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Is Response-to-Intervention Good Policy for Specific Learning Disability?

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Abstract

The reauthorized Individuals with Disabilities Education Improvement Act (IDEA, 2004) established new provisions for specific learning disability (SLD) identification, including: (a) no longer requiring consideration of IQ-achievement discrepancy, and (b) permitting response-to-intervention (RTI) as part of SLD evaluation procedures. We discuss several policy implications of these new regulations by considering the original construct of SLD, the still “experimental” status and implementation of RTI, the closer alignment of RTI objectives with No Child Left Behind (NCLB, 2001) than former IDEA regulations, and the shift in focus from serving as a special education *identification* procedure to a general education *instructional* procedure. We conclude by proposing several recommendations for the appropriate inclusion of both RTI and psychometric evaluation within the continuum of SLD identification procedures.

The reauthorized Individuals with Disabilities Education Act (IDEA, 2004) included new provisions for the areas of transition, progress monitoring, and school district transfers. None, however, had more profound implications than the new regulations related to the identification of specific learning disabilities (SLD). Although seemingly offering a positive step in the longstanding problem of SLD identification, the suggested regulations appear more concerned with adequate instruction than accurate SLD identification. The purpose of this paper is to outline policy implications surrounding the new regulations concerning SLD identification.

Regulations for SLD Identification

More than 30 years ago, the then U. S. Office of Education (1977), in an effort to assist states, formalized severe discrepancy as the primary criterion for SLD identification which has been maintained until only recently (Kavale, 2002). With identification procedures formally implemented, the SLD population witnessed unprecedented growth (about 200% since 1975) to where it now represents over 50% of the special education population and over 5% of all students in school. This unparalleled growth has created concern about overidentification and an unequal distribution of SLD across settings (e.g., Reschly & Hosp, 2004). A primary difficulty appears to be the lack of consistency in the way SLD identification procedures have been implemented (Ahearn, 2003; Johnson, Mellard, & Byrd, 2006). The inconsistency has been exacerbated by misclassification, particularly for students with mild mental retardation (MMR) (MacMillan, Siperstein, & Gresham, 1996), and the overgeneralization of the SLD construct in order to provide special education services for students experiencing *any* academic failure (Wong, 1986).

The enduring problems associated with SLD identification have been discussed in reports (e.g., Lyon, Fletcher, S. Shaywitz, B. Shaywitz, Wood, Schulte, et al., 2001; Donovan & Cross,

2002) which led to the *LD Initiative*, a “process intended to bring researchers, professional organizations, advocacy groups, and other stakeholders to a consensus regarding the identification and implementation of improved procedures for LD identification” (Bradley, Danielson, & Doolittle, 2005, p. 485). A subsequent *LD Summit* reached consensus on the following: (a) the validity of the SLD construct, (b) the long-standing ability-achievement discrepancy was neither necessary nor sufficient for SLD identification, and (c) response to quality intervention appears to be a promising alternative for enhancing SLD identification (Bradley, Danielson, & Hallahan, 2002). These recommendations were incorporated into the reauthorization of IDEA (2004), which indicated that

a) when determining whether a child has a specific learning disability...local educational agency shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability, and b) In determining whether a child has a specific learning disability, a local educational agency may use a process that determines if the child responds to scientific, research-based intervention as part of the evaluation procedures. (P.L. 108- 446 614(b)(6)(A and B)

The second provision has come to be termed Response-to-Intervention (RTI) whose core concepts include (a) the systematic application of high-quality scientific, research based interventions, (b) measurement of student response in terms of level of performance and learning rate, and (c) use of data to inform instructional decisions (Mellard, 2004). To assist implementation of RTI procedures, the National Research Center on Learning Disabilities (NRCLD) was established to answer the following questions: (a) How is RTI used in the process of SLD identification? and (b) Does RTI enhance SLD identification? (D. Fuchs, Deshler, & Reschly, 2004). Vaughn and L. Fuchs (2003) also suggested that RTI offered the possibility of

“redefining” SLD because it permits: (a) identifying students with a risk rather than a deficit model, (b) the potential for more valid early identification, (c) possible reduction of identification bias (i.e., greater probability that those with greatest academic needs are identified) and, (d) the alignment of identification with instruction.

