The Nexus of Response to Intervention (RtI) and the Identification of Specific Learning Disabilities (SLD): Guidelines for District-Level Implementation

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As school districts across the United States try to develop systemic technical support for Response to Intervention (RtI) implementation, questions about how to identify students with specific learning disabilities (SLD) are both inevitable and complicated. The following brief will provide a short review on the history of RtI, a description of the current guidance on the referral and eligibility for special education services, the nexus between RtI and the special education referral and eligibility process, and implications for practice for states and districts.

Although RtI initially emerged in the school vernacular as part of the 2004 reauthorization of the Individuals With Disabilities Education Improvement Act (IDEA), it now involves, for many districts, the reshaping of general education practices into a multi-tiered system oriented toward early intervention and prevention of academic and non-academic challenges (D. Fuchs, Fuchs, & Compton, 2012).

The conceptual model of RtI comprises several common features, including universal screening of all students, multiple tiers of instructional and intervention service delivery, a problem-solving method, and an integrated, ongoing data collection and formative assessment system to inform decisions at each tier of service delivery (Batsche et al., 2005; Gresham, 2007; Wixson, 2011). Emphasis is placed on differentiated, universally designed core instruction at Tier 1, which is delivered to all students and has a high likelihood of bringing the majority of students to acceptable levels of proficiency. Students who are not making sufficient academic gains when provided with core instruction alone receive supplemental, explicit, and systematic Tier 2 instruction in small groups of three to six students several times per week or daily (Fuchs & Vaughn, 2012). Tier 3 involves the application of individualized, intensive instructional interventions provided daily that are designed to increase the rate of student progress. The effectiveness of instruction at each tier is determined by collecting data about students’ progress on a regular basis. Educators collaboratively evaluate the data (e.g., via progress monitoring cycles every 6–8 weeks or more often) to make informed decisions.
about instructional needs and to modify the intensity or type of supports provided (Batsche, Curtis, Dorman, Castillo, & Porter, 2007; Gresham, 2007). While the research community has provided these parameters for RtI implementation, practical applications vary widely across states, districts, and schools (e.g., Kloo & Zigmond, 2009).

Fidelity of RTI implementation also varies. It seems logical that ensuring the fidelity of each component of the model would lead to the integrity of the system as a whole. However, this is not always the case (VanDerHeyden, Witt, & Gilbertson, 2007); therefore, the fidelity of the complete implementation process must be monitored. Furthermore, in the context of using RtI for SLD identification, fidelity of implementation is critical because accurate diagnosis of the disability relies on instruction and interventions being delivered as intended, on assessments being conducted appropriately, and on alignment between school and district eligibility policies and practices. Keller-Margulis (2012) has suggested that such systems-level monitoring should include the critical components of RtI (i.e., assessment, instruction and intervention, and decision-making procedures), the inclusion of multi-method and multi-informant data collection methods, and provision of feedback to those involved in the RtI implementation.

RtI provides a vehicle for responding to a number of persistent challenges, including significant achievement gaps among and between student groups, high drop-out rates, a disproportionate representation of students identified as having special education needs, and inconsistencies between existing curricula and the Common Core State Standards (CCSS)—challenges that are being experienced in school districts across the nation (Payne, 2008). Increasingly, districts are adopting the RtI framework as a systemic reform with which other educational reform initiatives can be aligned (Murawski & Hughes, 2009; Sailor, 2008; Wixson, 2011). However, it may be the case that RTI adoption is happening too quickly—hasty implementation of such a complex system may compromise the fidelity of its component practices. According to the most recent RtI Adoption Survey (Spectrum-K12, 2011) 94 percent of schools reported implementing some level of RtI in 2011 (up from 72% in 2009); 68 percent of schools are either in full implementation or in the process of district-wide implementation. Sixty-six percent of schools reported using RtI as part of the process for determining eligibility for special education (up from 41% in 2010).

