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How Can Early Intervening Services and Responsiveness to Intervention Work Together?

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NRCLD developed this brief to help you understand a provision in the Individuals with Disabilities Education Act of 2004 referred to as early intervening services and how these services are related to the responsiveness to intervention approach to education.

One of the hallmark changes in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004), which was signed into law in December 2004, allows for the use of special education funds (Part B) for at-risk students. These are students who may need additional academic or behavioral support but who do not qualify for special education services. This change is referred to as early intervening services.

“A local educational agency (LEA) may not use more than 15% of the amount such agency receives under this part (Part B)... to develop and implement coordinated, early intervening services ... for students in kindergarten through grade 12 (with particular emphasis on students in kindergarten through grade 3) who do not meet the definition of a child with a disability... but who need additional academic and behavioral support to succeed in a general education environment.” IDEA 2004 Section 613(f)(1)

These funds, which cannot exceed 15 percent of the Part B funds, have a restriction: They have to be used to deliver scientifically based academic and behavioral interventions within the general education environment. This additional instruction can't be “a little bit of this and that” or simply what a teacher thinks might be of value; the interventions have to be based on proven research and delivered

with fidelity, that is, according to specified parameters to get desired results. This “fidelity of instruction” (an assurance that the instruction is delivered in exactly the way it was designed to be delivered) requires that teachers and other staff be well-versed in the instructional program and that there is a way to verify whether they have followed its methods correctly.

More Information: NRCLD briefs related to this topic include “How Can You Evaluate Whether a Program is Research Based?” and “Why is Fidelity of Implementation Important?”

The fact that to intervene with children who are having difficulties in learning requires that students be screened to see which ones need assistance brings up questions: *What tool or method* can schools use to accurately assess student progress and determine need for additional assistance? And, once students have received early intervening services, *what accurate method can schools use to judge student progress* in relation to their peers and to make instructional decisions?

IDEA says “... a local educational agency may use a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures...”; however, IDEA doesn't name one specific process. In special education research literature, from which policymakers drew to update IDEA, the process mentioned is

typically responsiveness to intervention (RTI).

The RTI process uses school-wide procedures, including whole-class interventions, screening, and progress monitoring to assess an entire class as well as individual student progress. RTI promotes early identification of students at risk for academic failure and uses multiple performance measures rather than measurement at a single point in time.

Progress monitoring is a scientifically based practice of assessing students' performance on a regular basis. Progress monitoring helps school teams make decisions about instruction. An NRCLD brief related to this topic is "What is Progress Monitoring?"

Using a tiered approach, responsiveness to intervention is applied on a school-wide basis, in which the majority of students receive instruction in the general classroom (Tier One). Students at risk for reading and other learning disabilities are identified through screening to

1 **Instruction in the General Classroom**
Screening tests given to reveal at-risk students

2 **Classroom teacher provides instruction or expert works with students in small groups**

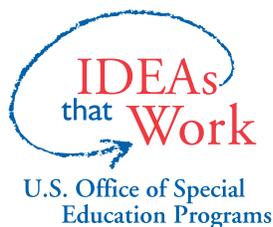
3 **Instruction with greater frequency or duration**
If difficulty persists, specialists may be brought in for a comprehensive evaluation

receive more intense support in Tier Two. Here, specialists, tutors, or special education teachers provide additional instruction in small groups, (e.g., one teacher to up to five students).

At the end of this small group instructional period, if a student has made sufficient progress, he or she might return to the general education classroom (Tier One), continue in the Tier Two intervention, or be considered for a more intensive intervention in Tier Three. In Tier Three, often considered "special education," instruction in a specified area of need is individualized or delivered in small groups of one teacher to no more than three students. Students who meet Tier Three targets return to Tier One but also may re-enter Tier Two, or, if needed, stay in Tier Three until they are able to maintain progress in Tier One. This system is enhanced if procedures are in place for parental involvement.

When designing an early intervening services and responsiveness to intervention system, the focus is on positive behavior support and academics with school-wide screening, tiered levels of intervention, and progress monitoring that guides decision-making.

Positive behavior support involves introducing, modeling, and reinforcing positive social behavior. See www.pbis.org for more information.



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