Discrepancy Regulations

The discrepancy concept originated in Bateman’s (1965) SLD definition and was incorporated in federal regulations in 1977. As the “imperial criterion” (Mather & Healey, 1990), discrepancy was ascendant until about 1995 when its applicability for SLD identification began to be questioned (e.g., Aaron, 1997; Stanovich, 2005; Sternberg & Grigorenko, 2002). After much debate, the *LD Summit* consensus statement concluded that “IQ/achievement discrepancy is neither necessary nor sufficient for identifying individuals with SLD” (Bradley et al., 2002, p.796).

Discrepancy was criticized primarily for not providing reliable and valid information. When analyzed critically, however, the discrepancy criterion was found to be psychometrically defensible (Kavale, 2002). In reality, discrepancy determination is probably no better or worse than any other measurement activity in special education. Hence, the *LD Summit* report also included one minority opinion, which stated, “Aptitude/achievement discrepancy is an appropriate marker of SLD” (Bradley et al., 2002, p. 796). The primary problem with discrepancy is not psychometric but rather the lack of rigor in its implementation (MacMillan & Siperstein, 2002). Up to 50% of SLD populations have been found to *not* meet the required discrepancy criterion (Kavale & Reese, 1992). When the single stipulated criterion is not met, it seems reasonable to ask: Why was a student who did not meet the mandatory discrepancy criterion certified as SLD?

Efforts to exclude discrepancy were partially predicated upon questions about the validity and relevance of using IQ tests in SLD identification that began with Siegel's (1989) critique (see also Pasternack, 2002). In reality, arguments against IQ tests possess little justification (see Gottfredson, 1997). With the correlation between IQ and reading achievement ranging from .30 to .80, the predictive validity of IQ tests appears supported. By accounting for about 50% of the variance in achievement, it appears untenable to argue that IQ scores impose limits on academic performance (Siegel, 1999) or that a low IQ *causes* SLD (Stanovitch, 1999).

When examined critically, arguments against the use of discrepancy criterion appear conjectural and unsupported (see Kavale, 2005). For example, one objection suggests that the academic performance of students demonstrating a discrepancy does not differ from that demonstrated by students without a discrepancy (i.e., Stuebing, Fletcher, LeDoux, Lyon, Shaywitz, & Shawitz, 2002). The difficulty lies in the assumption that discrepancy per se has any relation to academic performance. Students with or without a discrepancy can, in fact, demonstrate equivalent (low) academic achievement levels.

The presence of a discrepancy (i.e., difference between expected and actual achievement) signifies the presence of an academic performance level far lower than anticipated. A low achievement level relative to ability (i.e., underachievement) is one of the basic markers defining SLD (Keogh, 1994). Low achievement can only be deemed unexpected when there is insight into what achievement level might be expected, which is most efficiently obtained with a cognitive ability measure (e.g., IQ assessment).

When placed in proper context, discrepancy defines the concept of *underachievement* (Thorndike, 1963). Since discrepancy is the operational definition of underachievement, not

SLD, meeting this single criterion provides only a necessary benchmark and only the possibility of attaining SLD status (Kavale & Forness, 2000).

Although there has been a desire to eliminate the discrepancy criterion from SLD identification procedures, new regulations permit its continued use. Consequently, there have been suggested modifications of the discrepancy concept which eliminates ability-achievement discrepancy and replaces it with alternative (but inappropriate) forms: *relative discrepancy* whereby SLD determination depends on the level of individual student performance compared to other students in a particular school, and an *absolute low-achievement discrepancy* whereby a specified level of below-average academic performance leads to SLD designation (Peterson & Shinn, 2002). These efforts to confound the discrepancy concept all fail to identify the construct of underachievement and simply document low achievement (see Fletcher, Denton, & Francis, 2005). The underachievement status of a student with its implications about unexpected and unexplained learning failure remains unknown as well as the validity of any subsequent SLD classification. Keeping the discrepancy criterion was a positive step but must not be undermined by variant forms of discrepancy that attempt to replace its original interpretation.

Response to Intervention Regulation

The central feature of RTI is intervention directed at students not achieving at a rate commensurate with peers. The core concepts of RTI include: (a) use of scientific, research-based interventions in general education, (b) measurement of student response to the intervention, and (c) use of response data to modify the type, frequency, and intensity of intervention. Presently, there is no universally accepted RTI model but most include variations of a three-tiered approach where: (a) Tier 1 is high-quality instruction provided for all students in general education, (b) Tier 2 is small-group tutoring for students (perhaps 3 - 6) whose performance and rate of

progress continues to lag behind peers, and (c) Tier 3 provides intensive individualized interventions in special education and initiation of processes to determine special education eligibility. Reschly (2005) suggested the possibility of a fourth tier:

