Response to Intervention: What Parents Need to Know

Study Guide

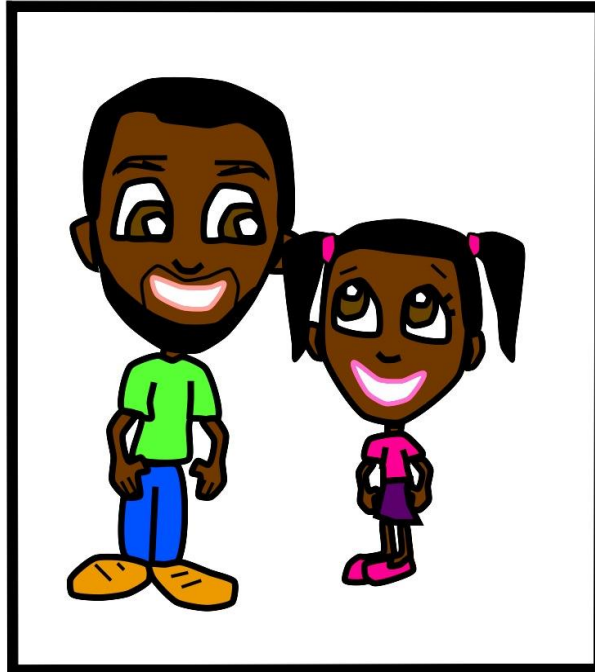## Corrie Anderson
University of Pittsburgh
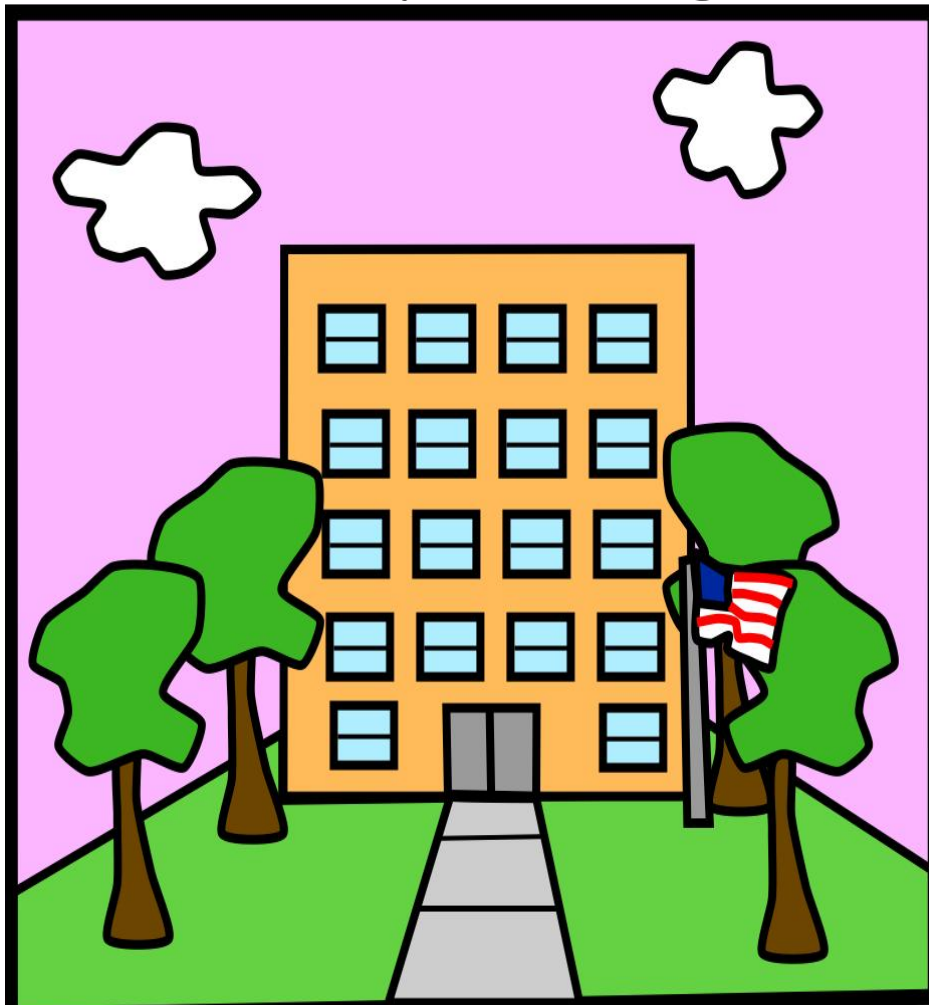
Response to Intervention: What Parents Need to Know
# Study Guide Contents

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1. What is Response to Intervention?

