What are the best tools to use?

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Hi Ellen, parts of your question have been answered earlier, so I will focus on the "when" question. We believe that assessment is a dynamic process and not just a fixed time. This means that while we should begin looking at children's learning needs and patterns early (for Recognition and Response we are starting at ages 3 & 4) and that this is a continuous process. As the child develops and the environment changes new information is needed to plan the child's learning experiences. The critical things about assessment timing are:

1. When do you need information to communicate with others?
2. When do you need information to monitor the child's progress? and
3. When do you need information to make a decision about the child's learning needs?

If you need information for any of these purposes then assessment is warranted. Please note that assessments include both formal and informal strategies to document the child's strengths and needs. When we view it this way it is never too early if the assessment is purposeful and developmentally appropriate. For more information, [click here](#).

Question from **Sharon, Pittsburgh, PA:**

My daughter is a terrible eater. Someone said that diet in a 4 year old could result in learning disability problems later on. Is there any truth to that?

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Sharon, I am not aware of any clear studies that show a causal link between early diet and later learning

disabilities. This does not, however, diminish the importance of good nutrition for children as they develop. I think if you have concerns about your daughter's eating habits you should have a conversation with your pediatrician and even talk with a nutritionist. Eating patterns that are established early in life can have a long term impact on eating habits and so these are important.

Question from **a Head Start program in Chicago, IL:**

Recognition and Response just sounds like good teaching! Sure, there are some programs where teachers have advanced degrees and where there is more money to spend on supplies. How would this system work in places that are not filled with those advantages?

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Your points are very well made, and we do not yet know how this will work, even in the most advantaged settings. We are in the process of working out how Recognition and response would actually look during implantation and are working with sites in four states (CT, AZ, MD, and FL) to help us figure this out. In many ways Recognition and Response is "just good teaching" as you say - but what we hope to be able to do is provide tools and approaches that can support teachers to be their best. Our implementation partners are providing clear insights as to how this might look in a variety of settings and in defining what kinds of support a teacher might need to implement these ideas. We do not have all the answers, and we probably have even more questions - but we do feel that this approach holds promise and that with the help of our partners we will be able to offer some useful and practical ideas.

Question from **Sandy S., concerned mom:**

My daughter was born in Korea and was adopted as an infant, raised in our English-speaking family, and as far as I can tell, has had a "normal" course of development. Her language skills are terrific, although she is initially shy in new situations. The teachers in her preschool are concerned that she should be more verbal and outgoing, and have mentioned the possibility of doing some testing for early signs of a learning disability. I'm not sure how to respond because I don't have any of these concerns at home. Isn't there some in-school way to stimulate her to become more outgoing (if that's really what needs to occur)? Should I be worried about her at this early age? Any thoughts you might have are greatly appreciated.

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Hi Sandy. My first thoughts are that your daughter's personality may just be more reflective and less out-going. This is not a problem of any kind - indeed it may be her strength. I think that if her teachers are concerned about her language development you might, however, consider doing the following:

1. begin a language log that captures her home language (look for words spoken and circumstances where she shares verbally, you may even use a tape recorder if this helps)
2. observe her in the preschool setting to see if you can get an idea of how she is interacting and to see if you have any worries about this, and

3. consider and evaluation by a speech/language therapist to see if there are any problems. This should give you more information to help shape your response to her needs.

Question from a work-at-home dad:

As a parent of 4 children (my youngest just started kindergarten) I only wish that there was a more formal communication path between the private preschool he attended and his current public school. Your idea to connect pre-school with the early grades is truly outstanding. My question is this: How can this happen automatically, so the parent doesn't have to do it? People say I'm pushy when it comes to my kids, but I learned that if it's important, I have to get and stay involved. And there are things that the preschool teachers could have shared (like his being really good at math for his age) that might help with his adjustment.

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Hi work-at-home-Dad, and thank you for your words of support for the approach we are suggesting with Recognition & Response. The transition from pre-k to K is very important and you are right that the sharing of information should become standard operating procedure. We are looking at several approaches to facilitate this communication. The idea of a "learner passport" that would accompany the child as he/she moves from setting to setting is the one we are currently working to pilot. This approach would not take the place of active parental involvement, but, it would help to provide a vehicle for sharing information. Parental involvement is critical and even if you are sometimes viewed as "pushy" your advocacy is very important. Parents are also key in the collaborative problem solving approach that is part of the R & R system. We believe that the learner passport will help to standardize this involvement and may help professionals see the value of sharing information with each other as well as the importance of parental input. For more on this idea you can visit the [NCLD website](#).

Question from Anonymous:

My little girl, 5 years and 6 months, writes all letters as though she was writing in a mirror. Please help me understand how bad or normal is this? I know that some famous people who are very successful had the same problem when they were young.

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Thank you for your question about letter reversals in your daughter. At an early age, five and a half, reversing some letters periodically is normal, but it sounds like your daughter's reversals are more consistent. This may be an early indication of some learning difficulties, or, disabilities. You may want to consider having your daughter evaluated to see if any other things are going on for her. Getting information on your daughters needs now will help you plan for her success as she grows. You are absolutely correct that many famous and successful individuals had problems with letter reversals early on, but we would add to this that early support for your child's needs will help to maximize her successes! (On a personal note, one of your respondents, Dr. Mary Ruth Coleman, reversed letters as a child - she does have a learning disability - and she has been successful in spite, or, because of this!)

