

## RTI and LD Identification

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### *About this Talk*

RTI models hold the promise of advancing identification of and intervention for learning disabilities by linking these two domains. Join **Dawn Miller** and **Erin Lolich** during our next RTI Talk as they answer your questions about the use of RTI for identifying specific learning disabilities. They will also offer tips based on lessons learned working with local schools on how RTI can ensure accurate and timely LD identification.

### *Transcript*



**Michelle**

Does RtI supercede the results of an psychological evaluation? If a child is identified as LD in a psychological evaluation, can the LEA deny placement in Special Education "until RtI data collection is completed" ? Should the LEA have policies and procedures for RtI implementation in place? Can RtI be used to delay Special Education placement?



**Dawn Miller**

I think the best way to handle this is to meet with the parents to review the evaluation results and explain the evaluation process used in the district. The process that should be in place includes parents being informed and involved participants from universal screening forward, so I would be very disappointed if the classroom teacher was surprised by the parents' concerns and outside evaluation results.

The process promoted in my district has systematic and frequent progress monitoring reviews to take place no less frequently than every 6 weeks, so the team should know specifically what intervention is in place, what the student's progress has been to date, and what instructional moves have been considered as a result of the data. If the team, which includes the parents, suspects a disability, they would revise the intervention plan and carry that forward into the initial evaluation. This will take place within the timeframe of 60 school days. My experience with RtI is that this should always result in an early and ongoing understanding of each individual student in the building. As such, it should never result in a "delay for special education placement."



**Erin Lolich**

I assume you are referring to an outside psychological evaluation that parents have presented to the IEP team. In this case, the team must consider the information as part of their decision making. However, if the school is conducting an initial evaluation using RTI as part of their process, they would continue to do so within the evaluation timeline. At the completion of the evaluation, the team would consider all of the existing information before making a decision. Yes, the LEA should have RTI policies and procedures in place.

**Q Shannon**

As a private school we are not given funds for the RTI process or for interventions. Yet in order for a student to qualify for ESE in the county, we, as a private school, are required to follow a RTI process. If we do not, the student will not be considered. So if our small private school does not move to an RTI process, our students do not have a chance for services from the county. Is this a loop hole for not following Child Find regulations? We are in Florida, one of a few states that use RTI exclusively, there are no discrepancy evaluations at all, even as part of RTI.

**A Erin Lolic**

It sounds like your private school is in the same boat as the vast majority of public schools, which do not receive additional funds for RTI. Many schools prioritize general fund dollars to provide multi-tiered instruction, or get creative with their use of Title, PTA or foundation dollars. Like the state of Florida, our district uses RTI exclusively for identification of learning disabilities.

When a private school within our boundaries suspects a student has a learning disability, we invite the student to attend core instruction and interventions in their neighborhood public school as part of the evaluation process. I recommend partnering with your closest public school, or building a multi-tiered instructional framework within your private school.

**Q Chris**

Given that a hallmark of SLD is, in part, failure to meet grade level standards and lack of responsiveness to intervention/instruction, would Partially Proficient on state tests indicate failure to meet standards? Or does a student have to be Unsatisfactory in a content area? I realize there are additional data such as district reading assessments, report cards, etc. that inform this issue, but could you please offer an answer in regards to state tests?

**A Erin Lolic**

I'd say that "partially proficient" may be an indicator. In order to make that determination, I would consider the intensity and duration of the interventions, as well as the rigor of the state test and how a student's performance compares to local norms. For example, meeting the low threshold of the 3rd grade reading benchmark here in Oregon may be comparable to "partially proficient" in a state with rigorous assessments such as Massachusetts. To compare states, see the Time interactive resource, "[How Do Children In Your State Test?](#)"

**Q James**

Since the Federal government (both OSERS recent memo, and the Forest Grove v. TA Supreme Court case) have concluded that schools cannot use RTI as a substitute for a comprehensive evaluation in all areas of suspected disability, what place does RTI have in a model of LD identification?

