



RTI Implementation Tool: Best Practices for Grades K–5

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BACKGROUND

The reauthorized Individuals with Disabilities Education Improvement Act of 2004 (P.L.108-446) (IDEA 2004) includes provisions that could lead to significant changes in the way in which students with specific learning disabilities (SLD) are identified. Of particular relevance to the process of SLD determination and incorporating a scientific, research-based intervention process are the following provisions of the statute:

§300.541 (c) For a child suspected of having a specific learning disability, the team may consider, as part of the evaluation described in 300.532-533, the data from a scientific, research-based intervention process that must include

- (1) High-quality, research-based instruction and behavioral supports in general education settings
- (2) Scientific, research-based interventions focused specifically on individual student difficulties and delivered with appropriate intensity
- (3) Use of collaborative approach by school staff for development, implementation, and monitoring of the intervention process
- (4) Data-based documentation reflecting continuous monitoring of student performance and progress during interventions
- (5) Documentation of parent involvement throughout the process
- (6) Documentation that the timelines described in §300.532-300.533 are adhered to unless extended by mutual written agreement for the child's parents and a team of qualified professionals as described in §300.540
- (7) Systematic assessment and documentation that the interventions used were implemented with fidelity.

Researchers have endorsed the incorporation of a scientific, research-based intervention process as an identification criterion because it combines the important features of assessment and instruction and addresses many of the limitations currently associated with aptitude-achievement discrepancy models of SLD identification. Response to Intervention (RTI) is conceptually connected to previous federal statutes regarding the determination of SLD. Those previous statutes included a provision for evaluating that students had received appropriate learning experiences. The responsive to intervention concept in IDEA 2004 is an elaboration or greater specification on this basic concept. In addition to the provision of appropriate learning experiences for all students, essential benefits of RTI also include the early identification of

students who may be at risk for academic failure. At its core, RTI is founded on the three-tiered public health model, which has as a basic design requirement an efficient method for identifying and delivering service for persons experiencing varying degrees of problems. The degrees of service within an RTI model are referred to as *levels* of service and include primary, secondary, and tertiary levels. As schools implement these three levels of service, the term “tier” can refer to the various layers of interventions being implemented to address the needs of students. The number of tiers within each level may vary depending on the school or district model, but tiers will always fall within the three levels. Within an RTI framework all levels emphasize research-based instruction; however, instruction across levels differs in that it is intended to increase in prevention intensity, frequency and distinction so that these services meet student needs.

The primary level consists of instructional and curriculum services for the 80% of students that make up the general student population and can be thought of as the “front-line” in the prevention of academic difficulties. Like the primary level, services at the secondary and tertiary levels are considered preventative efforts but they are intended to augment primary level instructional services. Secondary level services are distinctive in that they are designed for students who are experiencing moderate academic difficulties. Secondary instruction serves an estimated 15% of the student population who do not respond to primary level instruction. Services at the secondary level usually follow a standard treatment protocol approach for a specified period of time prior to school staff making further placement decisions. Students requiring services beyond the secondary level receive tertiary level interventions. The tertiary level is reserved for the approximately 5% remaining student population who need the most intensive instruction. In addition to the provision of appropriate learning experiences for all students, essential features of RTI also include the early identification of students as being at risk for academic failure.

Optimal learning outcomes occur when students’ skills and abilities closely match the curriculum and instruction within the classroom. When a mismatch occurs, student outcomes and learning suffer. Quality classroom instruction usually provides a good match for most students. But for other students, success is not easy. The hypothesis is that, with RTI, these struggling students can be identified early and provided appropriate instruction, thus increasing the likelihood they can be successful and maintain their class placement.

INTENDED USES

Understandably, RTI looks different across school settings. The implementation checklist that follows is offered as an evaluation or planning tool. It can help you review and prioritize features that you have implemented or are considering implementing. Please periodically check the National RTI Center web site (www.rti4success.org) for additional materials and information to help you with RTI implementation.

CONSIDERATIONS

As you use this tool, please keep the following points in mind:

- At this time, information from scientific, research-based interventions is primarily focused on reading. This is understandable when one considers that, according to the President’s Commission on Excellence in Special Education (2002), the reason that most students identified as having learning disabilities were in special education was that they had reading difficulties. In addition, research has indicated that the number of students identified for special education and as

having learning disabilities decreased following the implementation of early and rigorous reading programs (Fletcher et al., 2004).

- This tool can easily be adapted as needed for content areas such as reading, math, writing, and social behavior.
- The RTI components featured in this tool extend beyond the regulations and are included to help you facilitate implementation rather than only guide you in regulation adherence.
- The items listed in the implementation tool are based on a review of school-based and research-based RTI implementation procedures (e.g., Vaughn & Fuchs, 2003; Bradley, Danielson, & Hallahan, 2002; NRCLD 2003 Symposium).

REFERENCES

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U.S.C. §§1400–1487 (1997, 2004). NRCLD 2003 Symposium. <http://www.nrclld.org/symposium2003>.
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RTI Implementation Tool

What *does* RTI implementation look like in your school?
 What *will* RTI implementation look like in your school?

