Slide 1: Hello I’m Dr. Evelyn Johnson from Boise State University and here to spend the next 30 minutes or so talking with you about how to use RTI data to inform eligibility decisions.

Slide 2: For the last several years I’ve been working as a center trainer for the National Center on RTI, a 5-year technical assistance center that is funded through a cooperative agreement with the Office of Special Education Programs. I’ve worked primarily as a center trainer and as a member of their screening technical review committee, but was asked to talk on this topic today largely because of my work within the state of Idaho which recently moved to a combined RTI and comprehensive evaluation approach for SLD determination.

Slide 3: This slide shows the center’s website and if you look at the top right corner where it says “search the RTI state database,” you can look up information about each of the 50 states, guidance documents related to response to intervention and LD eligibility, and there you can link to Idaho and get a full read of our recently updated state policy changes.

Slide 4: The mission of the National Center for RTI is to help build state capacity and support for implementing RTI in local districts and schools by serving as an essential source of knowledge, expertise, and research-based information for educators, administrators, and parents. Today’s webinar fits within that mission because we’re talking about how to use RTI data at the state, local, and individual level to inform decisions about our students who may or may not have disabilities.

Slide 5: Before we get started talking about today’s specific topic, it’s important for us to all be on the same page when it comes to talking about response to intervention. So on this slide you’ll see the definition that’s in use by the National Center for RTI, which is: RTI is an integrated assessment and intervention framework that relies on multiple levels of prevention to best serve the needs of all students.

Slide 6: Now before we talk about how we actually use the RTI process within eligibility decisions, I felt it was important to revisit the purpose of RTI, and RTI has its roots in a public health model in which prevention is the primary goal. Through this perspective, it is thought that with the delivery of effective core services, the majority of students should have their educational needs met. This means that most of our resources and efforts go towards the design of effective core instruction because that will provide us with the most pay-off. It’s the most efficient use of our resources. But even with this effective core in place, there will be those students who require more intense intervention in order to be successful. And these interventions should be standardized to address common areas of need in both academics and behavior. Even with those effective tiers in place, there will be a certain number of students who require highly
specialized or highly intensive or individualized treatments. RTI was developed to maximize the efficiency of our educational system through helping us focus our efforts on building effective core and then working within this multi-level prevention system so we can meet the needs of all of our students.

Slide 7: Now as RTI has evolved over the years, it has taken on slight variations in purpose. So, arguably, there are many more than the 3 that are listed here, but in general, most schools use RTI for one of the following reasons. First as a school reform framework, and we’ve seen this mostly at the middle and high school levels. For example over the past few years I’ve had the honor of working with Dr. Laurie Smith from Cheyenne Mountain Jr. High, and she initially integrated RTI in order to address her school’s issue of having been a high performing school and then with a shift of student demographic, seeing a much larger English learning population and a marked increase in lower SES students, she realized that the methods that her teachers had been using to get good results in core instruction were no longer effective in meeting the needs of the school’s students. And so, together with her staff, they redesigned their core instruction so that they could meet those student needs and continue to be a high performing school.

Slide 8: Now in Idaho, we typically see RTI being used as an early identification and prevention model, and by that we mean that we see schools using screening and other assessment tools to identify early on students who are at-risk for poor academic and behavioral outcomes and then to have a responsive system to provide intervention to prevent those difficulties from later becoming intractable. Other states use RTI for disability determination, in which a student who is non-responsive to an intervention over a set period of time may be identified as one with a disability. Within Idaho now, we have essentially combined those latter two purposes: the early identification & prevention and disability determination so that RTI now is not the only component of our LD determination model, but it is one component. So I think it’s important before we talk about how we use that data for LD identification to first talk about what it is that we are trying to prevent when we talk about a prevention model.

