

A Resource for

STUDENT EVALUATION PERSONNEL

in Schools Implementing Response to Intervention (RtI)

Note: You can find this and other resources for implementing response to intervention at <http://buildingRTI.utexas.org/>.

Preferred Citation:

Meadows Center for Preventing Educational Risk. (2011). *A resource for student evaluation personnel in schools implementing Response to Intervention (RtI)*. Austin, TX: Author.



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Acknowledgements

This resource would not have been possible without the contributions of the following experts from Educational Service Centers, school districts, and universities, as well as independent student evaluation consultants: Laura Abbott, Douglas Butler, Amy Doolan, Joy Hunsucker, Laurie Martin, Linda McDaniel, Eleanor Pate, Kathi Silver, Evelyn Villarreal, and Larry Wheeler. We also thank members of the Texas Statewide Leadership Evaluation for Eligibility in Special Education Network for their ongoing interest and support, as well as Barbara Kaatz and Margaret Christen at the Texas Education Agency. We gratefully acknowledge the support of the following agencies and individuals for their contributions to this booklet.

Texas Education Agency

Robert Scott, Commissioner of Education

Gene Lenz, Deputy Associate Commissioner of Special Programs

Kathy Clayton, Senior Director of the Division of IDEA Coordination

The University of Texas at Austin, College of Education

Manuel J. Justiz, Dean

Marilyn C. Kameen, Senior Associate Dean

The Meadows Center for Preventing Educational Risk

Sharon R. Vaughn, Executive Director

Building Capacity for Response to Intervention (RtI) in Texas Schools Project

Pamela Bell, Program Director, Lead Author

Kathleen Walker, Project Coordinator

Desirée Pallais Downing, Senior Field Trainer/Analyst

Lillian McFarlin, Graduate Research Assistant

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Introduction

This resource is for student evaluation personnel (educational diagnosticians, school psychologists, speech-language pathologists, remedial reading teachers, and other specialists) who collect, analyze, and report information to committees making instructional decisions. As more Texas schools opt to implement response to intervention (RtI) to prevent learning difficulties, student evaluation personnel will play increasingly major roles in collecting and interpreting student data, particularly regarding decisions about student eligibility for special education services (Fuchs & Fuchs, 2006).

Briefly, RtI is an approach to preventing learning difficulties. It involves identifying students who are struggling with learning, and then providing them with increasingly intense intervention to close their gaps in knowledge (Vaughn et al., 2008). The National Center for Response to Intervention (NCRTI, 2010) defines it as follows:

“RTI integrates assessment and intervention within a multi-level prevention system to maximize student achievement and to reduce behavior problems. With RTI, schools use data to identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based intervention, and adjust the intensity and nature of those interventions depending on students’ responsiveness...”

RtI is implemented at the campus level and each campus has unique circumstances, just as it has unique students and staff members (National Association of State Directors of Special Education, 2005). Providing early intervention requires educators to assess students, match instruction to student needs, and monitor student progress on an ongoing basis (Vaughn, Linan-Thompson, & Hickman, 2003). Rather than prescribe an evaluation process for a preconceived RtI model, this guide provides information and tools to assist student evaluation personnel when evaluations include the use of RtI student data. Resources for more information about RtI and its implementation are provided in the References and Resources section.

Successful RtI implementation promotes collaboration among educators who teach students who are struggling with learning. In many schools, student evaluation personnel typically do not participate in instructional decision-making until a student is referred for a special education evaluation. However,

in schools implementing RtI, student evaluation personnel often proactively collaborate with teachers of at-risk students to prevent learning difficulties. In fact, in many Texas schools where RtI is being implemented, student evaluation personnel note a shift to broader roles. They go beyond determining whether a student has significant learning gaps, and examine the nature and context of the instruction the student has received and its impact on learning. The information they gather about the student's response to intervention helps Admission, Review, and Dismissal (ARD) Committees answer questions such as: Are the student's learning deficits due to a lack of adequate instruction or opportunity to learn? Was the intervention adequately designed to close the gaps in learning? Can the student's needs be met through the general education program? Are the student's learning gaps so wide that intensive special education instruction is needed?

This guide is geared toward student evaluation personnel, and is organized in five sections:

- Key RtI concepts and legislation
- Roles of student evaluation personnel at the campus level
- Using RtI information in an individual student evaluation
- References and resources
- Tools

The section on RTI concepts and legislation includes supporting citations from the Elementary and Secondary Education Act (ESEA) of 1965 as amended by No Child Left Behind (NCLB), as well as from the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) related to RtI, including student evaluation and eligibility determination for specific learning disabilities. The discussion of campus level RtI implementation addresses opportunities for student evaluation personnel to collaborate with school leaders and teachers. The section on using RtI information in conducting a comprehensive individual student evaluation for a suspected specific learning disability includes examples of data collection tools. These tools address specific activities evaluation personnel use to collect data, consider the results of intervention instruction over time, and make recommendations for future instruction. The fourth section includes references and resources designed to promote problem-solving discussions and partnerships among student evaluation personnel, teachers, and parents to meet the instructional needs of their at-risk students. Copies of RtI-related letters from the US Department of Education's Office of Special Education Programs (OSEP) are also included. The last section, Tools, provides blank copies of the example forms discussed in earlier sections.

Key RtI Concepts and Legislation

This section provides highlights of ESEA/NCLB and IDEA 2004 legislative information related to student instruction, assessment, and instructional decision-making in schools implementing RtI. Unless otherwise noted, citations are from both the final regulations and the summary of major changes in 34 CFR Part 300, Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children with Disabilities: Final Rule, August 14, 2006, Federal Register.

Concept: APPROPRIATE INSTRUCTION IS BASED ON SCIENTIFIC RESEARCH

BACKGROUND INFORMATION

In schools implementing RtI, educators usually conduct an in-depth analysis of their reading and math programs to determine how closely they align with research-based findings. The analysis also provides information about the alignment of the programs' scope and sequence with assessment benchmarks, and helps educators identify additional research-based strategies that need to be taught to strengthen the programs. Student evaluation personnel should be familiar with the analysis and any corresponding instructional decisions that grade-level teams have made, as these may have an impact on individual student evaluation findings and recommendations.

AUTHORITY REFERENCES

Both the ESEA/NCLB and IDEA 2004 emphasize provision of appropriate reading and math instruction. Essential components of reading instruction are defined in section 1208(3) of the ESEA/NCLB as

"...explicit and systematic instruction in

- (A) Phonemic awareness;
- (B) Phonics;
- (C) Vocabulary development;
- (D) Reading fluency, including oral reading skills; and
- (E) Reading comprehension strategies."

In addition, ESEA/NCLB and IDEA 2004 both require the provision of reading and math instruction that is based on “scientifically based research.”