DIRECTIONS

The RTI Implementation Tool is formatted so that you can indicate your current and planned implementation. If the practice is implemented, indicate this with a checkmark (✓); if the practice is being developed, rank by priority: 1 = of highest priority; 3 = of lowest priority. (Thus, practices ranked as “1” would be implemented before those ranked as “2”; those ranked as “2” would be implemented before those ranked as “3.”) Indicate with an “N” that help is needed to implement a practice.

EXAMPLE

Core reading program occurs for ≥ 90 minutes each day.	1
Interventions are scientific, research-based.	✓
Parents can give examples of improved instruction.	2
Time spent on RTI activities is appropriately shared among staff members, depending on component and specific expectations for staff members’ roles.	N

SCHOOL-WIDE SCREENING

1. School-wide assessments used for screening meet psychometric standards, including evidence of standard errors of measurement, and concurrent and predictive validity.	
2. Screening measures have designated cut-off scores, based on normative data, to indicate risk status.	
3. Screening measures occur three times per year.	
4. After screening, a graph on individual data is completed to display data for analysis and decision making and to indicate percentages of students at risk	
5. The site obtains assessment data or information about academic skills following a designated fixed schedule that includes description of ___ A) methods, ___ B) frequency, ___ C) cut scores/grades, and ___ D) target academics.	
6. At least 90% of the students participate, and reasons for excluding students from the school-wide screening are reasonable and appropriate, e.g., severe/profound disabilities.	
7. Alternative methods to obtain information about academic skills for students excluded from school-wide screening have individual curricular relevance and allow achievement gains to be measured and evaluated.	

PREVENTIVE SERVICES – ALL LEVELS

8. School has designated primary, secondary, and tertiary levels of services.	
9. Instructors are trained in interventions and instructional programs used.	
10. Progress monitoring occurs at all levels.	
11. Each intervention has clearly described protocols/procedures that include ___ A) objectives, ___ B) curricular materials, ___ C) instructional procedures, ___ D) service delivery personnel, ___ E) schedule, ___ F) setting, and ___ G) validation information.	
12. The intervention intensity is judged by considering the ___ A) frequency with which the intervention is provided, ___ B) amount of time (minutes) the intervention is provided, ___ C) duration of the intervention (weeks), ___ E) size of the instructional grouping, and ___ F) qualifications of the instructor.	
13. The curriculum and supporting materials match each student's skill level and provide multiple opportunities for the student to respond.	
14. Decision rules about placement and movement in tiers (e.g., entering, continuing in, repeating, and exiting) are specified.	
15. Instructors use benchmark data, progress monitoring data, and decision rules to re-group students as needed.	

PRIMARY LEVEL PREVENTIVE SERVICES (GENERAL EDUCATION)

16. Scientifically-based reading instruction/curriculum is emphasized in all academic areas.	
17. Core language arts program for primary level occurs for ≥ 90 minutes each day.	
18. Professional development focuses on improving instructional methods.	

SECONDARY LEVEL PREVENTIVE SERVICES

19. Secondary level interventions are research-based.	
20. Secondary level interventions differ from the curriculum and supporting materials used at the primary level.	
21. Secondary level interventions begin as soon as possible after identification/selection of those not responding adequately to primary level instruction.	
22. In addition to primary level instruction, students receiving secondary level services do so for at least 30 minutes each day for a specified duration (e.g., 9–12 weeks).	
23. Decisions about students continuing the secondary prevention cycle are based on progress monitoring data as specified in the decision rules.	
24. Size of instructional group is no more than 1:5 (teacher-student ratio). Individual variation may require smaller groups (e.g., 1:3).	
25. Students may have more than one secondary prevention cycle.	
26. Appropriate instructional settings are designated by the school and include areas within the regular classroom, pod areas, separate classrooms, etc.	

TERTIARY LEVEL PREVENTIVE SERVICES

27. Tertiary level services are research-based.	
28. In addition to primary level services, students at the tertiary level meet for a minimum of two 30-minute sessions each day for a specified duration (e.g., 9-12 weeks).	
29. Decisions about students continuing the tertiary level cycle are based on progress monitoring data.	
30. At least one tertiary service cycle occurs every semester.	
31. Size of instructional group is 1:3 or fewer, with an individualized focus.	
32. Students may re-enter or continue tertiary instruction as needed.	

PROGRESS MONITORING

33. Scientific, research-based instruction includes the continuous progress monitoring of student performance across all levels.	
34. Instructional staff follow a designated procedure and schedule for progress monitoring and for regrouping students based on student performance data.	
35. Measures are administered frequently to inform instruction and curricular placement decisions (at the primary level, at least once every 3 weeks; at the secondary level, 1–2 times per week; at the tertiary level, 3 or 5 times per week).	
36. Progress monitoring measures are appropriate to the curriculum, grade level, and prevention level.	
37. Data resulting from progress monitoring are documented and analyzed.	
38. Progress monitoring uses standardized criteria by which progress is measured and determined to be either sufficient or insufficient.	
39. Instructors use progress monitoring data to evaluate instructional effectiveness and to be informed about the potential necessity for changing the instruction.	
40. An established data-management system allows ready access to students' progress monitoring data.	
41. Staff members receive training in the administration and interpretation of progress monitoring measures.	