Slide 9: What this slide shows is what happens when students enter school and fail to develop the skills and requirements necessary for them to become independent, successful learners. Over time, the performance gap grows because if they don’t have a strong foundation of those early skills, then they continue to be at a disadvantage as the shift from learning to read to reading to learn occurs, typically about grade 3 or 4. It has always been part of the requirements for LD identification to ensure that student’s learning difficulties are not due to a lack of appropriate instruction. What RTI helps us do is bring some formality to that process through the routine collection of data and through the employment of targeted and standardized interventions, we now have documented evidence that a student who presents with learning difficulty has been afforded appropriate instruction and intervention that has seems to work for most students. About
3 years ago Idaho was a state that used either a discrepancy model or a response to intervention approach for learning disability identification. As a state level committee charged with the task of revisiting the LD identification policy, we first decided to look at the federal definition of SLD, which is what’s on the screen in front of you now, and to consider whether the models that were currently in place, or were then in place, met the requirements of the federal definition. And as you can see her bolded 3 salient characteristics, and that is that a student has a disorder in one or more of the basic psychological process that manifests itself in an imperfect ability to listen, think, speak, read, write, spell, or to do math calculation, and that does not include learning problems that are a result of the exclusionary criteria.

Slide 10: We took those salient characteristics and created a matrix much like the one that you see on the screen in front of you now. We said here are the 3 characteristics of the LD definition that we feel we need to collect evidence if we are going to support a diagnosis of learning disabled. And so, for each characteristic, we then thought about what were the criteria that would need to be met to demonstrate that the student presented with that characteristic? So we’ll start with the middle here: the imperfect ability to learn. The student would have to demonstrate low achievement, that is the adverse impact requirement of the federal guidelines for determining whether a student has a disability and should receive special ed. services. That we can easily accomplish through our RTI data, our benchmark and our progress-monitoring data, as well as through other standardized assessment of other academic performance. Additionally we had to collect evidence to support that the child’s learning difficulty was not due to other factors. So here we had to ensure under criteria that appropriate instruction was provided, and we could again do that through RTI data. If we can demonstrate that most students were benefiting from the instruction and intervention that we were providing that would help us demonstrate that the school was providing instruction that, for most students, was effective. Then we also needed evidence that the team had considering other exclusionary factors if they were in consideration in that in that particular case, and we could do that through screening data. For example to rule out any vision or hearing problems So our RTI data helped with collecting evidence for 2 of the 3 characteristics, but the 3rd one, which was a basic disorder in the psychological process, there was no mechanism in our old state policy that allowed us to collect evidence, whether or not that was indeed a factor in the student’s learning difficulties. And so, after a review of the existing literature, we decided as a team that the student would have to demonstrate deficits in cognitive processing areas that are thought to underlie that specific academic area. And in order to do that, a comprehensive evaluation would need to be conducted on the student.

Slide 11: So in that last slide, we talked about how RTI data helped us demonstrate that a student did or did not present with 2 of these salient characteristics of the SLD definition. And so, what do we mean by RTI data? Well, we have screening data that initially helps us to identify students at-risk when we look at it at an individual level. So, if we look at the data from the individual
point of view, we can easily see through our academic or behavioral screens whether a student has met the specified cut score. When we look at that data collectively, however, we can also use it as a dashboard item, so-to-speak, of whether our core program is effective for most students. For example, if we have a low percentage of our students who are able to meet the screening cut score, meet or surpass, and we’re identifying lots of students as at-risk, then that’s an indication that we may need to revisit what is happening in our core program because it is not effective for all students. Similarly we’ll collect progress-monitoring data for students who are receiving intervention. The progress-monitoring data can be used at the individual student. For example, is this student performance demonstrating growth as a result of having received intervention? But we can also look at it collectively. If we are surveying, say, 10 students in a Tier 2 instructional program, how many of those 10 are responding to our intervention? If very few make growth, then that is an indication that we may need to revisit what is happening during that intervention time. Is the program being delivered with fidelity, is it a program which is designed to address the specific needs for which the students are being referred? Finally we’ll have outcome data that helps establish instructional program efficacy. Just like the other two types of assessment data we can use this at the individual student level: is the student meeting grade level performance standards? And we can look at it at the collective class, grade, or school level: are most of our students meeting our targeted outcomes?