**A Erin Lolich**

The January 21, 2010 Office of Special Education and Rehabilitative Services (OSERS) memo is summarized quite nicely in its subject line: A Response to Intervention (RTI) Process Cannot be Used to Delay-Deny an Evaluation for Eligibility Under the Individuals with Disabilities Act (IDEA). This guidance should come as no surprise to anyone familiar with IDEA 2004. As Forest Grove is right down the road from my school district, I've followed the Forest Grove v. T.A. case with interest. For those unfamiliar, T.A. was a student with ADHD and depression that moved to private school his junior year after experiencing difficulty throughout his school career. According to the Supreme Court, Forest Grove failed to comply with Child Find and offer Free Appropriate Public Education (FAPE) in a timely manner despite suspicions of ADHD. They evaluated T.A. for a learning disability and found him ineligible; they suspected ADHD but did not consider it as part of the evaluation. Forest Grove did not provide a full and individual evaluation, nor did it employ an RTI system. If it had, T.A. likely would have been identified through academic screening measures, grades, office discipline referrals, or attendance data. His data would have prompted a team to intervene and monitor progress.

So what place does RTI have in a model of LD identification? I believe it has a primary role, with two obvious cautions: 1) When the district or parents suspect a disability, consider evaluation. 2) When the district evaluates, evaluate the whole child. To address the first caution, our district provides information about the right to request an evaluation to parents in an RTI pamphlet. This is shared informally at Back to School Night and conferences, and again when a student moves to a third intervention. If a parent requests an evaluation, a team meets to review existing information and to consider the request. Depending on the nature of the concern and the duration and intensity of intervention, an evaluation may commence at any point in the RTI process. Regarding the second caution, IDEA states clearly that special education evaluations should be full and individual and consider all the needs of the student, whether or not they are linked to the disability. It was never allowable to use RTI as a substitute for a comprehensive evaluation, recent federal guidance notwithstanding. If the RTI team refers a student for evaluation according to district decision rules, the evaluation team considers the RTI data along with any other assessments necessary to determine if the student is eligible as well as Individualized Education Program (IEP) needs.

**Q Chris**

When progress monitoring with CBM, what slope or rate of improvement would you consider responsiveness to instruction. I heard at least an ROI that is consistent with normative growth. I've also heard that if all you get is normative growth in the face of strong intervention, that's indicative of SLD as gap is not closing. Thoughts?

**A Dawn Miller**

When interpreting our slope data, we can look at the rate of improvement (RoI) compared to a national normative sample and using our own local norms. We don't necessarily attach the RoI to "this is an indicator" and "this is not an indicator" because understanding the context of the

**A** intervention and what we are doing and learning becomes the focal point of the interpretation.

**Q** **Elizabeth Verias**

How can RTI interventions be modified to help with students already classified as LD?

**A** **Dawn Miller**

When I read this question, two thoughts come to mind: First, I think about the actual interventions that a building has in place to address a variety of intervention needs and second, I think about the advantage of a system process of problem solving. In my district, all our buildings have access to a variety of ?frontline? interventions that have demonstrated effectiveness at meeting different needs. The way we proceed is to work from these frontline interventions, use our diagnostic and progress monitoring data, and customize the programs based on the individual student. For example, we may have found that we need to build in more cumulative review for previously taught skills with a group of students in Voyager Beginnings and provide more guided practice opportunities during the lesson.

The benefit to customizing an existing intervention is that (1) we position that student to be able to transition to another group when progress and status indicates this is appropriate without as much interruption to the instructional routine of the intervention, (2) we maintain the use of a well sequenced and designed intervention, and (3) we deepen our own skills at customizing and decrease time trying to design an appropriate intervention approach. When I originally read the question, my first thought was the advantage to the use of the problem-solving process. When grade-level teams meet to review data every month or 6 weeks, each student?s progress is reviewed. This includes every student in the building, regardless of IEP status. While my colleagues would agree that this is always an area that requires continual growth and improvement, we have made great strides in talking about specific student needs, observations regarding what?s working, what?s not, and what we think is a next step.

**Q** **Wendy Cavendish**

Many districts are struggling to provide training for teachers in RTI due to limited resources (15% for IES not necessarily sufficient) therefore, in Districts with RTI only for LD identification and undertrained teachers, how are they to comply with IDEA provisions related to assessment and procedural safeguards?

**A** **Erin Lolich**

That's a great question. Speaking from over a decade of RTI implementation experience in our school district, RTI does not work without sustained professional development. Are you in a state that has mandated RTI? Otherwise, I'm not sure why a district would make the switch if they can't support the necessary infrastructure. Districts must decide if RTI is a priority. If it is, there are always grants to be found and creative funding ideas to employ.