ESTABLISHING SCREENING AND PROGRESS MONITORING CUT POINTS

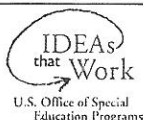
42. The school has designated reasonable <i>a priori</i> cut points and decision rules for the level, slope, or percentage of mastery to help determine responsiveness and distinguish adequate responsiveness from inadequate responsiveness.	
43. The cut points are reviewed frequently and adjusted as necessary.	
44. A rationale is provided for the cut points and decision rules (e.g., normative or specific criteria reference).	
45. The process of monitoring student success is replicable because the site specifies how monitoring takes place and who does the monitoring.	

FIDELITY OF IMPLEMENTATION

46. Specific, qualified staff member or members are designated to observe instructional methods.	
47. Staff members are trained in assessing the fidelity of instructional and intervention procedures.	
48. To document fidelity of instruction, an instructor who is using a newly-learned instructional method should be observed immediately and then weekly or bi-weekly, as needed. A “master teacher” can be observed less frequently (e.g., 3 times per year or less).	
49. Classroom observation data are collected multiple times per year (e.g., 3 times per year) to document instruction and the implementation of strategies addressed in professional development activities.	
50. Observers document the specific critical features of the instructional methods to determine the degree of fidelity.	
51. Specific criteria (e.g., percentage of critical features observed) are used to judge methods as having, or lacking, fidelity.	
52. Feedback to instructional staff includes one or more of the following: ___ a scheduled conference, ___ written information about problematic key features of the checklist, ___ a plan for improvement, and ___ a videotape of exemplary implementation with fidelity.	

COLLABORATION WITHIN THE RTI PROCESS

53. Classroom teachers, special education teachers, reading specialists, and other related services personnel collaborate to effectively implement high-quality, research-based instruction/curricula in general education under the overall direction of the school administration.	
54. The building administrator is involved in the essential features of RTI implementation.	
55. Instructional staff meet with the building administrator informally on a regular basis and formally at least once a month to discuss individual and group data.	
56. After each school-wide screening and testing period, building administrators have updated graphs of all individual student progress data by class-, school-, and district-level.	
57. Staff members willingly participate in continuing discussions about RTI procedures and the development of the model.	
58. All participating instructional staff meet at least annually to share ideas about methods that have helped with the more difficult aspects of RTI.	
59. Implementation of interventions, progress monitoring, and measurement of student outcomes are enhanced for general education instructors with effective coaching and in-class support.	
60. Time spent on RTI activities is appropriately shared among staff members, depending on component and specific expectations for staff members’ roles.	
61. Staff members understand and participate in relevant procedures and practices for orienting new staff members.	
62. Staff members can give relevant examples of, and reflections about, the successes, issues, and barriers related to RTI.	



PARENT INVOLVEMENT

63. Parental notification includes __ A) problem description, __ B) clear, unambiguous documentation that shows the specific difficulties that the child is experiencing, __ C) a written description of the specific intervention, __ D) a clearly stated intervention goal, and __ E) a long-range timeline for the plan and its implementation.	
64. Agreement on RTI implementation, as well as the related plan and timeline, is evident.	
65. Parents receive continuing screening and progress-monitoring data.	
66. Parents are actively encouraged to participate in the RTI process.	
67. Parent questionnaires and surveys assure parents that the school values their opinions regarding the RTI process.	
68. Parent questionnaires and surveys assure school staff that parents find RTI procedures (e.g., instruction and interventions) to be of high quality.	
69. Parents view the implementation of due process procedures and protections as adequate and fair.	

RTI AND SLD DETERMINATION

70. RTI is one component in disability/SLD determination.	
71. The disability procedures include specific operational descriptions of how and what RTI information is integrated into disability determination and the need for special education and related services.	
72. Procedures and cutoff scores for components related to SLD determination are specific.	
73. RTI procedures within the SLD eligibility determination system are gender and racially neutral.	
74. The components assessed are fully explained, and the procedures or tests are described.	
75. Descriptions/written documentation of the circumstances, characteristics of students, and practices related to psychological testing are clear and detailed. The procedures are transparent and easily replicable.	
76. A cognitive measure was used for most of the students determined to be eligible.	
77. Specific guidelines are established for the process of distinguishing between students who are eligible and those who are ineligible for special education.	
78. School-wide methods are established to evaluate student progress in special education.	
79. Special education exit measures and criteria for students with disabilities are specified.	
80. The practices and procedures are relevant to the implementation of the SLD determination model and support consistent and accurate implementation.	
81. Staff members have a clear understanding of the key factors related to the SLD determination model and the procedures.	
82. Staff members have a clear understanding of the benefits and disadvantages related to the SLD determination model and procedures.	
83. Staff members understand methods of reaching consensus with regard to SLD determination procedures.	