This uptick in RtI implementation is occurring amid ongoing controversy and ambiguity around its intended use (Castillo & Batsche, 2012)—specifically, how it intersects with the identification of students with SLD. Notably, although IDEA 2004 sanctioned the use of RtI procedures for SLD identification, it did not outline parameters, such as the use of specific screening and progress monitoring tools or specific time frames for data-based problem solving. In fact, the U.S. Department of Education deliberately provided few details for
the development and implementation of RtI procedures, stating specifically that states and districts should have the flexibility to establish approaches that reflect their community’s unique situation (Wixson, 2011). As a result, many districts and schools have leeway in deciding how to use RtI data to make special education decisions. At the school level, decisions such as which universal screening and progress monitoring tools to use, how often to meet for problem-solving, what constitutes responsiveness, how to monitor fidelity of instruction and implementation, and what professional development is needed are influenced by the contextual factors at the state, district, and local levels. While in many ways, this offers an opportunity to develop a systemic and culturally responsive RtI approach, it may also perpetuate the historical challenges associated with the identification of students with specific learning disabilities, namely, the widely divergent practices associated with the operationalization of the “severe discrepancy” mandate, particularly in urban settings (e.g., Gottlieb, Alter, Gottlieb, & Wishner, 1994).

In this context, states across the nation have operationalized the use of RtI data in special education referral and eligibility processes in a variety of ways. A systematic analysis of publicly available RtI-guidance documents across 12 states revealed a tremendous variability of guidelines, and a qualitative investigation of practices in three states highlighted the diverse practices that have arisen to incorporate RtI data into special education decision making. Differences exist in terms of (a) the incorporation of RtI data in pre-referral and referral processes, (b) the use of RtI data in determining eligibility for special education services, and (c) the operationalization of (non) responsiveness to intervention (Rinaldi, Baker, & Sallis, 2013).

**Pre-Referral and Referral Processes**

The special education referral process occurs when a student is suspected of having a disability. In the majority of states studied, RtI data are a recommended component of a special education referral. In other states, where RtI implementation is mandatory (e.g., Colorado, Florida), schools are required to take RtI data into account when referring a student for a special education evaluation. Some researchers have hypothesized that the use of a comprehensive, full-spectrum RtI framework leads to “smarter,” more accurate provision of special education dollars and practices that target students most vulnerable for life-long learning challenges (e.g., D. Fuchs et al., 2012).

**Special Education Eligibility Decisions**

Special education eligibility determination occurs when a team has conducted a multidisciplinary evaluation by collecting, assembling, and evaluating information as to whether or not a student meets criteria defined under IDEA and state law (Salvia, Ysseldyke, & Bolt, 2012).
An analysis of policies, procedures, and guidelines revealed the ways in which states in this cohort use RtI in their eligibility decisions for students suspected of having SLD. Certain states (e.g., Colorado, New York) require that RtI data be used in SLD eligibility decisions and explicitly prohibit use of the IQ/achievement discrepancy model. Other states (e.g., California, Florida) permit the use of either RtI data or the IQ/achievement discrepancy model. According to federal legislation, an individual and comprehensive assessment for SLD may not be based on a single source of data. However, states vary in terms of how they use RtI data in light of this requirement. Some states (e.g., Colorado, Kansas) see data collected through an RtI approach as multiple data points and, thus, sufficient to constitute a complete assessment. Other states consider additional sources of data (e.g., student observation, parent report, normed assessments) to be also necessary. Increasingly, RtI data and formal assessments are not being seen in opposition to one another but rather as complementary and comprehensive (Fuchs & Vaughn, 2012; Lindstrom & Sayeski, 2013).

Recently, researchers have been exploring a third way of conceptualizing the underachievement associated with SLD—as a profile of strengths and weaknesses across cognitive dimensions or across academic domains (Compton, Fuchs, Fuchs, Lambert, & Hamlett, 2012)—and have been using RtI data in conjunction with cognitive profiles to try to distinguish between comorbid (e.g., math and reading) and single-order (e.g., reading) SLD (L. S. Fuchs, Fuchs, & Compton, 2012).