**Q Jenna Duffy**  
How are others identifying Language-Based Learning Disabilities within an RTI model?

**A Erin Lolich**  
I consulted with several colleagues before responding to this question; we unanimously concluded that none of us have encountered a learning disability solely in oral expression and/or listening comprehension. In my experience, a student who struggles in these realms but not in reading, writing, or math is better identified as having a communication disorder. Although the same process of screening, intervening and progress monitoring makes sense for language disorders, it does not currently meet the legal criteria. Currently we use the RTI process for pre-referral (a bit of an oxymoron), but not for evaluation and identification purposes.

**A Dawn Miller**  
While our time today may not be sufficient to address this question, I want to share that Ken Howell's Curriculum-Based Evaluation process has been instrumental in our assessment and response. Howell, K.W. and Nolet, V. (2000). Curriculum-Based Evaluation: Teaching and Decision Making. Belmont, CA: Wadsworth.

**Q Bill Fisher**  
#1. The Rtl process is achievement based. How will the use of RTI in this manner not result in low-achievement as a definition of SLD and the labeling of students with SLD as having a "non-categorical" disability? #2. What is the rationale for utilizing the Rtl process in situations where the suspected disability is not in the area of reading? #3. When a students have been identified and recieved Tier II interventions(academic intervention services) for over three successive years without significant improvement, what is the next course of action in the process?

**A Erin Lolich**  
In 1998, Fuchs and Fuchs introduced the concept of dual discrepancy. In order for a student to be reliably classified as having LD, low achievement must accompany slow progress despite intensive intervention. Using low achievement alone results in group membership that is not reliable over time. In RTI models, eligibility decisions must be made both on the basis of a student's relative low achievement and on the student's slow rate of progress. I have heard murmurs of a few states moving to non-categorical disabilities, but to the best of my knowledge, they are only murmurs.

My rationale for using the RTI process in areas other than reading is that it's the most efficient, effective, non-biased process we have to date. There are plenty of research-based tools to support this process in math and I'm hopeful that written language will follow suit. Three years?!? That sounds like a potential Child Find violation and raises a number of questions for me. How low is the students' achievement, how slow is the progress, and how does that compare to the intensity of the intervention? What are the district's decision rules for moving a student through the intervention process and to referral? Is the intervention matched to instructional need and

**A** implemented with fidelity? How often is progress monitored and a team convened to review the results? Are there mitigating factors such as frequent absences, high mobility, or language development that need to be considered? The answers to these questions determine the next course of action. I recommend taking into account Child Find as your team moves forward.

**Q** **Alan Abbott**

Please address the assumption of that the student has at least average ability or potential when identifying LD. How does RTI differentiate LD from slow learners?

**A** **Erin Lolich**

If the team suspects an intellectual disability, it should be part of the evaluation. If a student does not meet the criteria, assume average ability. Students with learning disabilities have low skills and slow progress despite intensive intervention. They do indeed learn slower than their peers in reading, writing and/or math.

**Q** **Cheryl Newman**

How can RtI be used to identify high functioning or twice exceptional children with learning disabilities? What are the benefits, if any, of identifying children who are working at grade level but have learning disabilities?

**A** **Dawn Miller**

The benefits of identification of children who are working at grade level but have learning disabilities will only be known when we can articulate what need has been identified that requires specially designed instruction in order to access and benefit from the general education curriculum. My hope would be that if we have students with learning disabilities that are not identified, it is because they don't require specially designed instruction and not because our system is not functioning in a way that identifies and responds appropriately to the concerns.

**Q** **Murray Bourne**

To what extent is successful use of RTI for identifying specific learning disabilities dependent upon the "reculturing" of our schools?

**A** **Dawn Miller**

You have asked an excellent question. Since the inception of IDEA, we have had several ways to do child find and for some, RtI is viewed as the new "pre-referral intervention" process. I know I've alluded to this in previous responses, but it bears repeating. What we need to accomplish with RtI has to do with these things:

1. Using data early and frequently.
2. Responding to data in a responsible manner using the best practices we have evidence for at

- A** the time, and
3. Ensuring that our focus is always on determining what our next instructional move is for the student in order to maintain or accelerate learning. The next instructional move is not a person or a place, but rather specific instructional and curricular changes matched to student need.