Nearly all agree that the first tier is general education and the final tier is special education. The question is whether there are one or two tiers between the end points on this continuum. The argument for four tiers is that both small-group (Tier 2) and individualized interventions (Tier 3) should be attempted prior to determination of special education eligibility. (p. 511)

The RTI process can be conceptualized within two frameworks. Standard protocol refers to an approach where “RTI requires use of the same empirically validated treatment for all children with similar problems in a given domain” (Fuchs, Mock, Morgan, & Young, 2003, p. 166). Vaughn, Linan-Thompson, and Hickman (2003) provided an example of a standard protocol approach for reading disability (RD)/SLD identification. The problem solving approach refers to a process where, “solutions to instructional and behavioral problems are induced by evaluating students’ responses to a four-stage process comprising problem identification, problem analysis, plan implementation, and problem evaluation” (D. Fuchs et al., 2003, p. 160). An example of the problem solving approach is found in the Minneapolis Model (see Marston, Muyskens, Lau, & Canter, 2003). Additionally, Hollenbeck (2007) described a mixed model which

maintains a problem solving emphasis in tiers one and two, with high accountability standards across general education, while at the same time utilizing standardized interventions, often selected based on assessment outcomes to meet the needs of particular types of learners. (p. 140)

This combined model is exemplified in the Heartland Model (see Grimes & Kurns, 2003).

It is important to note that RTI remains an “experimental” process and more research is necessary. As Gallaher (2006) suggested, “the new course of action should include serious attempts to collect information on the outcomes of the proposed actions” (p. 288). For example, Mastropieri and Scruggs (2005) posed a number of questions related to issues surrounding “the efficacy, reliability, validity, and utility of RTI” (p. 530). Similarly, Batsche, Kavale, and Kovaleski (2006) answered questions about the basic premise of RTI, the research base for RTI, implications for the construct of SLD, and the impact of RTI on the general and special education systems. L. Fuchs (2003) focused on conceptual and technical issues surrounding the assessment component of RTI, while Gerber (2005) demonstrated that the professional development costs of implementing RTI are enormous (over \$2 billion). Perhaps the most important question surrounds the ability to implement RTI on a large-scale basis (Denton, Vaughn, & Fletcher, 2003): “Has RTI and its component features been sufficiently demonstrated in research, including examining the effects of bringing these procedures to scale, to warrant widespread adoption at this time?” (Batsche, Kavale, & Kovaleski, 2006, p. 10).

Additional concerns center on the fact that the effects and outcomes of RTI differ across grade levels and among individuals. O’Connor, Fulmer, Harty, and Bell (2005) demonstrated that although RTI approaches may effectively reduce the number of referrals for special education in early primary grades, the increasing complexity of words and the expanding range of text in intermediate grades may cause referral rates to rise. Furthermore, O’Conner et al. observed the following pattern:

Other students—with the assistance offered through Layer 2 [small-group instruction]—were able to keep up with their peers when reading generally consisted of one-syllable

works. Because they caught up, we released them from Layer 2, only to catch them again as words became commonly multisyllabic and they needed specific strategies for reading these kinds of words. (p. 452)

Consequently, the question persists, what should be done about students who reach average range for a short period of time (as a result of intervention), but fall behind again when support is removed or reading tasks becomes more complex? (O'Connor et al., 2005; see also O'Connor, Harty, & Fulmer, 2005).

Although insights are emerging from the RTI research base, answers to many questions are uncertain. Hollenbeck (2007) concluded that, “review of literature reveals there is currently more unknown than known about the [RTI] construct” (p. 144). Although RTI has potential benefits (e.g., Vaughn & Fuchs, 2003), Hollenbeck (2007) warned that the “benefits described across RTI literature are advantages that cannot be assumed without implementation” (p. 140). D. Fuchs and Deshler (2007) warned against accepting a “‘we-know-all-we-need-to-know’ message about RTI implementation” (p. 129), and then suggested, “it is untrue and misleading to claim that we currently have a necessary and sufficient knowledge base to guide the implementation of RTI” (p. 134). Scruggs and Mastropieri (2006) indicated that, “at present, the RTI procedure is not at all clearly defined, and clear obvious models or standards to apply are few . . . especially compared to the expansive claims being made for the procedures” (pp. 63-64). Thus, discussions of RTI need to be tempered by the fact that the knowledge base, although expanding, remains incomplete (DLD, 2007).