“Scientifically based research has the meaning given the term in section 9101(37) of the ESEA, as amended by No Child Left Behind (NCLB). For reference, ‘scientifically based research—

(a) Means research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs; and

(b) Includes research that—

1. Employs systematic, empirical methods that draw on observation or experiment;
2. Involves rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn;
3. Relies on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations, and across studies by the same or different investigators;
4. Is evaluated using experimental or quasi-experimental designs in which individuals, entities, programs, or activities are assigned to different conditions and with appropriate controls to evaluate the effects of the condition of interest, with a preference for random-assignment experiments, or other designs to the extent that those designs contain within-condition or across-condition controls;
5. Ensures that experimental studies are presented in sufficient detail and clarity to allow for replication or, at a minimum, offer the opportunity to build systematically on their findings;
6. Has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review” (Federal Register, 2006, p. 46576; TEA, 2008).

The TEA Coordinated Early Intervening Services (CEIS) FAQ document also addresses scientifically based research:

QUESTION 12: Does the reference to scientifically based academic and behavior interventions mean that interventions must be aligned with recommended practices and peer-review research?

ANSWER: Scientifically based research must be accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review. The state guidance and regulations do not refer to “recommended practices” which is a term of art that, generally, refers to practices that the field has adopted as “best practices,” and which may or may not be based on evidence from scientifically based research (TEA 2011b; Federal Register, 2006, pp. 46626-46628).

Concept: DATA INFORMS INSTRUCTIONAL DECISION-MAKING

BACKGROUND INFORMATION

In schools implementing RtI, teachers use universal screening to identify students who are at-risk, and assess student progress several times a year. The universal screening and periodic assessments measure whether students are meeting expected performance benchmarks for their grade level, i.e., “benchmark assessments.” Screening measures are for all students and are not considered to be an evaluation for determining special education eligibility, and parental consent is not required. Indeed, IDEA 2004 specifically addresses the role of screening and evaluation: “The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services” (34 CFR §300.302). In other words, while screening results may be considered one source of data in an evaluation, screening data alone is not sufficient to serve as a comprehensive evaluation.

Analyzing data related to a student’s progress or response to intervention instruction is a critical step in designing effective interventions to meet student needs. Student evaluation personnel should be sure to meet with a student’s teachers to obtain progress monitoring information and discuss how the teachers used assessment information to inform their instructional planning.

AUTHORITY REFERENCES

“‘Screening’...refers to a process that a teacher or specialist uses to determine appropriate instructional strategies. Screening is typically a relatively simple and quick process that can be used with groups of children” (Federal Register, 2006, p. 46639).

“We believe that one of the most important aspects of good teaching is the ability to determine when a child is learning and then to tailor instruction to meet the child’s individual needs. Effective teachers use data to make informed decisions about the effectiveness of a particular strategy or program. A critical hallmark of appropriate instruction is that data documenting a child’s progress are systematically collected and analyzed and that parents are kept informed of the child’s progress. Assessments of a child’s progress are not bureaucratic, but an essential component of good instruction” (Federal Register, 2006, p. 46657).

“Data-based documentation refers to an objective and systematic process of documenting a child’s progress. This type of assessment is one feature of strong instruction in reading and in math and is consistent with § 300.306 (b)(1)(i) and (ii) and section 614 (b)(5)(A) and (B) of the Act, that children cannot be identified for special education if an achievement problem is due to lack of appropriate instruction in reading or math” (Federal Register, 2006, p. 46657).

“The Department believes that good instruction depends on repeated assessments of a child’s progress. This allows teachers to make informed decisions about the need to change their instruction to meet the needs of the child, and also provides parents with information about their child’s progress so that they can support instruction and learning at home. Parents should be informed if there are concerns about their child’s progress and should be aware of the strategies being used to improve and monitor their child’s progress” (Federal Register, 2006, p. 46658).

Concept: COORDINATED EARLY INTERVENING SERVICES (CEIS) SUPPORT THE PREVENTION OF LEARNING DIFFICULTIES

BACKGROUND INFORMATION

Coordinated, early intervening services (CEIS) are for "...children in kindergarten through grade 12 (with a particular emphasis on children in kindergarten through grade 3) who have not been identified as needing special education or related services, but who need additional support to succeed in a general education environment" (Federal Register, 2006, p. 46626; TEA 2011b)." In other words, CEIS are for students in the general education program who are not receiving special education services.

However, some Texas school districts confused "coordinated, early intervening services (CEIS)" with early intervention services which are provided through the "early childhood intervention program" (ECI). In March, 2011, the Texas Education Agency (TEA) clarified these programs as follows: "[CEIS refers to] services for children in kindergarten through Grade 12...who have not been identified as needing special education and related services, but who need additional academic and behavioral support to succeed in a general education environment... Early childhood intervention (ECI) program services, on the other hand, are for children birth through age 2 that are designed to meet the developmental needs of infants and toddlers with disabilities" (TEA 2011b). In Texas, ECI services are funded through the Department of Assistive and Rehabilitation Services; children serviced through ECI may transition to school services at age three if they meet eligibility requirements. In this booklet, when federal regulations are quoted, "EIS" corresponds to the TEA's CEIS (coordinated EIS) that are designed to prevent learning difficulties and are provided to students in general education in grades K-12.

Schools implementing RtI may use a portion of their IDEA funds to provide CEIS. IDEA 2004 provides funding to support provision of CEIS for the prevention of learning difficulties; it includes supplemental instructional materials for early intervening activities. Since the focus of CEIS is on preventing learning difficulties, these programs often complement services provided through Title I activities. When gathering data related to a student's response to intervention instruction, it is important to contact all the teachers providing intervention instruction, including those in tutoring programs offered before and after school. Sometimes close examination of all the data reveals that programs are not aligned, and thus may cause confusion or interfere with learning.

In addition, IDEA 2004 funds professional development to enable teachers and other personnel to deliver scientifically based academic and behavioral interventions, including scientifically based literacy instruction. CEIS activities may include providing educational and behavioral evaluations and services, and support (including scientifically based literacy instruction); and may be coordinated with other funded activities (Federal Register, 2006, pp. 46626- 46628).

Unless otherwise noted, citations are from both the final regulations and the summary of major changes in 34 CFR Part 300, Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children with Disabilities: Final Rule, August 14, 2006, Federal Register.

AUTHORITY REFERENCES

Coordinated early intervening services are for "...children in kindergarten through grade 12 (with a particular emphasis on children in kindergarten through grade 3) who have not been identified as needing special education or related services, but who need additional support to succeed in a general education environment" (Federal Register, 2006, p. 46626). In addition, IDEA 2004 funds professional development to enable teachers and other personnel to deliver scientifically based academic and behavioral interventions, including scientifically based literacy instruction. CEIS activities may include providing educational and behavioral evaluations and services, and support (including scientifically based literacy instruction); and may be coordinated with other funded activities (Federal Register, 2006, pp. 46626- 46628).

"Early intervening services should make use of supplemental instructional materials, where appropriate, to support student learning. Children targeted for early intervening services under IDEA are the very students who are most likely to need additional reinforcement to the core curriculum used in the regular classroom. These are in fact the additional instructional materials that have been developed to supplement and therefore strengthen the efficacy of the comprehensive curriculum" (Federal Register, 2006, p. 46628).

Some educators mistakenly think that providing CEIS to at-risk students requires the same parental notice and consents as for special education students. However, "...children receiving EIS do not have the same rights and protections as children identified as eligible for special education and related services. EIS neither limits nor creates a right to FAPE [free appropriate public education]. EIS will benefit both the regular and special education programs by reducing academic and behavioral problems in the regular education program and the number of inappropriate referrals for special education and related services" (Federal Register, 2006, pp. 46626-46628; TEA 2008).