As I write these, they sound very straightforward, but they are not the current culture in many systems. This is why the consensus building is such a critical part of the structuring process with Rtl. Consensus building around core principles of Rtl is an important initial step and one that necessitates frequent and ongoing revisiting. The Response to Intervention Blueprints for Implementation for the [School Level](#) and the [District Level](#) from the National Association of State Directors of Special Education can be helpful in this process.

**Q** **Kendra Elliott**

I have heard differing philosophies on how RTI fits with LD identification. Some have suggested there will be fewer LD referrals, others suggest that there will be the same amount of referrals and they will be made sooner. Which is true or is there truth to both?

**A** **Dawn Miller**

I was at one of our area principal meetings yesterday and this question came up. They reported that their referrals have gone down and they attributed it to our RTI process. I have to say that I only feel good about these data when the reason for the decrease in referrals is due to appropriate progress of students in core instruction and intervention. We can certainly achieve a decrease in referrals in ways counter productive to student achievement - i.e., one district made the paperwork process 15 pages in length. They got referral rates down, but it had nothing to do with appropriate instruction for students!

**Q** **Eric Birkmeier**

Is it important for school districts and/or individual buildings to have documented RTI Policies & Procedures in place as a means to communicate effectively to: school board, administration, parents, teachers and students how diversified education will be provided to all children?

**A** **Erin Lolich**

I highly recommend having district RTI Policies and Procedures in place. Our district has done this in two ways: First, we have created RTI handbooks for elementary and secondary that include standard protocols in content areas, decision rules, parent communication tools, and documentation procedures.

Second, we have embedded RTI into our LD identification procedures in our special education handbook. Neighboring districts have formal board policies around RTI; we have yet to take this step.

**Q** *Eric Birkmeier*

Are documentation forms important in driving the RTI process through the tiers... Suggestions for streamlining the documentation process?

**A** *Dawn Miller*

I'm not sure I'd say it is important in driving the process through the tiers, but I would say that capturing the universal screening data and any subsequent decisions is an important part of each student's educational record. If the student receives a targeted intervention, we are capturing the specific need area being targeted, amount of time, frequency, intervention description, progress monitoring data, and any intervention changes that occur.

When we find that we are problem-solving at a more detailed level, we are capturing the team's hypothesis, subsequent actions matched to that hypothesis, and resulting outcomes and decisions. I think the important thing to think about as you work on streamlining the process is that you stay focused on making the way you document your efforts a communication tool to current and future colleagues. I think we sometimes create forms from a compliance standpoint and miss what's really important. I have found myself trying to "figure out what answer is the right answer to put in the box," which means I'm missing how to share what I'm learning about the student. When this happens, something is amiss.

**Q** *Laura Davis*

Do you have some examples of how intervention time can be scheduled at the middle school level?

**A** *Erin Lolich*

In our district's middle schools, intervention classes serve as one 45-minute period of a seven period day, typically in lieu of an elective. In a neighboring district, all students have a zero period for reading at their skill level-some receive enrichment, others receive intervention.

**Q** *susan ruti*

Is it possible or even probable that some learners may always be in and out of Tier II because their needs are not severe enough to be considered Tier III?

**A** *Erin Lolich*

In short, yes. Students need intervention for a variety of reasons such as poor core instruction, disrupted schooling, or because learning English while learning content presents a double cognitive load. In these cases, if students are close to grade level standards, they may need "light" interventions on and off throughout school.

**A** *Dawn Miller*

Our experience has been that some students for whom learning is difficult may flow in and out of



**A** targeted support over the course of their educational career. A colleague just emailed me yesterday with the results of our state assessment for a student that has received intervention of some sort for several years. I made the comment that this young man will likely be a student we support in some way, shape, or form from now until he walks across that stage at graduation. I am grateful that our system is now organized to assure that we identify the changing need early and respond systematically within and across years.