IDEA Versus NCLB

Since 1975, the most important federal education law relating to the education of children with disabilities has been the Individuals with Disabilities Education Act (IDEA, 1990, 1997,

formerly the Education for All Handicapped Children Act, 1975). Since 2001, the education of all school children has been significantly influenced by the No Child Left Behind Act (NCLB, Public Law 107-110). Although IDEA focuses on the *individual* child with an emphasis on *specialized* services for children with disabilities, NCLB seeks to improve the education of every student attending school (Cortiella, 2006). While it seems that special education policy should be guided primarily by IDEA, the provisions outlined for RTI appear more aligned with NCLB (Hardman, 2006). The alignment of RTI with NCLB seems to have produced some positive results (e.g., increased emphasis on the use of scientifically validated interventions), but also seems to have negative implications for special education policy. Specifically, by aligning more closely with NCLB rather than IDEA, RTI has: (a) shifted focus from the individual to the group, (b) prompted a departure from the original construct of SLD found in IDEA, and (c) reallocated special education funds to provide general education instruction.

Under NCLB regulations, states are accountable and responsible for ensuring schools make adequate yearly progress (AYP). AYP is an individual state's measure of progress toward meeting the goal of 100% of children achieving state academic standards in at least reading/language arts and math by 2014. Each state is required to develop and implement measurements to determine AYP and report data for subgroups disaggregated by gender, race/ethnicity, poverty level, English-language proficiency and disability status, with the assurance of at least 95% student participation in assessment programs by subgroup. Schools failing to make AYP two consecutive years or more are considered *in need of improvement* and are required to submit a turn-around plan. Schools failing to turn-around are subject to corrective action and restructuring, including a take over or complete reorganization of the school (U.S. Department of Education, 2004).

Given the high stakes attached to school success—predicated on the collective success of all students—it is not surprising to find increased attention being directed at significantly low-achieving (SLA) students. Although SLA students have traditionally been excluded from special education (i.e., there is no SLA classification defined in IDEA), RTI seems to seek their inclusion in special education by promptly classifying them with an SLD label if they fail to respond to instruction. Hence, it is less than coincidental that RTI—with provisions for finding SLA students eligible for special education services and supports—gained prominence in the wake of NCLB with its emphasis on accountability and AYP.

Despite incompatibility with the SLD federal definition, there is a clear motivation for local education agencies to establish RTI as the gateway for classifying SLA students as SLD. First, SLA students would be eligible to receive additional services, supports, and accommodations through special education that would otherwise not be available to them. Second, SLA students classified as SLD could be reported in school AYP reports based on their “disability” status. Although all students—including those receiving special education services—must participate in state assessment programs, NCLB provisions allow states to define alternative academic achievement standards for students with disabilities and more specifically, are permitted to include alternative assessment results to demonstrate AYP.

However, while it may be advantageous to provide students failing to respond to instruction special education services and the potential opportunity to participate in alternative forms of assessment, it is not consonant with either the intent of special education or the conception of SLD defined in IDEA.

Although problems with the SLD definition persist (Kavale & Forness, 2000), it, nevertheless, connotes a singular and particular condition wherein SLA represents a self-evident

fact. The SLD construct includes a number of critical markers which RTI cannot validate. For example, RTI cannot reveal the presence or absence of underachievement. Hence, the SLA demonstrated can be deemed neither unexpected nor unexplained which is a necessary but not sufficient condition for attaining SLD status. If a student cannot be deemed an underachiever (i.e., experiencing unexpected learning failure), then, at least, a portion of the SLA group might fit the parameters of what has historically been termed the “slow learner” (SL; i.e., a student with an IQ level between about 70 and 85). Approximately 14% of the school population may be deemed SL, but, instead of demonstrating unexpected learning failure, simply demonstrate an achievement level consonant with IQ. Although NCLB makes such low achievement problematic, special education should not arbitrarily provide SLD as “a tempting target for [the] goal of creating a category for children experiencing academic failure, who, without additional instruction, might be ‘left behind’” (Kavale, Kauffman, Naglieri, & Hale, 2005, p. 21).

The RTI process offers no mechanism for differentiating between expected and unexpected learning failure, which is the purpose of the discrepancy criterion. Hence, with only an RTI criterion, students with low IQs might now be included when, “An SLD group, by definition, does not function in the low average to borderline IQ range” (Kavale, 2005, p. 556). As the discrepancy criterion continues to be ignored and RTI emphasized, the SLD concept will be flipped on its head by incorporating any student with SLA failing respond. Inevitably, SLD will lose its identity and a situation will be created in which “the logical relation shifts from *All students with SLD have learning problems* to *All students with learning problems have SLD*” (Kavale, 2005, p. 554).