The TEA Coordinated Early Intervening Services (CEIS) Guidance FAQ also addresses CEIS:

QUESTION 13: May a local education agency (LEA) include related services personnel, including speech pathologists and school psychologists, in the development and delivery of education and behavioral evaluation, services, and supports for teachers and other school staff to enable them to deliver CEIS?

ANSWER: Yes, and the LEA may use related services personnel in the development and delivery of CEIS (TEA, 2011b, also Federal Register, 2006, pp. 46626-46628).

Concept: IDEA 2004 HAS SPECIAL RULES FOR IDENTIFYING STUDENTS AS HAVING SPECIFIC LEARNING DISABILITIES

BACKGROUND INFORMATION

Some educators mistakenly believe that in schools where RtI is being implemented, students must be provided with interventions prior to referral for a full and individual initial evaluation, and that participation in RtI is a prerequisite for conducting an initial evaluation. If a school is implementing interventions that may meet a student's needs and s/he has not participated in them, then the student may be provided the intervention(s) *while undergoing* the initial evaluation process. In other words, the comprehensive initial evaluation process cannot be delayed until the student has been provided with intervention for a specified period. Data from the student's response to the intervention provides the committee valuable information to determine the presence of a specific learning disability.

AUTHORITY REFERENCES

IDEA 2004 addresses the provision of a free appropriate public education to individuals 21 and younger who have disabilities. It provides a "...special rule for eligibility determination: A child must not be determined to have a disability due to:

- Lack of appropriate instruction in reading, including the essential components of reading instruction;
- Lack of appropriate instruction in math; or
- Limited English proficiency" [34 CFR §300.306 (b)(1)(i-iii)].

IDEA 2004 defines "specific learning disability" as "...a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia" [34CFR §300.8 (c)(10)].

IDEA 2004 requires that students are "...assessed in all areas related to the suspected disability" [34CFR §300.304 (b)(4)].

IDEA 2004 lists the areas associated with specific learning disability as "...oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, mathematics problem solving" [34 CFR §300.9 (a)(1)(i-viii)].

IDEA 2004 states that the group of qualified professionals and the parent may determine that a child has a specific learning disability if:

- “(1) The child does not achieve adequately for the child’s age or to meet State-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the child’s age or state-approved grade-level standards....
- (2) (i) The child does not make sufficient progress to meet age or State-approved grade-level standards in one or more of the areas identified...when using a process based on the child’s response to scientific, research-based intervention; or
- (ii) The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments....
- (3) The group determines that its findings...are not primarily the result of (i) a visual, hearing, or motor disability; (ii) intellectual disability; (iii) emotional disturbance; (iv) cultural factors; (v) environmental or economic disadvantage; or (vi) limited English proficiency” [34CFR §300.309 (a)(1-3)].

IDEA 2004 also requires that in determining eligibility for specific learning disabilities, the group must “...consider as part of the evaluation... (1) Data that demonstrate that prior to, or as part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and (2) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child’s parents” [34CFR §300.309 (b)(1-2)].

“Section 300.309 (b)(1) requires that the eligibility group consider data on the child’s progress when provided with appropriate instruction by qualified professionals as part of this evaluation. These data, along with other relevant information, will assist the eligibility group in determining whether the child’s low achievement is attributable to a lack of appropriate instruction....Based on their review of the existing data, and input from the child’s parents, the eligibility group must decide, on a case-by-case basis, depending on the needs of the child and the information available regarding the child, what additional data, if any, are needed to determine whether the child is a child with a disability, and the educational needs of the child” (Federal Register, 2006, p. 46658).

IDEA 2004 ensures that the LEA "...promptly requests parental consent to evaluate a child suspected of having an SLD who has not made adequate progress when provided with appropriate instruction which could include instruction in an RTI model, and whenever a child is referred for an evaluation.... We also have added a new §300.311 (a)(7)(ii) to require that the eligibility report includes evidence that when a child has participated in an RTI process, the parents were informed of State policies regarding child performance data that would be collected and the general education services that would be provided; strategies to support the child's rate of learning; and a parent's right to request an evaluation at any time.... If the parents request an evaluation and provide consent, the timeframe for evaluation begins and the information required in §300.309 (b) must be collected (if it does not already exist) before the end of that period" (Federal Register, 2006, p. 46658).

"...early intervening services may not delay an appropriate evaluation of a child suspected of having a disability.... We do not believe it is appropriate or necessary to specify how long a child can receive early intervening services before an initial evaluation is conducted" (Federal Register, 2006, p 46626).

"§300.309 (c) as revised clarifies that if a child has not made adequate progress after an appropriate period of time, a referral for an evaluation must be made.... Models based on RTI typically evaluate the child's response to instruction prior to the onset of the 60-day [evaluation] period, and generally do not require as long a time to complete an evaluation because of the amount of data already collected on the child's achievement, including observation data. RTI models provide the data the group must consider on the child's progress when provided with appropriate instruction by qualified professionals as part of the evaluation..." (Federal Register, 2006, p. 46658).

The TEA CEIS Guidance FAQs (2011b) document also addresses initiation of a full and individual initial evaluation when a student is receiving CEIS:

QUESTION 7: Is there a specified length of time that a child must receive CEIS before an initial evaluation for special education services is conducted?

ANSWER: No, if a child receiving CEIS is suspected of having a disability, the LEA must conduct a full and individual evaluation...to determine if the child is a child with a disability and needs special education and related services (TEA 2011b; also Federal Register, 2006, pp. 46626-46628).

Concept: RESPONSE TO INTERVENTION (RTI) IS AN OPTIONAL COMPONENT OF A FULL AND INDIVIDUAL INITIAL EVALUATION

BACKGROUND INFORMATION

To identify a student as having a specific learning disability, a group of qualified professionals and the parent must meet and review all required and relevant information. In Texas, this group, including the parent, is known as the Admission, Review, and Dismissal (ARD) Committee. The ARD Committee reviews the full and individual evaluation, including sufficient information to determine whether the student's low achievement is due to a lack of appropriate instruction in reading or math, or to the presence of a learning disability. In schools implementing RTI, information about the student's response to intervention instruction is included.

AUTHORITY REFERENCES

IDEA 2004 identifies RTI as an optional component of a comprehensive evaluation, and requires that states "(2) must permit the use of a process based on the child's response to scientific, research-based intervention; and (3) may permit the use of other alternative research-based procedures for determining whether a child has a specific learning disability" [34 CFR §300.307 (2-3)].

In determining the existence of a specific learning disability, the group of qualified professionals and the parent documents "...if the child has participated in a process that assesses the child's response to scientific, research-based intervention – the instructional strategies used and the student-centered data collected..." [34 CFR §300.311 (a)(7)(i)].

"What is important is that the group making the eligibility decision has the information it needs to rule out that the child's underachievement is a result of a lack of appropriate instruction. That could include evidence that the child was provided appropriate instruction either before, or as part of, the referral process. Evidence of appropriate instruction delivered in an RTI model is not a substitute for a complete assessment of all of the areas of suspected need" (Federal Register, 2006, p. 46656).

