



Transcript: What Is RTI?

Slide 1: Welcome to the webinar, “What is RTI?” My name is Winsome Waite and I am a Technical Assistance Provider for the National Center on Response to Intervention.

Slide 2: This is one of 11 webinars developed by the National Center on Response to Intervention (NCRTI). This webinar provides an overview of RTI, but there are other modules that look at the types of assessments used within an RTI framework, the stages of RTI implementation, and the essential components of RTI in more detail. Data-based decision making, which is at the heart of RTI, is embedded in many of these webinars. If you have not already done so, you may want to print out the accompanying handout.

The “What is RTI?” webinar is the first webinar in the Implementer Series. The aim is to create a shared understanding of what RTI is, as well as a shared vocabulary for discussing RTI. This webinar provides you with a basic understanding of how the Center defines RTI, key information about the four essential components of RTI, and a brief overview of implementation. On the Center’s website, you can receive additional background information by viewing other webinars, such as “Understanding Types of Assessment within an RTI Framework” and “Stages of Implementation”, and you can gather more in-depth information about the essential components: screening, progress monitoring, multi-level prevention system, and data-based decision making.

Slide 3: In this webinar you will learn more about how RTI is defined by the National Center on Response to Intervention, how to articulate the four essential components of RTI, and how to recognize considerations for implementing RTI.

Slide 4: One helpful way to check your understanding throughout this webinar is to complete the accompanying vocabulary handout. You may pause the webinar at this time to find the handout. The handout provides a table with a list of key terms on the left side. On the right side of the handout, you can track your understanding before and after viewing the webinar. Before viewing the webinar, you should make predictions of the meaning of each term. During the webinar, you can complete the column on the right, based on the definitions provided, and you can draw a picture, a sketch, or give an example. Here, you can see how we were able to clarify the meaning of primary prevention level after watching the webinar.

Slide 5: So why RTI? Research strongly suggests that effective implementation of RTI results in sustained improvements in academic performance, and decreased expulsion, behavioral referral, and suspension rates, as well as a decrease in inappropriate special education referral and placement rates.



Slide 6: So how do we define RTI at the Center? The Center has a definition for RTI that includes what the Center considers to be the essential components. Response to Intervention integrates assessment and intervention within a school-wide, multi-level prevention system to maximize student achievement and reduce behavior problems. It is important to point out that RTI is a school-wide prevention system, as opposed to a pre-referral process for special education, and that it is a multi-level system as opposed to multi-tier system. There are three levels of prevention in an RTI framework, and states, districts, and schools can have multiple tiers within each of those three levels of instruction in order to provide students with multiple opportunities of intensity or support.

Slide 7: RTI can be further defined through its essential components. The first component involves schools identifying students at risk for poor learning outcomes. We commonly refer to this process as universal screening. The second component involves progress monitoring. The third component relates to providing evidence-based interventions based on a student's responsiveness to instruction and intervention. It is not merely the delivery of interventions that is important, but that there is a multi-level prevention system in which students are provided with access to increasingly intense levels of instruction and interventions in multiple tiers, depending on their needs. The final component involves systematic, data-based decision making, where data from screening and progress monitoring is used to adjust the intensity and nature of interventions based on student responsiveness.

Some people mistakenly believe that RTI involves only special education. It is important to remember that RTI is a school-wide, multi-level prevention system that results in data. This data is then used as part of the determination process for identifying students with specific learning disabilities or other disabilities in accordance with your state law.

Slide 8: Now let's look at RTI's essential components in more depth. The four components are screening, progress monitoring, school-wide multi-level prevention system, and data-based decision making. Screening is a system that is used to identify students at risk for poor learning outcomes. Screening is done at least twice a year, although it is recommended that universal screening takes place three times per year. Progress monitoring is a system that is used to monitor the effectiveness of the supports provided to students. We will talk more about progress monitoring later in this webinar. The school-wide, multi-level prevention system involves at least three increasingly intense levels of instructional support. The primary level of prevention is core instruction and curriculum. The secondary level of prevention is delivered in addition to the primary level of prevention, and it provides more targeted supports based on student need. The tertiary level of prevention involves interventions that are more individualized and intensive than secondary interventions. With data-based decision making, RTI data is used for making many types of decisions including four key areas: instruction, evaluation, movement within the multi-



level system, and disability identification. In the first area—instruction—RTI data is used to determine which students need assistance, the type of instruction or assistance they require, and the duration and intensity of that instruction. In the second area—evaluation—RTI data is used to evaluate the effectiveness of the core curriculum and the different interventions. In the third area—movement within the multi-level system—RTI data is used to determine how students are responding to their current intervention, and when they should be moved to a more or less intense intervention. In the fourth area—disability identification—RTI data is used to determine how a student compares to their peers, whether a student has received appropriate instruction, and if a student needs to be referred for a special education evaluation. This is decided, of course, in accordance with the state law or the law of the specific state in which you work.