In addition to shifting the SLD construct to now include SLA students, RTI by its very nature, homogenizes the separate conditions of RD and SLD, since RTI has “focused almost

exclusively on reading achievement, the SLD concept has essentially morphed into reading disability” (Kavale et al., in press). Though reading problems are often associated with SLD, “LD is not a simile for RD, but an independent entity that must be described in its own right” (Kavale & Forness, 1995, p.12). Consequently, it seems apparent that RTI is more aligned with NCLB’s *Putting Reading First* theme (see U.S. Department of Education, 2004, Executive Summary) than with IDEA regulations.

Another indication of greater alignment with NCLB than IDEA is found in RTI’s emphasis on the group rather than the individual. The group emphasis runs counter to the purpose of special education: “A distinctive feature of special education is that it is designed to meet the unique needs of a group or category of children” (Kaufman & Lewis, 1999, p. 22). Although NCLB is primarily concerned with states ensuring district and school level success, the centerpiece of IDEA is an emphasis on the success of the individual (Yell, Rogers, & Rogers, 1998). Although IDEA demands individualization and special instruction (i.e., adapted to unique learning needs), NCLB clearly emphasizes a “one-size-fits-all” approach to instruction and assessment in a general education context based on state standards (Johns, 2003a). Hardman (2006) explained, “Establishing content standards for students with disabilities at the state level is inconsistent with the concept of individualization” (p. 6).

Perhaps the most ominous policy implication of RTI alignment with NCLB is the reallocation of special education resources to fund general education instruction. In addition to permitting the implementation of RTI despite its “experimental” status, IDEA (2004) created the option for LEAs to use up to 15% of IDEA Part B funds for “early intervening services [RTI] . . . for students . . . *who have not been identified as needing special education or related services* [italics added] but who need additional academic and behavior support to succeed in a general

education classroom” (P. L. 108-446 613(f)(1)). Apart from acknowledging the conspicuous alignment of RTI with NCLB, it seems paradoxical that special education laws and policies support the use of special education funds for *non-special education* purposes. As Johns (2003a) explained, “this is one Congressional answer to the great pressures being put on local schools (and on Congress) by No Child Left Behind” (p. 1). Furthermore, as there is no data indicating that the overall number of students needing special education and related services is decreasing, the significant reduction in special education funds presents an ominous direction for the future of special education.

Discussing attempts to align IDEA with NCLB, Johns (2003b) stated, “The impossibility of aligning these two laws when they are diametrically opposed should be apparent” (p. 1). Hence, with IDEA traditionally focusing on the individual and specialized instruction, and NCLB emphasizing the group and over-all school improvement, RTI does not seem to align with both. When analyzed critically, RTI appears to represent a shift away from prior reauthorizations of IDEA and toward greater association with NCLB (Hardman, 2006; Johns, 2004). The alignment of RTI with NCLB and the incorporation of these emerging processes in the latest reauthorization of IDEA (2004) has not only moved resources away from enhancing special education for students with disabilities, but has moved special education away from its primary intent and SLD from its original conceptualization.

General Versus Special Education

With NCLB being a major influence, RTI moves beyond an exclusive special education focus to one where it serves “as a systematic, multi-tiered approach to helping *all* students achieve school success” (School Social Work Association of America, 2006, p. 1, italics added). Although ostensibly “focused on a more efficient and effective process for determining specific

learning disability eligibility” (Bradley, Danielson, & Doolittle, 2005, p. 485), special education administrators appear to view RTI as a means to “engage the general education community in conversations and strategies to provide knowledge and technical assistance to help implement this successful approach [RTI] to teaching all children, including student with disabilities” (National Association of State Directors of Special Education (NASDSE) and Council of Administrators of Special Education (CASE), 2006, p. 1). Any doubt about the general education focus of RTI vanishes when the NASDE/CASE (2006) statement is viewed as “a call from the special education community to join together to commit to a uniform system of education, where RTI plays a key role in identifying and working with struggling learners in any setting...” (p. 2).