RtI is a support likely used in your child's school. In fact, RtI is widely used in schools across the country. If you are a parent, you may want to know more about what RtI is about. RtI is used to help to meet your child's academic learning needs. Parents can feel more secure in the school's ability to reach their child's needs by understanding that RtI is an active way schools look to meet learning needs. RtI helps point out learning problems and offers more support to children who need it. RtI works to meet the needs of all children. Parents are important to the RtI process. Parents can help support their children at home when they understand RtI. Parents can offer important information to their child's educators about their child because parents know their children best. Educators can take information from parents and use this to meet the child's specific needs.

Parents may wonder how schools know that RtI will help children. Studies on effective classroom practices have been done to make sure that the intervention will meet the learning needs of students. The results of such studies have been used to influence curriculum and teaching styles to provide students with effective instruction (Hoover & Love, 2011). Research on RtI has shown that, for many schools, scores improved and there were less referrals for special education (Fletcher & Vaughn, 2009). Using results from research and evidence-based practice helps to make sure that teaching and learning is based on best educational practice. Teachers are working from what has been shown to work best for students.

2. Response to Intervention Glossary

•**Assessment:** school's way of looking at students' progress.

•**Behavioral expectations:** making sure the children understand what they are expected to behave like in the school setting.

•**Evidence-based practice:** RtI is based on practices that have been shown to work in the classroom.

•**Intervention:** deciding what to do to help with the problem the child is having.

•**Monitoring:** checking on students' performance and looking for problems.

•**Research-based instruction:** RtI components are tested in research studies.

•**Screening:** way of seeing how students are performing.

•**Tertiary:** referring to level 3 of RtI intervention.

•**Three-tiered model:** three levels in the RtI approach.

•**Universal intervention:** helps all children in the school by watching and checking their progress.
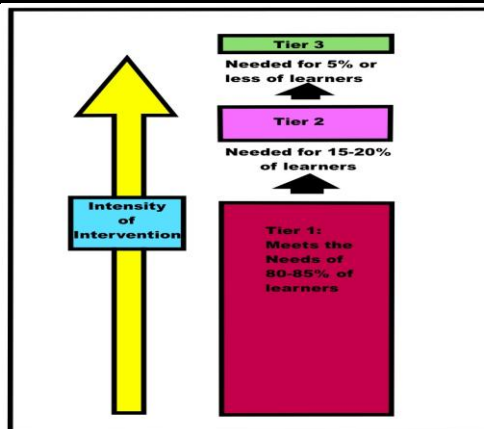
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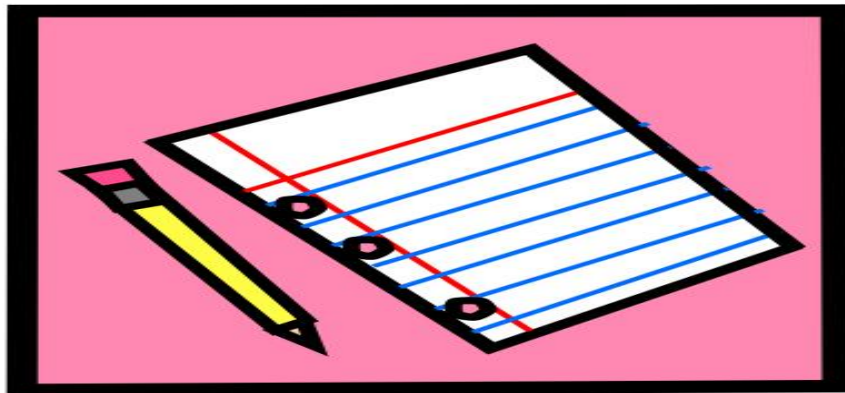
3. Response to Intervention Tier 1, 2, & 3