Slide 9: The Center has developed this graphic to highlight the RTI framework. Many of you probably associate the red, green, and yellow triangle with RTI. In reality, however, the triangle does not represent the RTI framework; it only represents one component - the multi-level prevention system. The Center graphic takes into account all of RTI’s essential components. Most importantly, it also takes into account the use of data to make decisions – something that is often absent from the triangle itself.

If you look to the left, you see screening; to the far right, progress monitoring; and at the bottom, you see the multi-level prevention system. These three outer components require data-based decision making, and this is why the arrows travel in both directions. If these three components are in place, but data decision making is absent, then RTI is technically not being implemented.

In the center ring, you will see the phrase “culturally responsive,” meaning that the screening tools, progress monitoring tools, core instruction, interventions, and data-based decision making procedures should be culturally responsive. In the same ring, you will notice the phrase “evidence-based,” meaning that all components are evidence based. If these components are implemented through a cohesive model, it is expected that student outcomes will improve. I’m now going to talk about each of these essential components in a little more detail.

Slide 10: The first component is screening.

Slide 11: The purpose of screening is to identify those students who are at risk for poor learning outcomes. Because RTI is a framework for providing service, the outcomes you are concerned with could be anything, from academic achievement or student behavior to graduation or post school outcomes. Sites, state, district, and schools, typically identify what outcomes students are expected to achieve, and then screen to see which students are not likely to achieve those outcomes. Screening can be used to answer two key questions: Is our core curriculum and instruction effective? Which students need additional assessment and instruction?



If the desired outcome is graduation, for example, a quick screen for attendance and credits—key predictors of graduation—can reveal which students are not likely to meet the requirements of graduation and might need additional support. If the desired outcome is mastery on end-of-year tests, student performance measures, such as curriculum-based measures (CBMs), can reveal which students are not likely to pass the test and need additional support.

RTI screening focuses on all students, and not just those we believe may be at risk. Students may slip through the cracks unless there is a systematic process for screening in place. Screening is not a diagnostic test. It is a brief, reliable, and valid assessment to identify which students may need additional assessments, such as progress monitoring or diagnostic assessments, or additional instructional support. The tools should demonstrate diagnostic accuracy for predicting learning or behavioral outcomes. In other words, it should be able to accurately identify who could be at risk for poor learning outcomes.

Screening should be administered more than once per year, for example, at the beginning and in the middle of the year. Schools and districts that wish to use screening data to evaluate program effectiveness, to establish local norms or cut scores, and to provide data to the next year teacher typically choose to administer the screening assessment three times per year (in fall, winter, and spring), and should select a screening tool that provides alternative forms and multiple benchmarks.

Slide 12: The Center has developed a screening tools chart that can be accessed through our website: www.rti4success.org. A more in-depth look at the columns, which include indicators of valid tools and efficiency factors to consider, as well as the user’s guide and glossary of terms, will be presented in the “What is Screening” webinar. The chart does not recommend tools, but it does provide users with a “consumer report” on the tools that are available.

Slide 13: RTI’s second essential component is progress monitoring.

Slide 14: The purpose of progress monitoring is to monitor students’ response to primary, secondary, and tertiary instruction. Progress monitoring data can be used to: 1) estimate the rates of improvement, which allows for comparison with peers; 2) identify students who are not demonstrating or making adequate progress so that instructional changes can be made; and 3) compare the efficiency of different forms of instruction – in other words, identify the instructional approach or the intervention that leads to the greatest growth among students. Progress monitoring also answers questions such as: Are students meeting short- and long-term performance goals? Are students making progress at an acceptable rate? Does the instruction need to be adjusted or changed?



Progress monitoring is not just for students who have been identified as needing supplemental instruction. RTI's focus is on students who have been identified through screening as at risk for poor learning outcomes, and this could include students just above the cut score as well as those students scoring below the cutoff score.

Progress monitoring tools, just like screening tools, should be brief, valid, reliable, and evidence based. Common progress monitoring tools include general outcome measurements, including CBMs and mastery measures.

The time frame for progress monitoring assessment is dependent on the tools being used and the typical rate of growth for a student, and progress monitoring can be used any time throughout the school year. With progress monitoring, students are assessed at regular intervals (such as, weekly, biweekly, or monthly) in order to produce accurate and meaningful results that teachers can use to quantify short- and long-term student gains toward end-of-year goals. Progress monitoring tools should be administered at least monthly, although more frequent data collection is recommended given the amount of data that is needed for making decisions with confidence (somewhere between six to nine data points for most tools). With progress monitoring, teachers establish long-term (i.e., end-of-year) goals that indicate the level of proficiency students should demonstrate by the end of the school year.