**Q** **Debbie**  
What tier is dyslexia testing on?

**A** **Erin Lolich**  
Dyslexia is briefly mentioned in IDEA, but is largely considered a medical diagnosis. The terms learning disability (LD) and reading disability (RD) are much more common in public education. I think you're asking at what point in the RTI process would testing for dyslexia occur. I would initiate an evaluation planning meeting at any point in the RTI process that I suspected a student had a learning disability, as required by Child Find. The data that would make me suspect a reading disability would be low scores on multiple reading measures and a slow rate of growth despite intensive intervention. In most cases, I would have enough data to suspect a disability at Tier 3, although there are always exceptions.

**Q** **Cindy R**  
How are districts monitoring progress on reading comprehension, math problem solving and written expression? CBM's don't seem to reflect classroom progress in these areas.

**A** **Erin Lolich**  
In reading comprehension there are several options, all of which have pros and cons: AIMSweb MAZE, easyCBM reading, DIBELS retell, DIBELS DAZE and ORF. As you consider each, you'll need to need to think about appropriateness for the grade level, cost, training, time to administer, technology, and most importantly, how teachers will analyze the data and adjust instruction.

I'm not aware of as many options in math problem solving and my knowledge of each is cursory at best. EasyCBM math has three progress monitoring options aligned to NCTM focal points for that grade level (e.g. geometry, computation, or algebra). AIMSweb has a new math concepts & applications measure. Iowa State has been working on an algebra progress monitoring tool for a few years. New math measures have been posted on the [National Center for RTI's Progress Monitoring General Outcome Measures Tools Chart](#) over the past few months; they may include problem solving measures. AIMSweb has a written expression measure and writing probes are easy to find on the web for free at sites like [www.interventioncentral.org](http://www.interventioncentral.org) (this site has a probe generator). If you select your own probes, pre-screen for culturally-loaded story starters. Districts that I've worked with find that using the total number of correct word sequences minus the number of errors yields the most instructionally useful score.

**A** In terms of CBMS aligning with classroom progress, there are several factors that may be contributing to a real or perceived mismatch. Here are a couple of conversation starters to explore this mismatch with your RTI team: How does the rigor of the CBM compare with the rigor of classroom, district, or state assessments? Do students perform better on assessments that are untimed? While most teachers agree that accuracy is an important factor in completing an instructional task, not all are aware that students that complete basic reading, writing, and math tasks quickly have more working memory available for higher-level cognitive tasks. It's important for teachers to understand why being accurate and fluent matters.

**A** **Dawn Miller**

When we collect progress monitoring data, we think about both primary sources of data and supporting sources. Our primary sources of data are sources that have sufficient technical adequacy data for the decision at hand. In the basic skill areas, this is what CBM's, or general outcome measures, are considered. They help us answer the question, "Is the student becoming more proficient in the area of reading, math, or written language?" Our supporting sources may include classroom assessment data, intervention embedded unit tests etc. These are typically created or designed to answer the question "Did the student learn the skill I just taught?" When a colleague indicates that the sources seem to "conflict," we talk through the data to determine what we are seeing and why we might have possible discrepancies. For example, some questions that may be asked include:

- When you think about the different assessments, what are differences between what is assessed and how skills are assessed that might account for part of the differences?
- If we are seeing progress on intervention or curriculum embedded tests, this may indicate that the student is adequately demonstrating mastery of the skills taught to date. If this is the case, I'd be asking if we are seeing these skills generalize to the weekly CBM's?

Basically, it becomes a task for understanding and making sense of the findings in terms of implications for our work. The domain of written expression is a tougher one all around. While the technical adequacy isn't as strong with CBM's as it is in the other area, I'm not familiar with stronger measures to use. When this is the case, we proceed the best we can, recognizing the limitations of our measures.

**Q** **Judy Webb**

How do you know when to move from RTI Tier 3 to testing for a learning disability?

**A** **Dawn Miller**

One of the greatest fears I have with Rtl is that it will be perceived and implemented as a series of steps and practices that replace what was considered "prereferral intervention." We've been working very hard to operate from the standpoint that we are using assessment data responsibly to:

1. Understand and respond to learning needs early.

- A** 2. Create structured, frequent reviews of progress monitoring data so that we respond when progress is unsatisfactory by making intentional and rational changes. When progress exceeds a student's aimline and level of performance is in an area of low risk, the team should consider reducing or eliminating the intervention.
3. Engage in problem solving so that, over time, we sharpen our collective understanding of each student and what instructional customization appears warranted and beneficial for the student.