Tier 1: In tier 1 of RtI, the school's curriculum is designed to give all students effective instruction. This tier works to prevent learning problems. Instruction is based on research that has been shown to help students succeed in the classroom. In tier 1, teachers are trained to give effective instruction that meets the needs of each learner in the classroom. Students may be grouped based on skill level or learning style to help the teacher meet each child's needs. To see how students are performing, teachers screen and monitor student progress. Teachers can see if students understand the material by screening and monitoring. They can also see if they are teaching the material so that students understand the ideas. If a student does not respond to an instructional strategy, the teacher may try a different intervention. Most students' needs are met in Tier 1. 80-85% of students meet expected academic progress.

Tier 2: When teachers monitor and screen in Tier 1, they may find that some students need more academic support. Tier 2 offers more support for students who are not performing at expected levels in Tier 1. Students get more instruction time. They are also placed in smaller groups of students so they receive direct instruction. Most students' who need extra support will have their needs met with Tier 2 support. Only 5% of learners will need Tier 3 support.

Tier 3: Like Tier 2, Tier 3 provides extra instruction time for students. Students receive individualized support from teachers. Tier 3 offers the most intensive support. Some schools include special education in Tier 3. Parents can offer valuable information to teachers about their child no matter what tier their child is in. Teachers may be unaware of something parents may know about their child. Information from parents can help teachers think of ways to change their instruction to meet the needs of the child.

(Chart adapted from Kerr & Nelson, 2010)
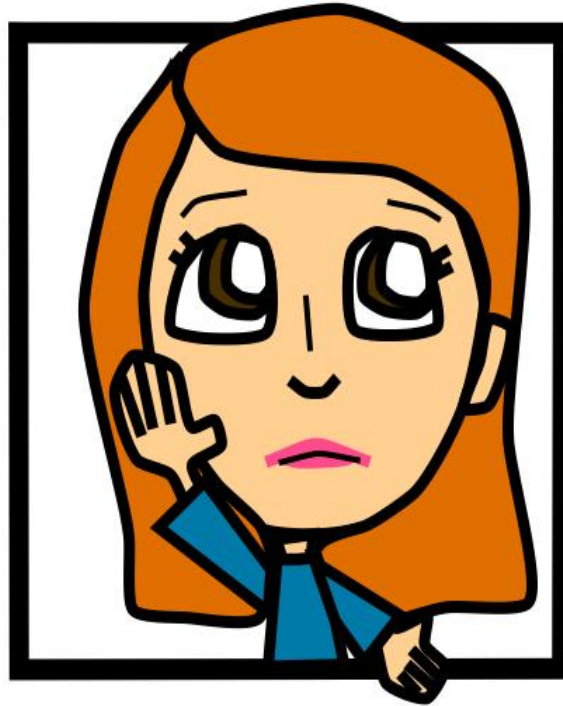
4. Case Study

This case study is an example of what can happen without the use of the school-wide intervention, such as RtI. In this case study, a third grader, Molly, experienced problems in her math class. Molly passed assignments and tests, but only barely. Beginning in the fourth grade, Molly began to fail some of her tests, but always passed assignments because her parents helped her with homework at home. Because she passed all of her assignments, she made it to the fifth grade. During this year, Molly's math difficulties worsened so much that she became very discouraged in math. She did not pass her math class and her teachers hinted that she may have a learning disability. Molly was tested for a learning disability. The results showed that Molly did not have a disability. Her parents were confused that her math scores did not match up with her ability. In this example, the school was not meeting Molly's learning needs. Molly did not need special education. Rather, she needed instruction that matched her learning style.