Roles of Student Evaluation Personnel

at the Campus Level

Student evaluation personnel have invaluable expertise to contribute to campus teams implementing RtI. Whether participating as active or ex-officio members of an RtI leadership team, these personnel enhance any campus RtI effort, especially the RtI assessment component. Collaboration with a campus team in designing a campus RtI assessment plan provides opportunities for all to communicate, and to streamline assessment activities before they are implemented. Participating in the plan's implementation provides insight into the student assessment process as well as for how the assessment data informs everyday instructional decision-making. Finally, periodically analyzing grade-level and benchmark data provides opportunities to revise instructional practices as campus goals for student success are being met.

STUDENT EVALUATION PERSONNEL ON CAMPUS RTI TEAMS

The membership and functions of campus teams involved in planning and implementing RtI are unique to each campus. On some campuses, student evaluation personnel are directly involved in designing RtI activity plans. On others, they are invited to assist at certain times, such as during the administration or analysis of assessment instruments, when assessment-related professional development is needed, or when an early intervening services team needs ideas for accelerating the progress of an at-risk student. Of course, the extent to which student evaluation personnel can participate on a campus RtI team depends on logistical factors such as the campus size, the number of campuses served, and the distance between campuses. In cooperative arrangements, it also depends on member districts' policies. Campus RtI planning and implementation includes specific areas in which student evaluation personnel can lend their expertise: campus-wide student assessment, professional development, and instructional decision-making.

STUDENT EVALUATION PERSONNEL AND CAMPUS-WIDE STUDENT ASSESSMENT

Campuses implementing RtI invariably need assistance with assessment. Using assessment data to determine the current levels of students' performance in content areas, to identify at-risk students, and to design interventions that close at-risk students' learning gaps are all critical to successful RtI implementation. Student evaluation personnel usually play major roles in the assessment component of RtI.

Campus-wide assessment activities range from selecting a universal screening measure to identify at-risk students at the beginning of RtI implementation, to conducting a student data review at year's end to evaluate the RtI effort. Campus teams usually need guidance in selecting scientifically based universal screening and "benchmark" measures that identify students who are at-risk for learning difficulties at specified intervals during the academic year, typically at the beginning, middle, and end of the year (BOY, MOY, and EOY). They may need guidance in choosing assessments—sometimes too many are used, or similar information is provided by them.

Once the measures are selected, campuses may need assistance in developing a management plan: an annual schedule for professional development; administration of screening, benchmark, and progress monitoring measures; a system to manage student assessment data; and sessions to review student results after each assessment.

In addition, teachers often need support in how to use assessment data to group students and inform their instruction. The assessment plan also should address professional development regarding administering the progress monitoring measures and using the results to inform intervention instruction.

Finally, grade- and campus-level teams usually need guidance in examining student assessment data to determine how to meet the needs of at-risk students (intervention entry and exit criteria), how to maximize intervention resources for early intervening services, and, over time, how the campus RtI plan is working to reduce the number of at-risk students, including reducing referrals to special education. Student evaluation personnel can contribute to any of these efforts.

The CAMPUS-WIDE RTI ASSESSMENT ACTIVITIES CHECKLIST on the following page is a tool that may be used to review assessment-related activities, list contact information for team members, and indicate assistance provided by student evaluation personnel.

CAMPUS-WIDE RTI ASSESSMENT ACTIVITIES CHECKLIST

Name of School _____ School Year _____

RtI Leadership Team _____

ASSESSMENT ACTIVITY	TEAM MEMBERS AND CONTACT INFORMATION	STUDENT EVALUATION PERSONNEL ASSISTANCE PROVIDED
<p><i>Selecting scientifically based assessment measures</i></p> <ul style="list-style-type: none"> • Universal screening measures _____ • Benchmark measures _____ • Progress monitoring measures (at-risk students) _____ _____ 		
<p><i>Developing an annual assessment schedule</i></p> <ul style="list-style-type: none"> • Dates for development/ review of assessment plan Develop: _____ Review: _____ • Dates for professional development for assessments Screening/ benchmark _____ Progress monitoring _____ • Dates for administration of benchmark measures BOY: _____ MOY: _____ EOY: _____ • Dates for grade-level team analysis of student data BOY: _____ MOY: _____ EOY: _____ • Dates for campus-level analysis of student data BOY: _____ MOY: _____ EOY: _____ 		

CAMPUS-WIDE RTI ASSESSMENT ACTIVITIES CHECKLIST
(CONTINUED)

ASSESSMENT ACTIVITY	TEAM MEMBERS AND CONTACT INFORMATION	STUDENT EVALUATION PERSONNEL ASSISTANCE PROVIDED
<p><i>Designing a data management system</i></p> <ul style="list-style-type: none"> • Individual student data (teacher's data) • Data management across levels (teacher -> grade -> campus) • Progress monitoring data for students in early intervening services (by grade level) • Data management & periodic review during academic year (BOY, MOY, EOY; compare to goals) 		
<p><i>Providing professional development on using assessment data to inform instruction</i></p> <ul style="list-style-type: none"> • Interpretation of individual student results • Grouping students for instruction and intervention • Establishing grade-level entry and exit criteria for intervention levels • Planning instruction and intervention • Setting goals for individual students • Monitoring student progress 		
<p><i>Reviewing RtI implementation</i></p> <ul style="list-style-type: none"> • Setting grade-level and campus goals • Reviewing progress at MOY and EOY • Using data to identify professional development needs 		

STUDENT EVALUATION PERSONNEL AND PROFESSIONAL DEVELOPMENT

Professional development is another key component in campus plans for RtI implementation. Effective professional development is systematic, data-based, and purposeful, designed to enhance teachers' knowledge and expertise in improving instruction and intervention to prevent learning difficulties. Ideally, the professional development topics stem from needs identified from student assessment data, as well as instructional observations.

Topics for professional development related to campus implementation of RtI often include:

- Examining the content-area curriculum and programs
- Identifying intervention strategies and programs
- Determining how to identify at-risk students and meet their needs
- Providing intervention instruction (classroom teachers or specialists) and
- Monitoring the effectiveness of the intervention in closing students' learning gaps.

In addition, sessions are commonly held on related topics such as designing and implementing learning centers or student workstations, implementing specific instructional strategies, and building accountability into student products. Assessment-related professional development often overlaps instructional professional development, especially on campuses using Curriculum Based Measures (CBM) to monitor student progress. Student evaluation personnel who participate alongside their general and special educator colleagues in such sessions gain insights that will help connect content area and intervention instruction provided to students, especially when making recommendations for specialized instruction for students with special needs.