Although a uniform system of education may be a laudatory goal, the original purpose of RTI as a means to enhance SLD identification now seems to be a secondary consideration. For example, the National Association of School Psychologists (Klotz & Canter, 2006) indicated that RTI is a “process of scientific research-based instruction and intervention in general education [that] provides an improved process and structure for school teams in designing, implementing, and evaluating educational interventions [that may be] *part* of the evaluation procedures for special education eligibility” (pp. 1-2, italics added). The National Association of State Directors of Special Education (NASDSE, 2006) was even more direct “Special education eligibility decisions can be a product of these efforts, but is not the primary goal” (p. 1). Thus, the aim of RTI appears to have shifted from identification to instruction and this shift is viewed as a consequential advantage, “Most significant is the focus shifts from eligibility to concerns about providing effective instruction” (Fletcher, Coulter, Reschly, & Vaughn, 2004, p. 311). With eligibility being secondary, RTI “approaches facilitate the integration of general and special education around instruction, line up IDEA with laudatory goals of NCLB, and lead to federal

regulations and conceptual models of LD consistent with our best research about teaching and learning” (p. 327).

The relegation of eligibility concerns and the emphasis on general education instructional activities appears to be a further demonstration of RTI’s alignment with NCLB mandates rather than IDEA regulations (e.g., Barnett, Daly, Jones, & Lentz, 2004; Fletcher et al., 2004; D. Fuchs & L. Fuchs, 2005). When aligned with NCLB, RTI attempts to achieve the unrealistic requirement that all students achieve a minimum standard regardless of inherent limitations (Kauffman & Konold, 2007). Rather than focusing on how RTI may contribute to more reliable and valid SLD identification, the goal of RTI seems to reflect primarily “a greater commitment to the philosophical ideal that *all children can learn*” (Cruey, 2006, p. 1). If RTI seeks to “identify a subset of children at risk for poor outcomes due to their unresponsiveness” (Vaughn & L. Fuchs, 2003, p. 138), then a policy dilemma develops since LEAs are permitted to allocate 15% of their IDEA resources to develop and implement early interventions (i.e., RTI). Why are RTI activities not funded with NCLB funds? How is special education funding for non-special education activities beneficial for students truly needing or already receiving special education services?

Although RTI appears to be primarily an instructional model aligned with NCLB, its IDEA foundation continues to maintain that, “Response to quality intervention is the most promising method of alternative identification and can promote effective practices in schools and help to close the gap between identification and treatment” (Bradley, Danielson, & Hallahan, 2002, p. 978). To date, RTI research appears to have focused on promoting more effective instructional and assessment practices with far less emphasis on alternative identification procedures. Although RTI emphasizes instructional activities in a general education context, it

continues to be viewed as, “one way of conceptualizing learning disabilities (LD) [is to] apply research-validated interventions and then identify the small subset of children who do not respond as having LD” (L. Fuchs, 2003, p. 172). Such an intervention-oriented procedure appears to introduce a diagnosis by fiat system (“because you don’t respond, you are SLD”). The primary difficulty is in relating “unresponsiveness” to the SLD construct; the history of SLD shows that the concepts (e.g., process deficits, neurological dysfunction, unexpected learning failure) are better proxies than a documented early reading problem that resists treatment (see Hallahan & Mercer, 2002).

D. Fuchs and L. Fuchs (2005) illustrated the fragility of SLD identification solely relying on RTI by following the process with four students. After receiving reading instruction at Tier 1 and Tier 2 as well as accompanying measurement procedures, one student was found not to be at-risk, two students were deemed at-risk but responsive, and one student, unresponsive at Tier 1 and Tier 2, was suspected of having a disability. After excluding MR and EBD with screening measures, the student was classified SLD. But how valid was the SLD designation? What was the basis of the SLD classification? What essential markers of SLD were evaluated? As suggested by Kavale (2005), “The real problem with the RTI model lies not in the procedures themselves but rather in the leap of faith necessary for unresponsiveness to become SLD” (p. 559). When analyzed critically, RTI does not appear to be a complete identification procedure. The danger of a less than comprehensive diagnostic process is found in the inexorable erosion of the SLD construct. If the only factor evaluated is “non-responsiveness” and relevant SLD markers are ignored, then the possibility exists that the SLD population identified may not demonstrate a sufficient number of actual SLD characteristics. Under such circumstances, SLD ceases to be SLD in a significant sense and instead becomes a category of convenience for

students who otherwise might be left behind. Although such students may not wait for good instruction, the price paid to the integrity of SLD seems exorbitant.