Slide 15: As with screening, the Center has developed a progress monitoring tools chart that can be accessed through the website at www.rti4success.org.

Slide 16: The third essential component is a school-wide, multi-level prevention system. This means providing preventive instruction for all students, rather than merely providing a series of interventions for some students. This instructional system is also designed to be preventive, meaning that instructional supports are put in place before a child fails. It is important to remember that we are not trying to prevent special education. Instead, we view special education as another level of support that is designed to prevent general school failure.

Slide 17: When many people think of RTI, they imagine this triangle. The triangle represents the three levels of prevention and the percentage of students that would be expected to benefit from these levels of prevention in an effective system. The first, or the primary level, is indicated in green. It is expected that at least 80 percent of students should benefit from differentiated instruction within the core instruction at the primary level.

The next level, or secondary level, is supplemental to the primary level. It is expected that about 10 to 15 percent of students will need supplemental, small group instruction to benefit from core instruction and curriculum.



The top level, or tertiary level, includes more specialized, individualized systems for students with intensive needs. It typically involves small group instruction of 1 to 3 students who are significantly behind their peers. It is expected that about 5 percent of students will need this level of intensive support.

If fewer than 80 percent of students are benefiting from the primary prevention system, schools may consider focusing school improvement efforts on improving core instruction and curriculum. If there is a large percentage of students in the secondary or tertiary level, schools may consider implementing large group instructional activities and system changes within the primary level in order to reduce the number of students requiring the various levels of additional support. Let's talk now about the three levels of prevention in more detail.

Slide 18: The primary level. The primary level of prevention focuses on all students. The instruction is the district's core curriculum and instructional practices that are research based, aligned with state or district standards, and that incorporate differentiated instruction. Instruction is delivered within the general education classroom. The assessments administered within the primary level of prevention are screening, continuous progress monitoring, and outcome measures. School-based professional development is institutionalized and structured so that all teachers continuously examine, reflect upon, and improve their instructional practice.

Slide 19: The secondary level. The secondary level of prevention focuses on students identified through screening as at risk for poor learning outcomes. The instruction is targeted, evidence-based interventions that are supplemental to primary instruction, and are closely aligned and complementary to the core instruction. Instruction is typically delivered within the general education classroom or other general education locations within the school to small groups of students, where the group size is optimal for the age and needs of the student. Procedures are in place to monitor the fidelity of the implementation of this secondary level intervention. The assessments administered within the secondary level of prevention are progress monitoring and, if necessary, diagnostic measures.

Slide 20: The tertiary level of prevention focuses on students who have not responded to primary or secondary levels of prevention. The instruction is evidence-based, intensive interventions, which are continuously adjusted and individualized to address the needs of each student. Decisions regarding student participation in tertiary levels of prevention are made on a case-by-case basis, according to student need, and tertiary level interventions address the general education curriculum in an appropriate manner for students. It is typically delivered within the general education classroom or other general education locations within the school, to a small group of students or to individuals. Procedures are in place to monitor the fidelity of implementation of the tertiary level interventions. The assessments administered within the tertiary level of prevention are progress monitoring and diagnostic measures.



Slide 21: Let's look now at how we can use data to change intensity and the nature of instruction when needed. Data should guide decisions about changing the level of support needed for students to be successful. This change can either be an increase or decrease in the intensity of the instruction. In cases where students are responding, teams may consider decreasing the intensity. In cases where students are not responding or making adequate progress, teams may consider increasing the intensity.

There are five main approaches to changing the intensity of an intervention. The first is to change or supplement the instruction itself. In cases where the current intervention is believed to be ineffective for the student, the team may consider selecting a different intervention, although this may not always be necessary. If the data indicate that a student is making some progress, but not necessarily adequate progress, the data-based decision making team may decide to change the intensity of support by manipulating one or more factors of the intervention, or by adding additional instructional strategies to supplement the existing intervention. The second approach to changing the intensity of an intervention is to increase or decrease the duration of the intervention, or to increase or decrease the amount of time the student receives the intervention for on each occasion. The third approach is to increase or decrease the number of times a student participates in the intervention. For example, the delivery of the intervention may increase from three to five times a week, or the number of interventions that a student receives per day may change. The fourth approach is to modify the intensity by changing the interventionist. Some schools use paraeducators or paraprofessionals to deliver supplemental interventions. The intensity of the intervention may be changed by using a content specialist (for example, a reading specialist, speech therapist, or other specialist) to deliver the intervention instead. The final way to modify the intensity is to increase or decrease the number of students participating in the intervention. For example, the team may consider reducing the group size from five to two in order to provide the students with more direct or individualized instruction and opportunities. So, in summary, there are five main approaches to changing the intensity of an intervention: 1) changing the intervention itself, 2) changing the duration of the intervention, 3) changing the frequency of intervention, 4) changing the interventionist, and 5) changing the group size.