PROFESSIONAL DEVELOPMENT OFTEN CONDUCTED ON RTI CAMPUSES

TOPIC	OBJECTIVE	STUDENT EVALUATION PERSONNEL BENEFIT
Analysis of core content program for elements of scientific research basis; for example: <i>Consumer's Guide to Reading Programs</i> , http://reading.uoregon.edu/cia/curricula/con_guide.php	Grade-level teams identify strong and weak areas of core content program; teachers know which areas need additional instructional support	Knowledge of weak areas in core content program that may be related to student performance data
Implementing core content curriculum/program	Teachers learn scope and sequence of curriculum and how to implement with fidelity	Understanding content-area requirements, instructional pacing, and implementation fidelity
Administering assessment measures, including universal screening and progress monitoring	Teachers learn what the measures assess as well as how to administer them	Understanding what the screening and progress monitoring assessments measure
Using assessment measures to inform instruction	Teachers and interventionists analyze and use assessment results to form smaller groups and plan teacher-led instruction and interventions	Understanding how teachers group students for instruction and intervention; knowing how teachers use assessment results to plan intervention lessons
Establishing criteria for intervention entry and exit for at-risk students	Grade-level teachers review screening data and identify how to meet at-risk students' needs	Understanding the numbers of at-risk students by grade level, and the context for intervention decisions

TOPIC	OBJECTIVE	STUDENT EVALUATION PERSONNEL BENEFIT
Intervention program implementation	Interventionists understand and practice lessons, and make connections with the at-risk students they instruct	Understanding the areas targeted by the intervention program, and how it works
Professional development on effective instructional practices and research-based strategies	Classroom teachers and interventionists implement practices and strategies and hold students accountable for learning and using them	Knowledge of practices and strategies taught to at-risk students will enhance instructional observation, and allow personnel to recognize students' use of them
Campus leadership team review(s) of student data (BOY, MOY, and EOY)	Campus leadership team identifies at-risk students and/or monitors the progress of those who continue to struggle; team identifies grade-level needs for professional development and support	Context for overall grade-level performance and knowledge of campus plans for meeting identified needs

STUDENT EVALUATION PERSONNEL AND COORDINATED, EARLY INTERVENING SERVICES (CEIS) TEAMS

Campuses that provide coordinated, early intervening services (CEIS) to at-risk students may have an instructional decision-making team that collaborates on instruction and intervention planning. Sometimes teachers or grade-level teams request assistance from student evaluation personnel when intervention does not result in sufficient progress for at-risk students. Student evaluation personnel can identify additional intervention strategies to try by using their knowledge of the core curriculum and interventions provided when examining a student's progress-monitoring data with the team. They may facilitate a case study by helping the teacher or team examine previously taught intervention strategies, determine how well these strategies met the student's needs during a specific time period, identify new issues or behaviors that need intervention attention, and design a new intervention plan. Often the revisions in intervention instruction benefit all the students in a small group.

One tool that can help teachers document these decisions and communicate a student's progress is the COLLABORATIVE INSTRUCTIONAL LOG. The Log provides an ongoing summary of a student's progress- monitoring data, including information about the student's response to instruction over specified time periods. This information facilitates a case study discussion that may result in additional intervention strategies to try with the student; instructional coaching to support the teacher or interventionist; or if a student is making inadequate progress, a referral for a comprehensive evaluation to determine the presence of a suspected learning disability.

Briefly, the Collaborative Instructional Log is designed to document instructional intervention decisions made about an individual student over specified periods. The top section of the form documents the student's baseline information: universal screening or benchmark assessment information, intervention entry/exit criteria, the area(s) of risk, goals for closing the instructional gaps, who provides instruction and intervention, instructional modifications, and how intervention is provided (length and frequency of each session).

Below the baseline information are rows for intervention periods, usually two or three weeks. Each row documents the instructional decisions made and student information for that period: short-term goals, prioritized research-based strategies to teach, educator(s) responsible for teaching the intervention strategies and reinforcing them, notes about the student's response, and results of the progress-monitoring measures administered at the end of the period.

At the end of the specified intervention period, the student's progress-monitoring results are compared to the goals that were set to determine whether the intervention is working to close the student's performance gaps. In light of this information, goals for the next intervention period are then set, and the intervention cycle begins again.

If a student makes insufficient progress in CEIS, the student evaluation professional may lead the team in a case study. While the Collaborative Instructional Log helps to capture the "big ideas" of the intervention that was provided, questions such as those listed in the INTERVENTION PROGRESS CASE STUDY may help the CEIS team dig deeper to identify barriers to progress or additional strategies to try.

COLLABORATIVE INSTRUCTIONAL LOG: READING

Student _____ Grade _____ Homeroom Teacher _____

Baseline/Current Reading Assessment	Annual Reading Goals	Comprehensive Reading Instruction	Intervention Summary
Instrument _____ Date _____ Phonemic Awareness _____ PHonics _____ FLuency _____ VOcabulary _____ COmprehension _____	Intervention Exit Criteria:	Program _____ Teacher _____ Amount of Time _____ Time of Day _____ _____ Daily _____ Other _____	Differentiated Instruction: Intervention Teacher: Group:
Intervention Period _____ (dates) _____ (schedule) Progress Goals PA _____ VO _____ PH _____ CO _____ FL _____	Priority Intervention Strategies	Teacher(s) Responsible	Progress Monitoring Assessment Data (score/benchmark/status) PA _____/_____ PH _____/_____ FL _____/_____ VO _____/_____ CO _____/_____
Intervention Period _____ (dates) _____ (schedule) Progress Goals PA _____ VO _____ PH _____ CO _____ FL _____	Priority Intervention Strategies	Teacher(s) Responsible	Progress Monitoring Assessment Data (score/benchmark/status) PA _____/_____ PH _____/_____ FL _____/_____ VO _____/_____ CO _____/_____

COLLABORATIVE INSTRUCTIONAL LOG: READING (continued)

Student _____ Grade _____ Homeroom Teacher _____

Intervention Period	Priority Intervention Strategies	Teacher(s) Responsible	Notes on Student Response	Progress Monitoring Assessment Data
<div>(dates)</div> <div>(schedule)</div> <div> Progress Goals PA _____ PH _____ FL _____ VO _____ CO _____ </div>				<div>(score/benchmark/status)</div> <div> PA _____ PH _____ FL _____ VO _____ CO _____ </div>
<div>(dates)</div> <div>(schedule)</div> <div> Progress Goals PA _____ PH _____ FL _____ VO _____ CO _____ </div>				<div>(score/benchmark/status)</div> <div> PA _____ PH _____ FL _____ VO _____ CO _____ </div>
<div>(dates)</div> <div>(schedule)</div> <div> Progress Goals PA _____ PH _____ FL _____ VO _____ CO _____ </div>				<div>(score/benchmark/status)</div> <div> PA _____ PH _____ FL _____ VO _____ CO _____ </div>

INTERVENTION PROGRESS CASE STUDY DISCUSSION QUESTIONS

1. How did research-based intervention target the student's needs?

In what areas does the student have gaps in learning?

How is the intervention instruction designed to target these needs?

Is the intervention instruction explicit and systematic, with modeling and ample opportunities to practice and receive immediate corrective feedback? Describe.

Describe the practice opportunities provided during a typical intervention lesson.

How many opportunities for corrective feedback were provided during a typical lesson?

Did it take more intervention instruction than you expected for the student to master a strategy? Explain what you did.

Does the student generalize the strategies and use them in other content areas? Give examples.

What aspects of the intervention contributed to the student's learning? (What worked?)