RTI in Context

What then is RTI? The collaborative report, *New Roles in Response to Intervention: Creating Success for Schools and Children* (2006), describes RTI as

a multi-tiered approach to providing services and interventions to struggling learners at increasing levels of intensity. RTI can be used for making decisions about general, compensatory, and special education, creating a well-integrated and seamless system of instruction and intervention guided by child outcome data. RTI calls for early identification of learning and behavioral needs, close collaboration among teachers and special education personnel and parents, and a systemic commitment to locating and employing the necessary resources to ensure that students make progress in the general education curriculum. RTI is an initiative that takes place in the general education environment. (p. 1)

Any reference to SLD identification appears absent but such assistance to struggling learners in general education has long been termed “prereferral” (i.e., Buck, Polloway, & Smith-Thomas, & Cook, 2003). With its emphasis on remediation and prevention rather than diagnosis and classification, RTI appears closer conceptually to prereferral activities.

The majority of descriptions about RTI suggest a prereferral framework whose purpose “was to identify early those students at-risk for academic problems [and] to enable teams to more accurately determine who should be referred for evaluation and disability determination” (VanDerHeyden, Witt, Gilbertson, 2007, p. 249). Thus, RTI appears to be a “pre-diagnostic” process with no implications for identifying SLD. Yet, NASDSE (2006) insists that any

suggestion about RTI being *only* prereferral is *mythical* because “RTI is more than prereferral [sic] services; it is a comprehensive service delivery system that requires significant changes in how a school serves all students” (p. 2). RTI may represent a large-scale, structured, and systematic delivery system but it remains difficult to discern how it is anything other than prereferral writ large (DLD, 2007).

When placed within the purview of prereferral, RTI assumes a greater special education focus but then seems incompatible with a larger goal: “When thought of as a prereferral system, [RTI] remains the province of special education and the *desired* integration of general education and special education services around the goal of enhanced outcomes for *all* students will *not* be achieved” (NASDSE, 2006, p. 2, italics added). The emphasis appears to be on how “the educational system must use its collective resources to intervene early and provide appropriate interventions and supports to prevent learning and behavioral problems from becoming larger issues” (New Roles in Response to Intervention: Creating Success for Schools and Children, 2006, p. 2). What such a scenario lacks, however, is the individualized planning and instruction that defines the essence of special education. Although the use of scientifically research-based interventions is advantageous, RTI remains a “one size fits all” approach focusing on treatment validity (i.e., examining student outcomes). As suggested by Kavale, Kauffman, Naglieri, and Hale (2005), “scientific research-based interventions translate into try something, anything, try to measure it well, make sure the teacher does what might or might not help, and if the child doesn’t get better, than he’s SLD” (p. 21).

The RTI literature includes discussion about instructional aspects of RTI (e.g., Denton, Vaughn, & Fletcher, 2003; Noell & Gansle, 2006; Olinghouse, Lambert, & Compton, 2006), technical issues (e.g., measurement) (e.g., Barnett, Elliot, Graden, Iblo, Macmann, Nantais &

Prasse, 2006; L. Fuchs, 2003; D. Fuchs, L. Fuchs, & Compton, 2004), and process models (e.g., Ardoin, Wett, Connell, & Koenig, 2005; McMaster, D. Fuchs, L. Fuchs, & Compton, 2005; Vaughn, Linan-Thompson, & Hickman, 2003). Noticeably lacking, however, are descriptions about how RTI might function as a SLD identification procedure. The neglect of information about RTI as a diagnostic process suggests that SLD identification may not be a primary policy focus even though originally offered in the context of SLD identification. The National Center for Research on Learning Disabilities has also provided limited description about the mechanics of RTI as a SLD identification process (e.g., Mellard, 2004; Mellard, Deshler, & Barth, 2004). Although more descriptive procedures, the models for identifying learning disabilities appear undermined by the statement, “While this article addresses issues relevant to LD identification, the data presented are specific to RD and therefore we use RD for the remainder of the article” (Compton, D. Fuchs, L. Fuchs, & Bryant, 2006, p. 394).

RTI and SLD Identification

If RTI is viewed as a prereferral activity, then the means to SLD identification becomes evident: comprehensive psychometric assessment. This evaluation should examine the most salient features of SLD that have been gleaned from the extant research investigating the SLD construct. When a student fails to respond to closely monitored good instruction, it suggests the presence of unique learning needs not easily understood without further evaluation. A student cannot simply be declared to be SLD at the end of RTI, but requires in-depth appraisal to determine whether or not SLD status can be documented and what might be the best means to proceed instructionally.