When these things are in place, teams usually suspect a disability when the student has not demonstrated adequate response to our intervention approaches and we find that the degree of customization is such that it would be considered "specially designed instruction." In this instance, the team has been discussing both changes to intervention and discussing appropriate adaptations during core instruction.

On the other hand, a very important trigger for a team to suspect a student may be a student with a disability is when they do find something that works for the student, but when they describe what is being done during core and intervention, it would fall in the description of specially designed instruction described above. This component here is what, in my opinion, will distinguish our efforts from RtI to efforts we have engaged prior to RtI. We need to keep the eye on the prize of finding under what conditions the child's learning is enabled, rather than focusing on documenting that the student is not responding. Testing won't result in this very important task at hand ? it is a process.

**Q** **Sharon Anderson**  
Typically how long would RTI be taking place before a determination of special education eligibility referral should be made?

**A** **Dawn Miller**  
It depends on how clear the data are about our understanding of the student's needs and how confident the team is about next steps. I feel very strongly that a building should have in place a systematic process for data reviews that occur:

1. Three times per year by grade levels to review and respond to benchmark assessments,
2. No less frequently than every 6 weeks to systematically review progress monitoring data, and
3. As needed for more intense individualized problem solving. These assurances provide necessary structures to prevent student's from being lost on our radar.

**Q** **Sharon Cox**  
What is the earliest age LD can be identified?

**A** **Erin Lolich**  
While there is not a set age at which LD identification may begin, I think five to six years old is

**A** currently most common. If a student begins kindergarten in a robust RTI system, they will be screened in the first month or two of school and begin intervention if appropriate. If the student is not making sufficient progress and the team continues to intensify the intervention, there should be a significant body of data by the end of kindergarten.

Many districts wait until first grade before initiating evaluation in order to better control for all the variables when students enter school (e.g. preschool or lack thereof, half-day versus full day programs, etc.). I think this is fine as long as the student is progress monitored, receives intensive intervention, the parent is informed about progress, and there's a clear trigger point for referral.

**Q** **Lisa Teodosio**  
In identifying a high school student, could one realistically look at a response to previous interventions that were tried when the student was younger?

**A** **Dawn Miller**  
I believe the historical data is helpful, but not sufficient, if you are in the process of an initial evaluation. Part of an evaluation process is to review the student's educational records. Much can be learned about the area of concern by understanding whether this is a new issue before us, or if it is an area in which the student has demonstrated the need for additional support in the past. Additionally, when this is an area where we have meaningful documentation, it is important to have captured those specific instructional and curricular moves that appear to have been most and least beneficial.

In addition to the review of historical data, it is important that we have current and ongoing data to help us understand what appears to be working and not working for the student regarding our present intervention approach.

**Q** **LaNelle Gallagher**  
How prepared are regular educators to deal with "real" learning disabilities?

**A** **Dawn Miller**  
Thank you for raising this issue. A very important part of Rtl infrastructure development is outlining the training and support that will be provided around:

1. A solid understanding of core curriculum content and effective instructional strategies,
2. A clear and articulated framework for differentiating instruction,
3. Use of data and how the data need to prompt reflections for problem solving,
4. An understanding of the interventions being used so problem solving can be meaningful.

All these areas require a level of communication and collaboration that are essential for increasing the effectiveness of all educators, but particularly the general education teacher because they are

**A** the child's first teacher.

**Q** **Ruth Foster**

When we implement research-based interventions, we monitor the student's progress for an adequate amount of time. How do we determine how much progress is adequate progress? For example, if we progress monitor a third grader on a first grade DIBELS text and he shows slight but continuous improvement, then is that an adequate amount of progress to continue the intervention and to delay a special education referral?

**A** **Dawn Miller**

I would encourage you to reframe the question: Based on the student's progress, what are we learning needs to be essential components of our intervention and core instruction? I fully understand that people want clear guidelines for when to consider an initial evaluation, but I don't think we'll achieve a stronger system when we focus our guidelines based solely on numerical criteria, rather than a clear understanding on what those data reflect. Here are the things we process in order to understand what our next moves should be:

1. Intervention Match Issues:

- Have we clearly identified the student's area of need and does our intervention appropriately match this need?
- Have we allocated and provided an appropriate amount of time for our interventions? ? Have we allocated and provided an appropriate frequency of time for our interventions?