INTERVENTION PROGRESS CASE STUDY DISCUSSION QUESTIONS

(continued)

2. Would increasing the intensity of the intervention instruction accelerate student learning?

What size is the student's intervention group? ____

If we try the student in a smaller group, what size should it be? ____

How frequent are the intervention sessions? ____ x week

If we try adding more sessions, how many should there be? ____ x week

Is the pacing of the intervention instruction fast enough?

How long are the intervention sessions? ____ minutes

If we need to increase the length of each session, how long should they be? ____ minutes

3. Are there other factors that may be interfering with learning?

Have there been excessive absences or tardies? ____ absences ____ tardies

Remarks:

Are there physical needs, including nutritional or sleep-related ones, that may be interfering with learning?

Could changing the time of day for intervention be a solution? ____ Change to: ____

Are there social or behavioral issues that may have an impact on learning? Describe.

Are there personality factors? Describe. Should we try another teacher for intervention?

INTERVENTION PROGRESS CASE STUDY DISCUSSION QUESTIONS

(continued)

4. What are the next steps with the student?

How can all teachers collaborate to reinforce the intervention instruction?

Do teachers or interventionists need additional support? Identify support needed, and when, and how it will be provided.

What changes in intervention instruction will be tried?

How will these changes in intervention be monitored?

Identify date for follow-up discussion if student responds inadequately. Date: _____

NOTE: Immediately refer student for special education evaluation if a disability is suspected.

Using RTI Information

in an Individual Student Evaluation

This section describes ways that student evaluation personnel can incorporate information related to a student's response to intervention into a comprehensive evaluation when the presence of a specific learning disability (SLD) is suspected. While there are other approaches to identifying learning disabilities, including the "discrepancy model" (comparing a student's intellectual capacity to academic achievement), this resource focuses on using Rtl data.

When Rtl information is used to identify a specific learning disability, the amount and type of data varies depending on how long the student has received early intervening services. The data may be very rich, stemming from the student's participation over time in campus-wide implementation of Rtl. Or it may be somewhat limited, for instance, from participation in a short-term intervention that only began when the student was suspected of having a disability and referred for a comprehensive evaluation. In either case, the data contributes valuable information for the group of qualified professionals and the parent to use in determining the presence of the SLD. It should be noted that Rtl data is never the sole data source; rather, when considered with other data sources, it contributes to the overall determination of a disability.

Universal screening of all students and assessment of student learning is fundamental to Rtl. Rtl requires the use of assessment data to inform instruction: to identify students who are at-risk, to make instructional intervention decisions, and to frequently monitor their progress in the interventions. When at-risk students do not make adequate progress to close their gaps in learning, they often are referred to student evaluation personnel for further assessment. In schools using Rtl, student evaluation personnel have the task of using existing data and collecting new data; making sense of the interventions provided; organizing the progress monitoring data; conducting additional student assessments; and observing the student. They summarize their findings and recommendations in reports for the group of qualified professionals and the parent (the Admission, Review, and Dismissal [ARD] Committee). ARD Committees use the additional assessment information to determine whether students are eligible for special education.

This section will:

- Briefly address changes in roles or perspectives for student evaluation personnel to consider as they incorporate RtI into the student evaluation process.
- Provide an overview of information required for the group of qualified professionals and the parent to make a disability determination.
- Identify areas where RtI data can inform the comprehensive evaluation report.
- Provide tools for collecting and summarizing RtI-related data.

RTI AND CHANGES IN STUDENT EVALUATION PERSPECTIVES

Student evaluation personnel who use RtI data to identify students with specific learning disabilities have noted a shift in their roles in the evaluation process. Rather than administering specific assessment instruments to identify student deficits *after* students have developed significant gaps in learning, student evaluation personnel may find they now play a detective role, gathering evidence of interventions conducted to *prevent* significant gaps in learning. They may or may not directly assess students.

This is a significant change from traditional student evaluation procedures. When a student has participated in an intervention process, student evaluation personnel must learn more about intervention actions taken at the first signs of learning difficulties, and the student's response. They may be less directly involved in testing the student, and more directly involved with the teachers who provided the instruction and intervention. To learn more about the student's response to the intervention process, student evaluation personnel often collaborate with the student's teachers to do the following:

- Collect information from the instruction and monitoring of the student's classroom performance that was done prior to the referral for evaluation.
- Collect evidence of the student's performance in the area(s) of the suspected learning disability.
- Describe the instructional strategies used.
- Gather student data related to the response to the intervention strategies.

—34 CFR §300.310 and §300.311 (a)(3) and (7)

All areas of suspected disability require observations of the student in the regular classroom. When a student has participated in intervention, conducting an observation of the student in the intervention setting should also be considered. Intervention observation data supplements the student progress data, providing information about how the intervention strategies addressed the student's needs and about opportunities for the student to receive direct instruction and immediate corrective feedback.

See the CORE CONTENT AREA/TIER 1: INSTRUCTIONAL and TIER II/TIER III INTERVENTION OBSERVATION worksheets for examples of tools to gather this information.

To determine that a student has a specific learning disability and needs specialized instruction, ARD Committees may want to consider information about the intervention instruction that the student received.

- How did the intervention instruction address the student's needs?
- What was the length and frequency of the intervention sessions?
- What was the duration of the intervention?

If the ARD Committee determines that a student has a specific learning disability, intervention information can inform its development of the student's Individual Education Program (IEP).

Rtl is a fairly new approach for identifying students with specific learning disabilities. Therefore student evaluation personnel should consider changes related to the nature of the student data collected and procedures for obtaining it, and discuss them with campus administrators and teachers. Using a student evaluation process that involves Rtl tends to involve more collaboration and less independent testing. The CHECKLIST FOR REVIEW OF STUDENT DATA summarizes information collected for the comprehensive evaluation report. Communicating how the evaluation has widened its focus to include instructional-centered data helps teachers anticipate the questions they may be asked during the student evaluation process, and allows them to assist in documenting interventions. The teachers and interventionists are key in providing evidence related to the student's suspected disability.

Interviewing teachers can give added dimension to the comprehensive evaluation report. Providing teachers with the questions prior to the interview gives them an opportunity to organize or prepare any information needed, and minimizes interview time needed. Likewise, conducting interviews with parents may result in additional critical information and gives them opportunities to ask questions.

The TEACHER/INTERVENTIONIST INTERVIEW and the PARENT INTERVIEW show how questions can build on each other to elicit critical information about a student's learning.

Finally, the information and tools provided in this resource guide are designed to support student evaluation personnel who work in Texas schools that are implementing Rtl. Blank copies of all forms are provided in the Tools section at the end. Please visit <http://buildingRTI.utexas.org> for additional information.