Case Study Revisited
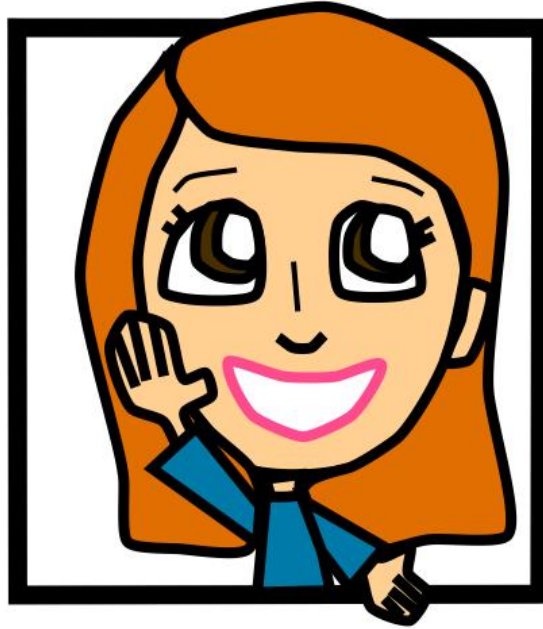
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With RtI, Molly's case would have looked much different. Now we can see how things would have been better for Molly if her school used the RtI approach. Molly's problems were addressed much earlier and she did not have such difficulties in math because of RtI. Her work was screened and monitored in Tier 1. Her teacher saw she was having problems. She received extra support in math in Tier 2. Tier 2 support provided Molly enough support to get her on the right track in math and to be on the same level as her Tier 1 peers. The RtI model prevents students like Molly from "slipping by" and avoids letting difficulties go unnoticed. Because Molly had supportive parents at home, they worked with her educators in Tier 2 and after a short time she was receiving higher scores in math. Molly's confidence also increased, as did her interest in math class. This example shows the importance of screening and monitoring for problems. RtI addresses problems quickly.

5. Frequently Asked Questions
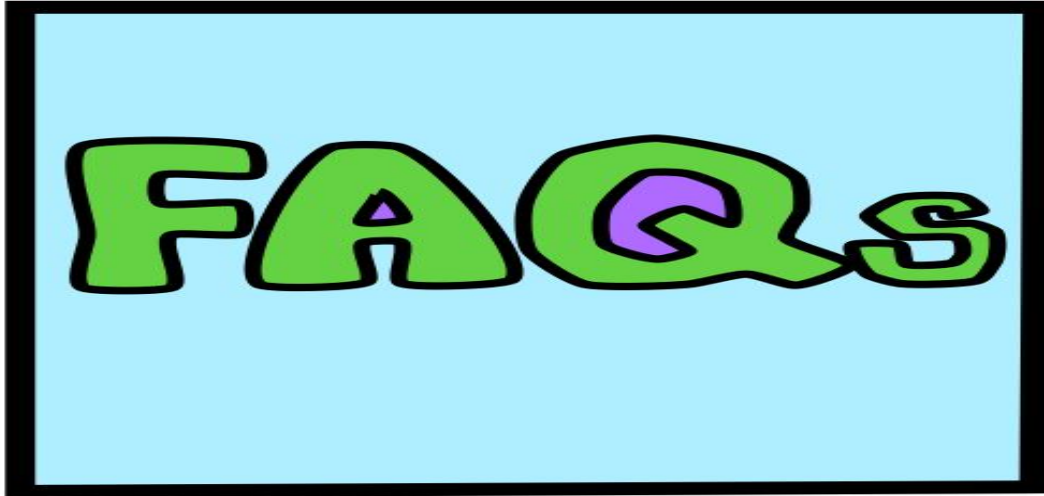
How will RtI affect my child? Because RtI involves all students, your child will receive best practice instruction as a way to provide the best teaching methods and prevent learning problems. All students, regardless of academic ability, are screened, monitored, and receive instruction. The RtI model will help identify if your child needs additional support. Educators will provide extra help if it is needed in Tier 2 and Tier 3.

If my child needs extra support in Tier 2 or 3, will they always remain in that tier? Parents need not worry that if their child needs extra help that they will always require extra support. The purpose of RtI is to monitor progress and provide more intense instruction in Tier 2 and 3 so that the child can get back on track with their peers. Students may return to Tier 1 if their progress in Tier 2 or 3 improves.

How does RtI relate to special education? Many of the screening and monitoring aspects used in RtI can lead to a recommendation for special education. Support in Tier 1 and Tier 2 must be given and monitored before a decision for special education can be made. Some RtI models include special education in Tier 3. Tier 3 provides individualized and intense instruction to meet students' needs (Hoover & Love, 2011).