2. Core Instruction Issues:

- Are we providing solid core instruction daily for an appropriate amount of time?
- What are we learning about this student's response during core and what have we learned about their response to our differentiated instruction?

3. Data Review:

- What is the student's response been to our core and intervention approach broken down by big ideas in reading?
- Have we seen a change in level of performance, such as a change in risk status?
- Have we seen a positive trend in progress monitoring data? Do the data indicate that a change is warranted?
- If we have made a change, what are we learning about the conditions that appear to be effective and not effective?
- If we have not made a change, are we clear about what to change?

**A** This is where a formal problem-solving process is necessary to guide next steps.

My experience is that when we get really solid at engaging in asking and answering these questions, it becomes more clear to teams when to carry the data forward into an initial evaluation.

**Q** *Gina*

Do you agree or disagree with labeling students with a specific learning disability who have been through RTI and have an IQ in the borderline range (70-79)?

**A** *Erin Lolich*

If the student doesn't qualify as having an intellectual disability, and meets the criteria for having a specific learning disability, I would identify without regard to IQ.

**Q** *Jane VArga*

RTI is a best practice concept, however, is RTI required as documentation for all disabilities or is it more for LD identification?

**A** *Dawn Miller*

We recommend the process and practices for all disability areas.

**Q** *Jamie Harris*

Given the fact that some schools have available reading teachers to support nonidentified student at risk for reading, how is a student determined to be a child with a reading disability (LD) if the regular education initiative/programming in special reading shows that the student is making progress with regular education supports? Do you consider the rate of progress and what would that expectation be in terms of growth?

**A** *Erin Lolich*

One way to approach this scenario is to slowly minimize the amount and frequency of intervention and closely monitor progress to see if the student maintains. The expectations for growth depend on the student's baseline, the measure being used, and the benchmark in that content area. The easiest way to gauge that is to use aimline/trendline analysis. If the student does not maintain, a referral should be considered. When considering general education support, I ponder the following: What if the reading teacher was laid off tomorrow? What if the extra supports in general education went away? What if the student moved tomorrow to a district with no RTI system? If the student has a disability, he or she is legally entitled to specially designed instruction regardless of the supports available at a particular school.

**A** *Dawn Miller*

If the student is demonstrating adequate growth with the general education supports, it may be likely that this student is not considered for an initial evaluation because need for

**A** specially-designed instruction would be difficult to support.

**Q** **Denise Brierley**

Who is responsible to summarize the information in writing (history of interventions, progress, etc.) to present to the Evaluation Team. Then, how is this captured as part of a "Comprehensive Evaluation?"

**A** **Dawn Miller**

In my district, classroom teachers document the intervention process in an electronic format designed to capture essential elements of the process. Typically, school psychologists capture this information in the comprehension evaluation report.

**Q** **Bill Fisher**

I am of the understanding that when making determinations as to the effectiveness of an intervention that there is no real set time frame for the duration of the intervention. Is it more appropriate to make such determinations based on documentation of a student's achievement compared to that of his peers on state and local assessments rather than on an established time frame? Our CSE manual states the intervention must be implemented for 8 months up to one year before a CSE referral will be considered.

**A** **Erin Lolich**

Our district uses a "review intervention progress after four to six data points" decision rule, with guidelines that progress should be monitored every week or two. It's critical to set decision rules around the duration of intervention and/or amount of data points, otherwise you are vulnerable to Child Find issues. I would be curious to hear the CSE's rationale for this very long timeline.

That concludes our RTI Talk for today. Thanks to everyone for the thoughtful questions and thanks to our experts, Dr. Dawn Miller and Ms. Erin Lolich, for their time today.

**Please also take a few moments at the completion of this event to give us your feedback by taking our [survey!](#)**

#### **Related Reading from RTINetwork.org:**

- [Identifying Learning Disabilities in the Context of Response to Intervention: A Hybrid Model](#), by Jack M. Fletcher, Ph.D.
- [RTI Leadership Forum, Panel #3: RTI and Learning Disabilities Identification](#)
- [RTI National Online Forum: "The Role of RTI in LD Identification"](#)

#### **Additional Resources:**

- [National Center for Learning Disabilities](#)
- [National Center on Response to Intervention](#)