Core Content Area/Tier 1: Instructional Observation															
Observer	Referred Student				Start time of observation										
Teacher	Grade	# of students	Language of instruction		Finish time of observation										
Content area(s): Reading		Math		Grouping observed: Check all that apply: CIRCLE grouping for referred student											
___ Phonemic Awareness ___ Phonics ___ Fluency		___ Computation ___ Word problem solving		___ Whole Group ___ Small Group ___ # in groups ___ Partner ___ One-to-One ___ Co-teaching											
Core Content:															
Instructional objectives/ Lesson Activities/ Strategies															
								Student engagement/ Maximization of instructional time/ Pacing							
								Differentiation instruction (materials, activities, student products)							
Features of effective Instruction		Comments		Classroom management/ Interruptions/ Behavior redirections											
___ Explicit instruction ___ Modeling ___ Guided practice ___ Immediate corrective feedback ___ Practice to automaticity ___ Scaffolding for understanding ___ Material matches student needs				Corrective Feedback/ Accountability for student work											
Observation of referred student's participation															

Checklist

FOR EVALUATION OF SPECIFIC LEARNING DISABILITY*

Evaluation Staff Member: _____ Referred Student: _____ Date of Referral: _____

Student has received appropriate instruction: Core/Tier 1	Data Source/ Notes
<div data-bbox="134 506 902 1335"> <input type="checkbox"/> Scheduled time for core content area instruction _____ to _____ Frequency: ____ days a week <input type="checkbox"/> Provided in the student's native language <input type="checkbox"/> Instruction is scientifically based in research (SBR) SBR Program: _____ <input type="checkbox"/> The instruction is explicit and systematic <input type="checkbox"/> Supplemental instruction is SBR <input type="checkbox"/> Data-based documentation of repeated assessments of achievement at reasonable intervals <ul style="list-style-type: none"> • Data has been systematically collected and analyzed • Ongoing use of student assessment data readily apparent in the way students are grouped for instruction <input type="checkbox"/> Parents have been kept informed </div>	<div data-bbox="1166 495 1325 527">EXAMPLES</div> <div data-bbox="963 625 1515 1329"> <p>Home language survey: Language proficiency assessment Grade level team's analysis, such as Consumer's Guide to Reading Programs Lessons plans address all areas appropriate for the grade level Grade level team's review of supplemental materials Results for formal assessment of student's progress Universal screening data Analysis of data for referred student Teacher interview Professional development for teachers Reports to parent/Parent conference notes</p> </div>
Student has received intervention to address gaps in learning	
<div data-bbox="134 1566 846 1808"> <input type="checkbox"/> Scheduled time for student's intervention: _____ to _____ Frequency: ____ times weekly <input type="checkbox"/> Date student entered intervention _____ Number of rounds/cycles of intervention student has received _____ </div>	

* Follows the requirements of IDEA 2004

- ☐ Intervention provided in the student's native language
- ☐ Intervention matches the language of instruction
- ☐ Intervention program based in scientific reading research Program (if applicable): _____
- ☐ Interventionist is knowledgeable about the intervention. Name of interventionist: _____
- ☐ Intervention targets student's gaps in learning
- ☐ Student receives intervention in small group of students with similar needs
Number of students in group: _____
- ☐ Progress monitoring information provides data about the student's response to the intervention over time
- ☐ Indicate intervals/frequency of progress monitoring: _____
- ☐ Interventionist uses assessment data to inform instructional decision-making
- ☐ Parents are informed of student progress

If not in native language, ensure that learning difficulties are not due to language differences

Notes of intervention review/selection

Student's learning gaps match focus of intervention

Recommended group sizes:

Supplemental/Tier 2= 3-5

Intensive/Tier 3: 1-3

Progress monitoring instrument(s):

Intervals: _____

Interview, lesson plans

Parent reports/conference notes

Underachievement is not due to:

- ☐ Limited English proficiency
- ☐ Lack of educational opportunity
- ☐ Vision problems
 - ___ Normal vision (Date of Screening _____)
 - ___ Vision corrected with glasses
 - ___ Student always wears glasses during instruction
 - ___ Suspected/observed vision difficulties
- ☐ Hearing problems
 - ___ Normal hearing (Date of Screening _____)
 - ___ Chronic ear infections
 - ___ Diagnosed hearing impairment
 - ___ Uses hearing aids during instruction
- ☐ Motor ability
- ☐ Intellectual disability
- ☐ Emotional disturbance
- ☐ Cultural factors
- ☐ Environmental/economic disadvantage

Note source of documentation indicating that each item was ruled out as a possible cause of a specific learning disability. Note any concerns or accommodations.

Teacher/Interventionist Interview

Student _____ **Classroom Teacher** _____

Interviewer _____ **Date** _____

Tell me about the student's opportunities to learn. What do you know of the student's educational background? Language background?

What other possible factors may be interfering with learning?

_____ Missed instruction (Number of absences: _____ Number of tardies: _____)

_____ Physical needs (describe any noted)

____ medication ____ nutrition ____ sleep ____ chronic condition ____ other

Describe _____

_____ Other factors _____

What do you think the learning problem is? Be as specific as possible.

Approximately when did you first notice it? What made you notice it?

What instructional changes did you make to increase the student's learning success? What strategies did you try? Describe strategies tried, length of time, results.

TEACHER/INTERVENTIONIST INTERVIEW
(CONTINUED)

Tell me about the student's intervention instruction. *(Note: Information may already be listed on Collaborative Instructional Log)*

Who provides it? _____ (if person other than interviewee)

When did the student begin intervention? _____

Any previous intervention that you know of? _____

How frequent are the sessions? _____ times a week

How long is each intervention session? _____ minutes

How many students are in the intervention group? _____ students

How do you reinforce the intervention strategies in content-area instruction?

What strategies does the student use in content-area instruction?

How have you informed the student's parents about the services being provided and the strategies to support their child's rate of learning?

How were the parents informed of the right to request a comprehensive evaluation at any time?

TEACHER/INTERVENTIONIST INTERVIEW
(CONTINUED)

Student _____ **Classroom Teacher** _____

Interviewer _____ **Date** _____

(Note name and date if this portion of the interview continues with a different individual)

Briefly describe the intervention, i.e., how it works to close the student's gaps in learning.

How do you monitor the student's progress in the intervention?

How frequently is the student's intervention progress monitored? _____
(___ Student data attached)

How have you used the student's progress monitoring data to make decisions about the intervention instruction? *(Give example)*

When the student's intervention progress was inadequate, how did you adjust the instruction?

What steps have been taken to increase the intensity of the intervention?

- ___ Increased length of sessions (Date of change _____; from _____ min. to _____ min.)
- ___ Increased frequency of sessions (Date of change _____; from ___ to ___ days a week)
- ___ Decreased group size and/or teacher student ratio (Date of change _____;
from ___ to ___ students; from ____: ____ to ____: ____ ratio)
- ___ Changed intervention (Date of change _____)

What additional information about the student's response to intervention do you think is important?

How have you informed the student's parents about the services being provided and the strategies to support their child's rate of learning?

How were the parents informed of their right to request a comprehensive evaluation at any time?

Parent Interview

Parent _____ Child _____

Interviewer _____ Date _____

As you know, your child is experiencing learning difficulties. No one knows your child like you do. I'd like to get information from you that may help us understand more about how your child learns.

When did you first learn your child's teachers were concerned about your child's learning?

Do you think your child is having learning difficulties? What makes you think so?

What do you think your child's learning difficulties could be?

How long has your child been at *(school name)*? _____

Does your child eat breakfast at home or at school? If at home, what does he/she eat before school?