6. Discussion Questions

1. How do educators check the progress of students in the RtI approach?

2. If a student is having academic difficulties, how does RtI meet their needs?

3. How can parents be sure the RtI approach will help their child (that is, what is this type of instruction based on?)

4. Discuss the differences in each tier. What makes each tier different from the others?

5. What are some things parents alone can contribute to the RtI approach?

7. Annotated Bibliography

Bradley, R., Danielson, L., & Doolittle, J. (2005). Response to intervention. *Journal of Learning Disabilities, 38*(6), 485-486. Retrieved from http://search.ebscohost.com /login.aspx?direct=true&db=hch&AN=18886382&site=ehost-live

      Renee Bradley, Louis Danielson, and Jennifer Doolittle are all affiliated with the Office of Special Education Programs (OSEP). Bradley and Danielson have each obtained a Ph. D. Doolittle has a master's degree and is pursuing her doctorate degree at the University of Oregon.

      Students with learning disabilities (LD) may go unidentified due to eligibility and assessment discrepancies. Accordingly, this article discusses the importance of early identification. To strengthen ways of identifying learning disabilities, the LD Initiative was formed in order to unite various professionals and organizations and to use research to enhance identification. One conclusion from the initiative was the importance of response to quality intervention. Response to Intervention (RtI) is a three tiered model, acting as a prevention model for all students. The first tier is universal, helping intervene at the general level by monitoring all and making quality instruction available to all. The next tier offers secondary interventions at the small-group level. For students that need the most support, tertiary interventions are provided at the third tier. This level provides the most targeted, specialized interventions. Bradley, Danielson, and Doolittle identify the core components of RtI as universal intervention, monitoring, research-based instruction, and fidelity.

      This article is important because it explains the basic components of RtI. Parents should have a basic understanding of the intervention so they can understand their child's educational program. This article helps convey that RtI is important in identifying learning difficulties. The RtI model is a proactive approach to supporting children's learning needs.

Fletcher, J. M., & Vaughn, S. (2009). Response to intervention: Preventing and remediating academic difficulties. *Child Development Perspectives, 3*(1), 30-37. doi:10.1111/j.1750-8606.2008.00072.x

      Jack Fletcher is a Ph.D. in the Department of Psychology at the University of Houston. Sharon Vaughn is a Ph.D. at The University of Texas at Austin.

      This article emphasizes two goals for the RtI model: 1). Improvements in academic and behavioral areas for all students. 2). To provide information that enhances the identification of learning disabilities. As with other sources used in this bibliography, RtI is described as a preventative screening measure for all children, a model to monitor student progress, and as a system to provide interventions according to need of intensity. This article lists additional intervention times required at varying tier levels. Tier 2 students receive an additional 20-40 minutes of instruction in small groups. Tier 3 students receive an additional 45-60 minutes of intervention time, in sometimes even smaller groups than Tier 2 students. RtI requires professional development and training in order for effective instruction, screening, and monitoring.

      Next, screening and assessments are described. One tool for monitoring, the curriculum-based measurement (CBM), is identified as a common measure that research has shown to be reliable. However, for special education, determination is not based solely on

such measurement tools alone. The article places emphasis on the use of evidence-based interventions in the RtI approach. Examples of research studies that have examined the intervention are presented.

Challenges to the RtI model include difficulty implementing the model throughout the school, funding the program, access to resources, and scaling the model to secondary schools. Another challenge of RtI includes identifying learning disabilities (LDs). Previous identifiers of LDs have been based on IQ scores and achievement. However, in studies examining poor readers with and without lQ discrepancies, little differences have been found, implying that IQ alone cannot predict ability. RtI does not focus on cognitive discrepancies; instead in identifying learning problems, the focus is on instruction and expectations based on age. This process often identifies students with learning difficulties earlier than traditional models. However, basing identification on instructional response may be difficult as there is not a clear-cut way to distinguish a "cut off" point for learners with difficulties. Therefore, it is suggested that identification of LDs rely on the following: monitoring response to instruction, assessing low-achievement, and the use of exclusionary criteria to rule out a disability or environmental factor as causes of low achievement. This use of classification is in line with IDEA 2004 requirements, which allows schools to stray from the typical IQ/achievement identification process and follow the RtI model.