Slide 22: In 2010, the Center released its Instructional Intervention Tools Chart to help users to determine the effectiveness of interventions used in secondary prevention systems. This tools chart can be found on the Center's website, at www.rti4success.org. This is also discussed further in the Selecting Evidence-based Practices Webinar.

Slide 23: The fourth essential component of an RTI framework is data-based decision making.

Slide 24: In a comprehensive RTI framework, data analysis occurs at all levels of RTI implementation, not just at the student level. For example, states may use RTI data to establish policy and guidance, and to allocate resources. Districts may use data to evaluate the



effectiveness of RTI, establish policies and procedures, and allocate or reallocate resources. Schools may use data to evaluate the effectiveness of their overall framework and the essential components, assess alignment among grade levels, and allocate or reallocate resources. Grade-level teams may use data to evaluate core curriculum and instruction, identify students for secondary and tertiary instruction, and reallocate or allocate resources.

Data analysis and decision making occur in all levels of prevention. In primary prevention, the data is used to determine the effectiveness of the core curriculum and instruction. With secondary and tertiary prevention, the data is used to inform student-level decisions, and to determine how well particular interventions work for the majority of students in the secondary or tertiary levels.

Districts and schools should have established routines and procedures, ideally in writing, for making these decisions. Written procedures increase fidelity of the data-based decision making process. They also ensure equity of resources among students, classes, and schools, and they help to train new teachers more efficiently. Teams should follow pre-established routines and procedures for making decisions. For example, data teams should meet regularly, such as monthly or bi-monthly, to systematically review data.

Districts or schools should also establish explicit decision rules for assessing student progress. This includes establishing rules for goal-setting procedures, changing instruction or interventions, referring students to special programs, and moving students to more or less intensive levels.

Schools can also use data to compare and contrast the adequacy of the core curriculum and the effectiveness of different instructional and behavioral strategies at all levels of implementation.

Slide 25: Common data-based decision making includes decisions around instruction, evaluating the effectiveness of interventions, determining movement within the multi-level prevention system, and disability identification in accordance with state law. These are the most common types of decisions schools make. So how effective is the instruction? What instructional changes need to be made? Is the core curriculum effective for most students? Is one intervention more effective than another intervention? How do we know when a student no longer needs secondary prevention or should move from secondary prevention to tertiary? How do we know if the student should be referred and is eligible for disability identification? Decisions about disability identification again should be made in accordance with your state law.

It is important that these decision rules are outlined prior to the implementation of your RTI framework and are well thought out and research based.



Slide 26: IDEA 2004 states that, to ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the group must consider, as part of the evaluation, data that demonstrate that prior to, or as a part of, the referral process, the child was provided with appropriate instruction in regular education settings delivered by qualified personnel. In addition, data-based documentation of repeated assessments of achievement at reasonable intervals should be completed to reflect a formal assessment of student progress during instruction, and this should be provided to the child's parents.

Slide 27: So in review, there are four essential components of RTI: 1) Screening, or how to identify which students are at risk and need additional assessment and instruction; 2) Progress Monitoring, or how to monitor whether students are responding to the instruction and supports we provide; 3) A Multi-Level Prevention System, or how to provide increasingly intense levels of supports to meet student needs; and 4) Data-Based Decision Making, or how to use data from those particular components to make decisions about student supports and program effectiveness. As a reminder, data-based decision making is also involved in the other three components and is essential for the RTI framework.

Slide 28: Implementation of RTI can be quite difficult, and it will most likely take multiple years to achieve full implementation. NCRTI recommends that you select and implement evidence-based practices and procedures. The tools charts available through the Center can help you do that. Again, we have a screening tools chart, a progress monitoring tools chart, and an instruction tools chart available right on our website.

You should also implement the essential components and identified framework with integrity. It's not enough to deliver the core instruction and interventions with integrity; you also must ensure that the screening and progress monitoring assessments are administered consistently, and that data-based decision making procedures are implemented with integrity.

It is important to ensure that cultural and linguistic and socioeconomic factors are reflected in the RTI framework and its components. District and schools teams should continually evaluate the efficacy of the model, and the components of the model, for the diverse populations that they serve. On the tools charts, there is a column that provides information about how these particular tools have been used with different groups.

Slide 29: Thank you for taking the time to listen to "What is RTI?" To find more resources on this topic or to view other webinars in the implementer series, visit our website, at www.rti4success.org. You can also view additional information from the RTI Action Network and the IDEA Partnership.



Slide 30: No speech