Question from **Gerry W., pre-K lead teacher, West Palm Beach, FL:**

The Web site says ?the overarching goal of the Recognition & Response System is for teachers to use assessment as part of an integrated instructional system to make improvements in the general early childhood program and to plan focused interventions for children who require additional supports?. Are there specific screening measures or tests you would recommend, or are you just saying that whatever we do, we should be making decision based on more than our instincts? (which, by the way, are usually correct)

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

We are exploring the possibility of using the Individual Growth and Development Indicators (IGDIs) in conjunction with both universal screening and progress monitoring as part of an integrated assessment plan. Check out the Get it!Got it!Go! web site for more information on how teachers can use this tool to monitor status and rate of growth. As noted earlier, we are in the process of developing a systematic observation protocol to be used with other screening and assessment measures.

Question from **Sandra Ampudia, ELC Miami-Dade/Monroe Recognition &Response Program:**
Nationally ,how often is it to have children identified as learning disabled before 5 years old?

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Generally, young children are not formally identified as having learning disabilities prior to kindergarten. Our intent with R&R is not to label 3- and 4-year-olds as learning disabled, but rather to help teachers and parents do a better job of supporting young children who show signs of learning difficulty and who may be at-risk for having a learning disability when they are older.

Question from Susan Skees Hermes, OTR/L , Florida Occupational Therapy Association - Chairperson, Voluntary Preschool Committee:

I like the recognition and response website. Our organization is currently working to be proactive in the early identification and response strategies for preschoolers as inclusion becomes a reality in the Florida public preschool classrooms for 4 year olds. Do you have suggestions on how occupational therapy may support the quick response to the red flags?

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Your question makes us reflect on the role of specialists as part of the collaborative problem-solving process under R&R. We have more work to do in this area, but at a minimum, we can say that we believe that specialists will play a critical role in supporting early childhood teachers who may be much less familiar with screening and progress monitoring than O.T.s, P.T.s, and speech-language pathologists. An O.T.'s observations and insights could be integrated into a classroom assessment system at various points in the process from universal screening for all children to individual progress monitoring and diagnosis for individual children who require more support or further assessment.

Question from Shilo U ME Farmington:

Who will make the decision as to who will qualify for "R and R"? Who will bear the costs of the program?

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Teachers will make decisions about when to move to tier 2 and tier 3 in collaboration with parents and specialists as part of the problem-solving process. In R&R we are talking about "supports" rather than "services." As a result, cost is not an issue, until a child is referred for formal evaluation as part of special education services. What we are really talking about with R&R is helping teachers improve the quality of their instructional practices and the quality of the general education curriculum by helping teachers focus on providing appropriate supports for individual children who show early signs of learning difficulty, but do not require special education services.

Question from Anonymous:

I am a Teacher in a Montessori, and I feel that the period birth through 6 years is most important for any child when the mind is very absorbent. My question is what support, as teachers, can we give when we are not given training? The government is not funding activity for this population. We see the problems as behavioural concerns and in public school, children start getting help after grade 1 when it is too late.

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Thank you for your very well made points. We could not agree more that the early years are critical and that teachers of young children need more support. We also agree that more should be done to ensure quality early education programs and that through this we would have an impact on the success of children as they reach school age. We all need to advocate for the needs of young children and for policies and funding to support early education!

Question from Whitcomb Hayslip, Coordinator, Infant and Preschool Special Education, Los Angeles Unified School District:

Given the absence of universally available general education preschool services in most states, what are your recommendations for the context for these early intervening services?

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Some states have universal public pre-k programs available to all 4-year-olds (and some 3-year-olds). Other states offer public pre-k programs to children considered at-risk for school failure. States that do not offer any form of public pre-k have other early childhood programs and services such as child care centers and homes, Head Start, and inclusive programs for children with and without disabilities. We believe that R&R can be implemented in all of these settings, but we haven't fully evaluated R&R yet across these various types of programs and

settings. The best place to start might be where teachers and directors are most interested and in programs with high quality standards.

Question from Stacey U ME at Farmington:

How will cultural differences be acknowledged in the screening process?

Dr. Mary Ruth Coleman and Dr. Virginia Buysse:

Earlier we discussed the development of the RRORS observation tool. We are currently reviewing the instrument through a series of bias panels to look at the content and utility of this instrument with children from various cultural and linguistic groups. We know that this is just a start and that more needs to be done to ensure appropriate and equitable access to supports for all children. In addition to reducing bias in our instruments, we believe that professional development will be needed to help teachers develop cultural sensitivity and awareness so that they can better recognize and respond to children's diverse learning characteristics. We also believe that collaborative problem-solving with families will need to reflect a deep understanding of cultural perspectives. We have our work cut out for us, wouldn't you agree?

Dr. Sheldon Horowitz (Moderator):

That concludes our discussion for today. Thanks to everyone for the thoughtful questions and thanks to our experts, Dr. Mary Ruth Coleman and Dr. Virginia Buysse for their time today.

Visit the [Recognition & Response Web site](#) for more information on this early learning system.