This article is relevant to my topic on what parents need to know about RtI because it gives specifics about certain aspects of the model. It explains what sets each tier apart in terms of instructional time. This article also mentions challenges to the model. Parents should be informed that implementing RtI may present challenges and understand what those challenges may look like. Lastly, this article is important because it discusses RtI in terms of IDEA. Parents with students with learning disabilities may be familiar, or need to become familiar with how RtI relates to IDEA regulations in identifying learning disabilities.

Harlacher, J. E., Walker, N. J. N., & Sanford, A. K. (2010). The "I" in RTI. *Teaching Exceptional Children, 42*(6), 30-38. Retrieved from http://search.ebscohost.com /login.aspx?direct=true&db=aph&AN=52345155&site=ehost-live

John Harlacher is a school psychologist in Nevada. Nancy Nelson Walker is a doctoral candidate at the University of Oregon, pursuing her degree in school psychology. Amanda Sanford is an assistant professor in Special Education at Portland State University. Both Walker and Sanford are a part of the Oregon Council for Exceptional Children (CEC).

This article closely examines the intervention aspects of RtI. Major components of RtI include a tiered academic approach using research-based instructional approaches and teacher monitoring. The most common model, the three-tiered model, is described. Tier 1 provides preventative instruction focusing on the "big ideas" to all students. Tier 2 focuses on smaller group instruction with more targeted instruction. Tier 3 provides the most concentrated instruction to small groups. Instruction time and intensity of instruction increases at each tier. Monitoring of students is key to effective instruction and identification of student learning capabilities. If students experience difficulties in spite of targeted interventions, special education services may be necessary. The main difficulties of RtI are described as difficulty deciding what instruction may need modified, lack of educators' knowledge on research-based instruction, and difficulty identifying children with disabilities in comparison with those who have not had adequate instruction.

Next, three factors are identified as needed for effective instruction. They include the curriculum, fidelity of implementation and behavioral management. Curriculum should be based on evidence-based research. Fidelity ensures students' progress aligns with the quality of instruction. Lastly, clear behavioral expectations should be set and reinforced to maximize instruction time and avoid problem behaviors.

Instructional planning and instructional delivery are described as factors that intensify instruction. Instructional planning includes the following factors: time allotted for instruction, instructional grouping, repetitions for success, amount of judicious review, and the interventionist. Clearly identifying behavioral expectations and reducing transition time is key to maximizing time allotted for instruction. Grouping children based on academic abilities in order to cater instruction is important in instructional grouping. Teachers should use repetitions for success in order to make sure students understand a concept before introducing more information.   Judicious review is important so students can go over information already learned. Finally, instruction can be intensified for students with difficulties by utilizing an educator or specialist that can meet their unique learning challenges.

Instructional Delivery includes the following: pacing, ratio of praise-to-corrective-feedback, precorrection, and error correction. Pacing includes examining students' response to instruction in terms of amount of response and success of response. The ratio of praise-to-corrective-feedback should be 5:1, that is, five praises to one corrective feedback response. Precorrection includes ways teachers can provide information in areas where errors typically occur to enhance educational success. Error correction is used to immediately correct an error, and then teach the child the proper response by encouraging an opportunity for them to use the new information.

This article is valuable because it gives concrete example of how RTI is implemented in the classroom including charts, examples, case studies and explanations. It differs from other articles in the in-depth explanations of instructional planning and instructional delivery. This information is applicable to parents because it showcases aspects of how teachers incorporate RtI into the classroom, both in planning the curriculum and in delivering the instruction itself. This article also helps parents understand that there is a behavioral component to RtI.