**Operationalization of Responsiveness to Intervention**

In contrast to the IQ/achievement discrepancy model, which has historically been defined in very concrete terms (e.g., a 1.5 standard deviation discrepancy between the full scale IQ score and performance on a standardized measure of academic achievement), districts and even schools currently have significant discretion in deciding what constitutes “non-responsiveness” to intervention. This lack of specificity has caused considerable confusion and inconsistent practices at the district and local levels. In one district, for example, the district-level curriculum coordinator stated that the RtI approach is essentially the special education evaluation process, that is, no further testing is required if non-responsiveness, as defined by the state, is evident. In contrast, teachers in the same district understood RtI as being limited to pre-referral, with traditional IQ and achievement testing constituting the evaluation (Rinaldi et al., 2013). This type of operational inconsistency has the potential to significantly impact the number of students eligible for special education services in a school or district.

In recent years, several states have begun to define more precisely what counts as non-responsive. The dual discrepancy approach is envisioned as one method for quantifying student progress. The term *dual discrepancy* appears in RtI state-level guidance documents (e.g., California, Connecticut, Kansas, Vermont), though each state defines the approach differently. Generally, the term refers to a process that monitors
students who are performing below the level evidenced by grade-level peers and are showing a learning rate substantially below that of grade-level peers. Evidence of this discrepancy is guided by examining four areas:

1. Fidelity of implementation of RtI and each of its components
2. Rate of learning, also referred to as slope of progress
3. Achievement gap compared to same-grade peers
4. Need for specially designed instruction

State differences in guidance and policy documentation are evident in their definitions (or lack of definitions) of quantitative indices of the discrepancy between a student’s rate of learning and that of grade-level peers in formative and summative assessments, achievement gap, number of cycles of intervention and monitoring of non-responsiveness to intervention(s), and appropriate level of fidelity of implementation of the model in general. Several states (e.g., Pennsylvania, Washington) articulate that the dual discrepancy approach should be used when RtI data are used to make special education eligibility decisions and prescribe fairly specific parameters for data usage (see Table 1).

Table 1. Parameters for Using RTI Data in Eligibility Decisions

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<tr>
<th>State</th>
<th>Data Guidelines</th>
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<td>PA</td>
<td>• Insufficient educational progress demonstrated by visual display of student’s response to intervention (i.e., trend line) and a quantitative index indicating a discrepancy ratio of 2.0 between the student’s rate of improvement and that of his/her age group&lt;br&gt;• Significantly inadequate academic achievement relative to age or grade-level standards&lt;br&gt;• Excerpt from: <a href="http://www.pattan.net/category/Educational%20Initiatives/Response%20to%20Instruction%20and%20Intervention%20(RtII)/page/Using_RtII_for_SLD_Determination_.html">http://www.pattan.net/category/Educational%20Initiatives/Response%20to%20Instruction%20and%20Intervention%20(RtII)/page/Using_RtII_for_SLD_Determination_.html</a></td>
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<tr>
<td>RI</td>
<td>• An achievement gap demonstrated by multiple data sources (ex: CBM scores with six data points at or below the 10th percentile; state assessments in below proficient range; standardized test score 1.5 SD below mean) AND&lt;br&gt;• Insufficient educational progress demonstrated by visual display of student’s response to intervention (i.e., trend line) and a quantitative index of student’s rate of improvement determined by the student’s slope of progress.&lt;br&gt;• Excerpt from: <a href="http://www.ride.ri.gov/OSCAS/Programs_Services/SLD%20Guidance%20-%20web.pdf">http://www.ride.ri.gov/OSCAS/Programs_Services/SLD%20Guidance%20-%20web.pdf</a></td>
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<tr>
<td>WA</td>
<td>• An achievement gap demonstrated by two of four possible data sources (CBM scores &lt;7th percentile at current grade or &lt;16th percentile at prior grade level; standardized test score 1.5 SD below the mean; instructional performance 2 grade levels lower than peers; data showing performance is below that of grade-level peers by a discrepancy ratio of at least 2.0) AND&lt;br&gt;• Insufficient educational progress demonstrated by non-responsiveness after two phases of intensive Tier III interventions implemented in the general education curriculum with fidelity&lt;br&gt;• Excerpt from: <a href="http://www.k12.wa.us/RTI/pubdocs/WashingtonRTIManual.pdf">http://www.k12.wa.us/RTI/pubdocs/WashingtonRTIManual.pdf</a></td>
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Alongside states’ operationalization of the RtI approach to SLD eligibility, some within the research community have been exploring the notion of a comprehensive evaluation that would balance RtI data with information about a student’s cognitive abilities. Specifically, some researchers argue that an empirically validated RtI model could be used to prevent learning problems, but a comprehensive evaluation of psychological processes is necessary to identify students with SLD. This approach aims to both provide a balanced and integrative look at the student and ensure that any child identified with SLD meets rigorous inclusion/exclusion criteria (Hale et al., 2010).

