

CEC's Position on Response to Intervention (RTI): The Unique Role of Special Education and Special Educators

The Council for Exceptional Children (CEC) recognizes the impact that Response to Intervention (RTI) can have on the education of all children, roles of special educators, and the special education system. The RTI process is designed to identify struggling learners early, to provide access to needed interventions, and to help identify children with disabilities. RTI is a process intended to assist in identifying children with disabilities by providing data about how a child responds to scientifically based intervention as part of the comprehensive evaluation required for identification of any disability. Special educators play an integral role and have a strong and clear identity in the RTI process. To that end, CEC believes that any RTI process must include nonnegotiable guarantees related to special education and the key role of special educators.

It is the position of CEC that an RTI process:

- Must be viewed as a schoolwide initiative, with special education as an explicit part of the framework, spanning both general and special education in collaboration with families. The RTI process represents an inclusive partnership between all school personnel and families to identify and address the academic and behavioral needs of learners beginning as early as the preschool years.
- Shall not delay the referral of a child who is suspected of having a disability for a comprehensive evaluation. Children with identified disabilities may not be required to go through an RTI process in order to receive special education and related services.

Interventions

- Shall consist of a multi-tiered problem-solving process with at least three tiers (three tiers being the most common approach). As evidence shows the increasing intensity of a child's needs, the response to these needs also increases through research based interventions. Any child, including those with disabilities, may simultaneously be provided interventions from more than one tier. Tiers provide services and are not placement options. Services at each tier supplement rather than supplant each other.
- Shall in the first tier provide instruction through a universal core program. If the evidence shows that the child needs additional support for success, then more intensive interventions must be provided. At the second tier, interventions are more intensive and supplement the universal core program. The highest tier includes specially designed instruction and related services provided to children identified as having a disability. This tier also provides other intensive services designed to meet the individual needs of children not identified as having a disability.
- Shall include universal screening, high quality research-based instruction, and progress monitoring to determine the quality of student responses to intervention as well as inform decisions about the student's movement between tiers. Tiers should differ in the intensity (i.e., duration, frequency, and time) of the research-based interventions, the level of individualization delivered, the size of student groupings, and the skill level of the educator.

- Shall include a universal screening process (generally early in tier one) that incorporates short-term progress monitoring in response to general education for determining which children require a change of tier.
- Shall use a formative evaluation process, such as progress monitoring measures, to inform instructional decision making about adjusting instruction, changing curricula or materials, and/or determining movement among tiers.

Referral to Special Education

- Shall include provisions for referral for a comprehensive evaluation in any tier, which includes measures of cognitive ability, to determine if a child has a disability and is eligible for special education and related services and due process protections. Data from responsiveness to instruction in tiers one and two shall not be a substitute for a comprehensive evaluation. RTI data does not provide sufficient data to rule out or identify a disability. A comprehensive evaluation shall provide additional data to exclude other potential primary causative factors and inform individualized special instruction, including any accommodations, modifications, assistive technology, and behavioral/learning supports needed.
- May reduce the number of students referred for special education, promote effective early intervention, provide diagnostic information to consider in the identification of a disability, and/or may reduce the impact of a disability on a child's academic progress.

Team Roles

- Shall recognize general educators as the primary interveners and special educators as members of the problem-solving teams in tiers one and two. Special education teachers, related service personnel and specialized general educators (e.g. teachers of English language learners, reading specialists, mental health specialists, etc.) are the primary interveners for the highest tier services. Team collaboration occurs in each tier and may involve educators, related service providers, administrators, and families. These new and expanded roles in team collaboration will ensure that the needs of all learners are met.
- Shall include families as partners in the process and, at a minimum, inform parents in writing of their rights when a student is first identified as not meeting expected intervention response rates.

Children Who Are Twice Exceptional

- Shall consider the educational needs of children with gifts and talents and their families, particularly related to the identification of children considered to be twice exceptional because they have gifts and talents as well as a disability. These advanced learners shall be provided access to a challenging and accelerated curriculum, while also addressing the unique needs of their disability.

Professional Knowledge and Skills

- Shall recognize that the knowledge and skill level of educators needed in each of the three tiers is very different, thereby supporting requirements that educators possess the appropriate level of knowledge and skills in such areas as: (1) identifying and implementing evidence-based intervention strategies;

(2) monitoring academic and behavioral progress; (3) selecting, implementing, and evaluating instructional and programmatic elements; (4) participating meaningfully and actively in the multidisciplinary comprehensive evaluation process; and (5) designing, implementing, and evaluating problem-solving models that ensure fidelity and integrity.

Research and Development

- Shall make a firm commitment to continuing program improvement through the process of structured monitoring, intensive ongoing evaluation, and systemic professional training based on evolving research and practice.
- Shall consider the intended and unintended consequences of moving toward more wide-scale implementation without more extensive research and development efforts that clearly demonstrate effectiveness in improving the achievement of students with exceptionalities over time.
- Shall engage in research and development to inform practice, particularly in the areas of implementation across all academic and/or behavioral areas and age levels; movement back and forth from tiers and data needed to understand this movement; the use of tiers one and two data to help inform the identification of a disability; the problem-solving and standard treatment protocol approaches to instruction; and the conceptual issues associated with nonresponsiveness; and measuring and defining nonresponsiveness.

Resources

- Shall ensure that sufficient resources are available to cover a substantial percentage of the costs that state, provincial, and local jurisdictions will incur to implement and institutionalize this initiative without reducing expenditures for other education programs.

To access CEC's Position on Response to Intervention online, go to www.cec.sped.org>Policy & Advocacy>CEC Professional Policies. For further information, contact Deborah A. Ziegler, Associate Executive Director, Policy and Advocacy Services, Council for Exceptional Children, 703-264-9406 (P), 703-243-0410 (F), 800-224-6830 (Toll free), 866-915-5000 (TTY), debz@cec.sped.org.

Reference

Council for Exceptional Children 2008 Policy Manual; Section Four, Part 3; Page 1-10

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