Slide 12: As an SLD committee, when we adopted this model of using both RTI data along with a comprehensive evaluation, we talked for a long time about the need to have high quality standards for the RTI data. So just like standardized academic assessment needs to have certain psychometric properties, for example, high reliability, we also have to indicate whether we have a valid administration of that test so that we can have some confidence in what the student results are telling us. Because we are now using, at the state level, RTI essentially as a test of whether a student may indeed have a disability, we need to have high standards for the quality of that data. So, for example, for screening, we need to make sure the tools we select have high reliability and primarily on alternate forms, because our benchmarking and our screening tools that we use in fall, winter, and spring all purport to measure the same skill or content area at the same level, and so we need to ensure that the form that we use in the fall produces results consistent with the form we use in the winter. Another important consideration for screening data is that it has high predictive validity. So we want to ensure if we set a cut score of, let’s say 10, that students who score below 10 on our screening tool have a very high likelihood of not being successful on our outcome measure without intervention. Similarly students who score above that cut score should have a high probability of being successful on our outcome measure. Finally, we need to make sure that our RTI data is collected with fidelity, and so screening data can help us with that. As I said on our last slide, if we have a high number of students identified as at-risk on a screening instrument, then that should be an indication not that we need to provide interventions for lots of
students, but that we need to revisit our core instructional program to ensure that it is being delivered as it was intended. For progress-monitoring, we have similar standards for our data, again because progress-monitoring data assumes that we are measuring the same skill at the same level over time, and that’s what gives us our indication of growth. Our alternate forms need to be highly reliable. We also need to ensure that growth on our progress-monitoring tool is predictive of growth or improvement on our outcome measure. In other words, if I can demonstrate that a student is making gains on oral reading fluency, does that then translate to high performance on our reading outcome measure? Finally, we can use our progress-monitoring data to give us an indication of the fidelity with which our intervention program is being delivered. And again, if we have very few students who are responsive to intervention, then we need to examine whether our interventions are being provided in the manner in which they were intended and whether or not we selected interventions that are effective in meeting the needs of our at-risk population. Finally, for our outcome measures, we need to ensure that we have minimal measurement error, so that our outcome scores – those are what we judge all else in terms of student performance against - we want to make sure that there is minimal measure error so that the score that we get from students represents, as closely as possible, the student’s actual ability on that outcome measure. We want to ensure that the outcome measure is valid so that it represents the construct of interest. So for example, within our state, our state standards when compared to national standards of performance are considerably lower. So, as a state, we need to question whether a child meeting proficiency standards on our state assessment: is that good enough, so-to-speak to prepare the child to meet the demands of college or the literacy needs that a student should have upon graduating high school, and that is a question for each state to visit and consider. Finally we can examine the fidelity of our program. Again, if we have large numbers of students not meeting outcome measures, then that is an indication that we need to revisit our core instructional program.

**Slide 13:** So that is how we thought of the use of RTI data from a systems perspective, as a committee, as the SLD committee. What I thought would be helpful if I just briefly walked you through what policy actually looks like for a hypothetical case study student. Here we have Cedric, who is a 7th grade student. Cedric is a file we have used at the state level for training purposes to help clarify what the policy guidelines actually translate to for individual students. And so what this slide gives a snapshot of our state SLD eligibility form in which the multidisciplinary team is asked to document that the core program is effective for most students. And so, here you’ll see that within that section of our LD eligibility form, the team documented that the screening tool of reading maze was administered in January with a performance benchmark of 18, that 85% of the grade-level peers met that performance benchmark, whereas Cedric scored a 10 on that particular screening measure. The team also included the prior years ISAT, which is our state assessment reading outcomes, and that was administered in spring of
the year prior, with a performance benchmark of 209 and roughly 80\% of grade-level peers meeting that performance benchmark, whereas Cedric had a performance benchmark of 197, which put him at what is called a basic level.