Despite multi-year implementation efforts, the legal dimension of RtI as an approach to SLD identification remains “nuanced, fuzzy, and inevitably incomplete” (Zirkel & Thomas, 2010, p. 62). And although many questions remain unanswered, this review of research and practice points to emergent guidelines as well as the need for more research.

**Implications for Practice**

Results from this study inform the following practical implications for school districts in relation to RtI practices and the identification of students with SLD:

- Guided by state policy and emerging research, a multidisciplinary, district-level team should establish specific guidelines around what constitutes a comprehensive evaluation, with deliberate consideration toward if and how RtI practices intersect with the referral and identification of students with SLD. If using an RtI approach, consider quantitatively defining what constitutes both non-responsiveness (e.g., a quantitative index indicating a discrepancy ratio of 2.0 between student’s rate of improvement and that of his/her age group) and an achievement gap (e.g., CBM scores with six data points at or below the 10th percentile).

- Specific guidelines could include:
  - Define parameters and guidelines for what constitutes culturally responsive effective instruction and use research-based practices for Tier 1 instructional delivery to ensure universal access to the general curriculum.
  - Define parameters and/or guidelines for what constitutes the frequency, duration, intensity, provider, and group size of delivery of Tier 2 and Tier 3 interventions.

- Provide ongoing professional development to all schools around RtI implementation as an early intervention approach and as a means of identifying students who are struggling and who may have SLD. Identify school-level personnel (e.g., school psychologist) with expertise in assessment and managing and interpreting data to provide ongoing coaching and support for staff; connect the school coach with a district-level RtI coordinator to ensure alignment between school and district practices.

Highly encourage the adoption of supporting protocols and guidelines for implementation that
ensures fidelity of implementation of individual components of the system and of the system as a whole.

- Develop a coherent system, integrating school and district practices, for the use and management of assessment data. Define the types of assessments (e.g., curriculum-based measures, diagnostic measures, achievement testing, cognitive evaluation, standards-based assessment, etc.) and their purposes at the district, school, and individual student levels and how these can support instructional planning and delivery.

- Develop ongoing professional development offerings that support central office leaders, school leaders, and educators to increase system-wide development of consensus, infrastructure, and implementation of the approach and to ensure long-term, sustainable, and clear and consistent messaging.

- Develop case studies that present the systems, processes, and practices that schools should follow when a student is not responding to interventions at each tier. Include emphasis on fidelity of implementation and use of appropriate data systems.

- Monitor research in the field addressing current and evolving practices in the referral and identification of SLD.

- Conduct a yearly RtI self-assessment of both district and school rollout plans that reports on how these plans are impacting systems, processes, practices, and outcomes. This includes ongoing monitoring of (a) the district- and school-wide consensuses around the approach, (b) the development of infrastructures/systems at the district and school levels, and (c) implementation and institutionalization of practices designed to build sustainability over time.

- Monitor the referral and eligibility of typically marginalized populations with a focus on using data to close the achievement gap.

- Network with states leading this effort (e.g., Colorado, Florida, Kansas) and with organizations such as the National Center for Learning Disabilities (NCLD) and the RtI Action Network.

- Extend opportunities for district and school personnel to attend national professional development opportunities that address the intersection of RtI and SLD identification.

- Using the RtI approach as a district-wide organizational framework (e.g., Higgins Averill & Rinaldi, 2011), align all other educational initiatives (e.g., Common Core State Standards, parent engagement, teacher evaluation) with it.
References


For more information about the Urban Special Education Leadership Collaborative, visit www.urbancollaborative.org