Heiman, T. (2002). Parents of children with disabilities: Resilience, coping, and future expectations. *Journal of Developmental and Physical Disabilities, 14*(2), 159-171. doi:10.1023 /A:1015219514621

Tali Heiman is from the Department of Education and Psychology at The Open University of Israel. This article is examined resiliency in terms of parental response to questions about their child's disability. The article expressed that parents of children with disabilities often face many challenges in providing care and in terms of the emotionality that surrounds having a child with a disability. The article pointed out that, socially, parents of children with mental disabilities reported more difficulties. Parents in the study were given a perception interview, questioning their experiences of raising a child with a disability. Results showed that at diagnosis, most parents had a negative response. Another response to diagnosis included a physiological response and, in some cases, a positive response. When

examining the reactions of family members, most were positive, some negative, and others supportive. Most parental concerns were parent-oriented, followed by concerns for the well being of the child; others were concerned about the well being of siblings. The majority of parental responses indicated that parents felt they are most affected by the child's disability; yet, many others expressed the child's siblings were most affected. Psychological services were the most widely used as parent services. Parent concerns about the child's future were mixed. Some worried about the child's place in society, others about education and career, and others about what would happen after childhood in terms of supports and way of life. Lastly, the interview showed that most parents were not attempting to make steps to seek support for their child's future. Findings displayed three important factors for resiliency: conversing with professionals, family, and friends; strong parental bond; and assistance including psychological, therapeutic, and educational supports. Another factor of resiliency was positive feelings towards the child.

This article is relevant to RtI because it discusses some of the feelings, emotions, and reactions parents may experience after their child is diagnosed with a learning disability. Helping parents understand that a multitude of emotions is normal and that despite a negative reaction, parents can prove to be resilient in meeting the needs of their child. Also, understanding that parents will need support, and helping to provide information on supports is essential for professionals working with families who have just been informed that their child has a learning disability through the RtI identification process.

Hoover, J. J., & Love, E. (2011). *Supporting school-based response to intervention: A practitioner's model* Council for Exceptional Children. Retrieved from http: //search.ebscohost.com /login.aspx?direct=true&db=aph&AN=57405584&site=ehost-live

John Hoover, of the University of Colorado, and of the Colorado Council for Exceptional Children (CEC), is a research associate. Emily Love is a doctoral candidate at the University of Colorado at Boulder in the School of Education.

The article begins by explaining that changes to IDEA 2004 have allowed learning disabilities to be identified through the response of students to instruction. After examining schools that have implemented the model, studies have found that such programs have been successful for learners experiencing difficulties. Additionally, it has been found that each RtI program is unique to the individual school.

Next, factors for successful implementation are described including: a multi-tiered approach, the use of data-driven information for making decisions, the use of evidence-based practice, and RtI evidence for special education placement. The multi-tiered system consists of a three-tiered approach: Tier 1 includes the general curriculum for all students; Tier 2 provides additional instruction for learners who need extra support; Tier 3 provides the most intensive instruction and special education if necessary. The article states that Tier 1 and 2 will meet the needs of roughly 90-95% of students. The next key component of RtI is the use of data in order to identify students needing more support. Data on students is collected in the following ways: screening, monitoring, and diagnostic assessments. Screening occurs in Tier 1, monitoring can occur in any tier, and diagnostic assessments occur in Tier 2 and Tier 3. The use of evidence-based practice is another necessary component of RtI. This article distinguishes the terms research based curriculum and evidence-based interventions. Research based curriculum is associated with the comprehensive curriculum while evidence-based intervention refers to the method of specific teaching interventions. The last core

component of RtI involves proper special education placement. Hoover and Love suggest the importance of documenting progress in Tier 1 and Tier 2 as evidence for needed services through special education. The article also presents information more catered to educators and schools about the process of becoming an RtI leader, RtI support, and RtI issues faced by schools.

This article provides important information that could help parents understand that RtI is a reliable model. One of the main components of this article is emphasizing RtI as an evidence-based approach. Parents may not understand that instruction and implementation of the model is based on research and practices that have shown to be effective. Parents may feel confident accepting an RtI approach because it is evidence-based. This article is also beneficial because it gives specifics about which tiers screening, monitoring, and diagnostic assessments occur in.

Jull, S., & Mirenda, P. (2011). Parents as play date facilitators for preschoolers with autism. *Journal of Positive Behavior Interventions, 13*(1), 17-30. doi:10.1177 /1098300709358111

Stephanie Jull, of the University of British Columbia, completed this article based on her thesis for her M.A. in the Faculty of Education. Pat Mirenda is also affiliated with the University of British Columbia. She is a professor in the Department of Special Education and Educational and Counseling Psychology.