With RTI as the sole identification criterion, it becomes difficult to (a) distinguish SLD from mild mental retardation, (b) distinguish students with SLD from slow learners, (c) identify

intra-individual differences, (d) determine the meaning of a positive RTI, and (e) identify the best means to implement intervention activities (Wodrich, Spencer, & Daley, 2006). A comprehensive evaluation, especially one including cognitive processing assessment, adjoins SLD identification with a clearly articulated definitional component: *a disorder in one or more of the basic psychological processes*. Willis and Dumont (2006) suggested that there has been limited attention directed at processing disorders even though they represent an important SLD parameter. Consequently, it is important to develop procedures that combine RTI and comprehensive psychometric assessment into an inclusive system that offers insight into the nature of SLD experienced by the individual (see Flannagan, Ortiz, Alfonso, & Dynda, 2006; Kavale & Flannagan, 2007). The reason is manifest, “An RTI model without comprehensive evaluation cannot identify SLD because it is not aligned with the construct of SLD” (Ofiesh, 2006, p. 887).

Criteria for determining the adequacy and utility of SLD identification procedures have been discussed (e.g., Keogh, 2005; Scruggs & Mastropieri, 2002), and even a cursory analysis of RTI suggests that the necessary validity criteria can only be met when RTI is combined with a comprehensive psychometric evaluation. Thus, RTI cannot stand alone as a self-contained diagnostic process; RTI is best viewed as a screening procedure that identifies generalized learning problems with SLD determination requiring more in-depth evaluation. Such a view seems consistent with the IDEA (2004) regulation “may use a process that determines if the child responds to scientific, research-based intervention *as part of* [italics added] the evaluation procedures” (P. L. 108-446 614(b)(6)(A and B)). It seems dubious, therefore, to suggest that, “If RTI is done thoroughly and correctly, there should not be a need for a comprehensive evaluation. In fact, your ‘hit-rate’ for students in need of special education services will be better under a

data-based RTI approach than if using the traditional method of discrepancy” (LD Talk, 2007, p. 10). Undoubtedly, the “hit-rate” for students needing special education will improve with RTI but the “hit-rate” for valid SLD classification will be unknown.

Conclusion

With the reauthorization of IDEA, RTI has become a major policy initiative but is now experiencing debate about implementation. In reality, the debate centers around decidedly different viewpoints regarding the nature of SLD. In essence, there is agreement “that RTI procedures should be adopted in general education to help structure the support system for improved learning for all students (i.e., prereferral). The difference of opinion emerged when RTI was proposed as a basis for diagnosing SLD” (Batsche, Kavale, & Kovalski, 2006, p. 17). What has yet to be demonstrated is how RTI can serve as a diagnostic process for SLD as defined in IDEA, and not focus exclusively on general, non-specific learning problems. As summarized by Vaughn and L. Fuchs (2006),

Batsche and other RTI proponents seem primarily concerned about RTI as a prevention mechanism, and this is where the bulk of RTI evidence resides. By contrast, Kavale and fellow opponents seem to focus their attention on how RTI will affect the integrity of the LD classification, and this is where much less research has been conducted. (p. 60)

Two explanations are possible for the limited discussion about RTI as an identification procedure: difficulty in conceptualizing RTI as a diagnostic process or greater interest in conceptualizing RTI as a preventative process aligned more with NCLB than IDEA. To minimize these differences (prevention versus identification), the following recommendations are offered:

1. Make RTI the exclusive province of general education.

2. Reform RTI into a structured and systematic prereferral process.
3. Involve special education only *after* RTI failure, when the emphasis shifts from prevention to identification.
4. Base identification on findings from a comprehensive psychometric assessment.
5. Modify existing regulations to (a) require use of ability-achievement discrepancy as the first (but not only) marker for SLD, (b) require use of “a process that determines if the child responds to scientific, researched-based intervention [i.e., prereferral]” (P.L. 108-446 614(b)(6)(A and B)) *before* SLD evaluation, and (c) eliminate the 15% special education [IDEA] funding for early intervention (i.e., RTI).

The combining of RTI and cognitive assessment will eliminate a polarizing either/or perspective about the respective value of each component. Such a combination creates a model where “RTI has us look through a wide-lens telescope at the entire school population whereas cognitive assessments provide a microscope with a direct intensive focus on an individual’s specific needs” (Mather & Kauffman, 2006, p. 751). Ultimately, a situation is created where “both RTI and cognitive assessments can serve to meet the eligibility guidelines outlined in IDEA 2004 by addressing the *what*, the *how well*, and the *why*, with the goal of meeting the needs of all students as well as the unique needs of the individual student with SLD” (p. 751). To maintain the integrity of special education and particularly the SLD category, current RTI policy needs to change.

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