**Slide 14:** This slide shows another snapshot of the form in which the team is asked to document the instruction and intervention that was provided to Cedric as part of his intervention program. And here you’ll see that he received core instruction along with intervention designed to addressing fluency, decoding, and comprehension. And teams are asked to document the duration, frequency, and intensity of the sessions. We’ve asked teams to do that not to burden them with more paperwork, but to ensure that the team could consistently say and honestly say that the student had been provided with appropriate instruction and intervention prior to being referred for special education evaluation. A change that will be in place for next year’s form is that we will start to ask teams to document the student-teacher ratio, so that as another indication of the intensity.

**Slide 15:** This next slide shows the progress-monitoring of the students who were receiving the Tier 2 intervention, and here you’ll see that Cedric’s performance is measured with the pink square-line, and we don’t ask teams to include this as part of the documentation, however we show it here to show that it is one of the considerations that the team should look at prior to making their determination decision, and that is: is the intervention effective for most of the students receiving it? Here we see that roughly 7 of 10 students who received a Tier 2 intervention did make growth on the maze as indicated here on their progress-monitoring graphs, whereas 3 students, of which Cedric is one, failed to respond to that intervention. This gives us some confidence that our Tier 2 program does meet the needs of a good percentage of students and that for some reason Cedric still has not responded to the instruction and intervention that has been provided to him.

**Slide 16:** This slide shows Cedric’s individual progress-monitoring graph, and this is a required component of our LD eligibility form. Here you’ll see as a state we use AIMSweb, and so this graph comes from Cedric’s AIMSweb progress-monitoring, and you’ll see that his progress is minimal and that he has failed to show any response to the intervention.

**Slide 17:** What our RTI data tells about Cedric is that even though he has been provided with generally effective core instruction, he still had not achieved grade-level performance standards. Additionally, we know that when provided with an intervention for a specified amount of time, and frequency and intensity level, where many other students were responsive, for some reason, Cedric was not responsive to that intervention. What we don’t know yet about Cedric is why he has failed, at this point, to respond to what seems to be working for a large percentage of our students. Therefore, he requires some further assessment to determine the nature, extent, and
underlying causes of his learning difficulties. Now, we have had some teachers and parents express concern that while Cedric was languishing, so-to-speak, in the Tier 2 program, couldn’t we have been providing him with services? And when an RTI system is implemented correctly, what that Tier 2 does is provide a level of services that we think is going to address that child’s learning difficulty, and in Cedric’s case, for whatever reason, that particular intervention did not address his particular learning needs. And so we know that we can’t keep him in that same program without adjustment or greater intensity or greater individualization because it hasn’t worked for him, and therefore we need to consider something else. And so in that regard our RTI process does help inform individualized instructional planning. Once the results of his comprehensive evaluation come in, we will then have a psychological processing profile that, under the guidance of a school psychologist, working with the team, should help inform his instructional planning and allow him to be successful through either continued intervention coupled with accommodations and modifications to his general programming that go beyond the services provided within a Tier 2 system.

**Slide 18:** I hope that that explanation was helpful and helped explain how one state has crafted an LD identification policy that draws on the strength of the data and the flexible system that an RTI framework allows and couples it with assessment data that help us further identify the nature of a student’s learning difficulty, so that when or if the need should arise to develop an individualized education program, we have sufficient background and performance data now to craft that plan. That concludes this presentation. We will be holding a live chat session on September 28th, the details of which will be announced on the NCRTI website so that if you have questions about this process, or how it’s been implemented within Idaho, we’ll have an hour on that day in which I can take some time and respond to your questions and comments. Thanks very much for your attention, and I look forward to chatting with you online soon.