This article explores the role of parents in helping to facilitate play dates for children with autism. Three intervention strategies to encourage peer play for children with autism are typically implemented including: child centered, peer mediated, and adult mediated. This article focuses on adult mediated interventions, specifically including parents as the facilitators in their children's peer play. Little research has been done in this area. However, previous studies on parent involvement showed positive results including less problem behaviors from the child and progress in skills. Additionally important, such studies have shown benefits in the interactions of the child and parent and have been beneficial in parent mental health.

This study examined two parents and their involvement in learning to become play date facilitators for their children with autism. The parents were trained to implement play dates that were motivating and reinforcing to both children and required the children to play together. Results concluded that when trained, the parents were able to successfully facilitate strategies of the play date. Another positive outcome is that in these sessions the children's reciprocal interactions with peers increased.

The information in this article is important to share with parents because it shows the importance and ability of parents to become proactive in their children's interventions. Parents are needed to collaborate with and communicate with during the intervention of the child. They can help implement the intervention and can also learn valuable information about the intervention. In this way they are informed and connected to the intervention process.

Klotz, M. B., & Canter, A. (2006). *Response to intervention (RtI): A primer for parents.* **Retrieved from** http://www.nasponline.org/resources/factsheets/rtiprimer.aspx

Klotz and Canter are both PhDs and nationally certified school psychologists. This article was presented on the website of the National Association of School Psychologists.

Included are the main components of RtI, key terms, how RtI relates to special education, parent involvement, and benefits and further steps of RtI.

Specifically, for my presentation, the parent involvement information is most beneficial. Parents are encouraged to become a part of the RtI process. Parents and educators should have open communication. Additionally, becoming informed is the first way parents can be a part of the process.

Park, J. H., Alber-Morgan, S., & Fleming, C. (2011). Collaborating with parents to implement behavioral interventions for children with challenging behaviors. *Teaching Exceptional Children, 43*(3), 22-30. Retrieved from http://search.ebscohost.com /login.aspx?direct=true&db=aph&AN=57405582&site=ehost-live

Ju Hee Park is Associate Professor in the Special Education Department at Wheelock College. Sheila Alber-Morgan, of the Professional Organization for Special Education in Ohio, is an Associate Professor at The Ohio State University. Courtney Fleming, a doctorate student in the Special Education Department, at The Ohio State University, is also a member of the Professional Organization for Special Education in Ohio.

This article expresses the importance of including parents in their child's behavioral intervention. Parents spend much time with their children and understand their children most fully; accordingly, they can be valuable in implementing interventions and maintaining them in the family environment. The article first identifies the value for practitioners to build a relationship with parents. Attentively listening to parents and using parent information to plan the intervention can help to gain the parents support in implementing the intervention. Next, an explanation of why it is important to inform parents of the behavioral approach is presented. Helping parents to understand the function of the child's behavior helps them recognize why the challenging behavior exists; additionally, parents can understand their own role in the behavior.

Parents must also understand the behavior in terms of the antecedent, behavior, and consequence in order for change to occur. Once parents understand the approach, they are encouraged to help plan the behavioral intervention. Parents can provide valuable information about the child that will help in making and catering the plan to a particular child. Finally, how parents can become intervention agents is explained. Parents should be instructed on how to identify the behavior by making a clear definition of the problem then making observations and records based on this definable behavior. Additionally, parents must be trained on how to use the intervention. Training, observing, enacting the intervention, and receiving feedback are all key processes in learning the intervention. Lastly, once parents have been trained, they can introduce intervention techniques to additional family members. Keeping parents involved by recognizing the value of the family, finding ways to accommodate them, and provide supports will be beneficial in maintaining family support for the intervention.

This article is very relevant to my topic of RtI as it identifies reasons and benefits for gaining parental support. Parents can provide important information about the child. Additionally, by encouraging parents to become involved or knowledgeable about the intervention, they can further reinforce the intervention or provide additional support in the child's home environment.