When does your child usually go to bed? ____ p.m. Wake up in the morning? ____ a.m.

Leave for school? ____ How does he/she get to school? _____

PARENT INTERVIEW
(CONTINUED)

Does your child have needs the teachers might need to know about?

____ Medication _____ (Frequency _____ Time of Day _____)
____ Allergies _____
____ Frequent illnesses _____
____ Sleep problems _____
____ Worries _____
____ Other _____

Did you or other family members have learning difficulties in school? If so, tell me about them.

Do you have any ideas that might help the teachers meet your child's needs?

Do you have any questions for me?

Thank you for your time! You'll be contacted when it's time to set up a meeting to plan the next steps in meeting your child's needs.

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Resources

WEB SITES

Building Capacity for RtI implementation in Texas Schools. <http://buildingRTI.utexas.org>

Center on Instruction. www.centeroninstruction.org

ESC Region 20: Standards-based IEP Training.

<http://portal.esc20.net/portal/page/portal/esc20public/SpecialEducation/AGCHome/AGCStatewideLeadership>

Florida Center for Reading Research. <http://www.fcrr.org/>

Meadows Center for Preventing Educational Risk at the University of Texas at Austin. <http://www.meadowscen-ter.utexas.org>

National Center on Response to Intervention. <http://www.rti4success.org>

Texas Education Agency, Evaluation of Learning Disability <http://www.tea.state.tx.us/index2.aspx?id=2147500368>, see also RtI information at <http://www.tea.state.tx.us/index2.aspx?id=2147500224>

What Works Clearinghouse: Students with learning disabilities. <http://ies.ed.gov/ncee/wwc/reports/Topicarea.aspx?tid=19>

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Letters from the US Department of Education



UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

MAR - 6 2007

Dr. Perry A. Zirkel
Lehigh University
Department of Education and Human Services
College of Education
Mountaintop Campus
111 Research Drive
Bethlehem, Pennsylvania 18015-4794

Dear Dr. Zirkel:

Thank you for your recent correspondence to Mr. John Hager, Assistant Secretary for the Office of Special Education and Rehabilitative Services, U. S. Department of Education regarding issues related to identifying children and youth with specific learning disabilities. Your letter was referred to the Office of Special Education Programs (OSEP), for response.

You requested guidance from OSEP relating to procedures for identifying children with specific learning disabilities, as required by 34 CFR §300.307(a). Specifically, you inquired if a State may: (1) prohibit local educational agencies (LEAs) from using severe discrepancy and require them to use response to intervention (RTI); (2) permit severe discrepancy, RTI, and a third research-based model, thereby leaving the choice among the three options to each LEA; and (3) prohibit or permit the use of a successive combination of RTI and severe discrepancy (i.e., RTI as the initial steps and severe discrepancy as part of the culminating determination).

The regulations at 34 CFR §300.307(a) provide that a State must adopt criteria for determining whether a child has a specific learning disability, and LEAs must use the criteria adopted by the State educational agency (SEA). The criteria adopted by the States cannot require LEAs to use a severe discrepancy between intellectual ability and achievement to determine whether a child has a specific learning disability. 34 CFR §300.307(a)(1). Moreover, the Analysis of Comments and Changes section of the final Part B Regulations to the Individuals with Disabilities Education Act of 2004 (IDEA 2004) indicates that States may prohibit the use of a discrepancy model. 71 Fed. Reg. 46646 (August 14, 2006). Accordingly, while a State cannot require the use of a severe discrepancy model, a State may prohibit, or make optional, the use of a severe discrepancy model.

As required in 34 CFR §300.304(b)(1) and (2), consistent with section 614(b)(2) of the Act, an evaluation of a child suspected of having a disability, including a specific learning disability, must include a variety of assessment tools and strategies and cannot rely on any single procedure as the sole criterion for determining eligibility for special

education and related services. With respect to a child suspected of having a specific learning disability, in accordance with 34 CFR §300.307(a)(2) and (3), State criteria must permit the use of a process based on the child's response to scientific, research-based intervention, and may permit the use of other alternative research-based procedures (emphasis added). An RTI process does not replace the need for a comprehensive evaluation, and the results of an RTI process may be one component of the information reviewed as part of the evaluation procedures required under 34 CFR §§300.304 and 300.305. Finally, the manner in which the State chooses to use RTI as one component of a comprehensive evaluation is left up to the States.

Based on section 607(e) of the IDEA, we are informing you that our response is provided as informal guidance and is not legally binding, but represents an interpretation by the U.S. Department of Education of the IDEA in the context of the specific facts presented.

If you have any further questions, please do not hesitate to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "Alexa Posny". The signature is fluid and cursive, with the first name "Alexa" written in a larger, more prominent script than the last name "Posny".

Alexa Posny, Ph.D.

Director

Office of Special Education

Programs



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

AUG 15 2007

Perry A. Zirkel
University Professor of Education
Department of Education and Human Services
College of Education
Mountaintop Campus
111 Research Drive
Bethlehem, Pennsylvania 18015-4794

Dear Dr. Zirkel:

This letter is in response to your letter of March 26, 2007, in which you ask the following question that you indicate arose subsequent to the Office of Special Education Program's (OSEP's) letter to you of March 6, 2007:

If a state chooses to comply with 34 CFR §300.307(a) by permitting LEAs [local educational agencies] to use RTI, severe discrepancy, and/or a third-research based alternative, may the LEA opt a) to use both RTI and severe discrepancy, or b) to continue to use severe discrepancy and not RTI as part of the comprehensive evaluation for SLD eligibility?

Under 34 CFR §300.307(a) of the final regulations for Part B of the IDEA, a State must adopt, consistent with 34 CFR §300.309, criteria for determining whether a child has a specific learning disability as defined in 34 CFR §300.8(c)(10). The regulations further provide that a State, in adopting those criteria, must not require the use of a severe discrepancy between intellectual ability and achievement; must permit the use of a process based on the child's response to scientific, research-based intervention; and may permit the use of other alternative research-based procedures for determining whether a child has a specific learning disability. 34 CFR §300.307(a)(1)-(3).

Section 300.307(b) of the final Part B regulations requires that a public agency must use the State criteria in determining whether a child has a specific learning disability.

In the scenario presented in your question, the State permits the use of a severe discrepancy, the child's response to scientific, research-based intervention and/or the use of other alternative research-based procedures for determining whether a child has a specific learning disability. Under those State-adopted criteria, LEAs in that State would be permitted to use any of the three available options/models, or any combination of those options/models, as part of a comprehensive evaluation under 34 CFR §§300.301-300.311 to determine the presence of a specific learning disability.

Based on section 607(e) of the IDEA, we are informing you that our response is provided as informal guidance and is not legally binding, but represents an interpretation by the U.S. Department of Education of the IDEA in the context of the specific facts presented.

If you have further questions, please do not hesitate to contact my office.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia J. Guard".

Patricia J. Guard
Acting Director
Office of Special Education
Programs



UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

OCT 19 2007

Dr. John Copenhaver, Director
Mountain Plains Regional Resource Center
Utah State University
1780 North Research Parkway, Suite 112
Logan, Utah 84341

Dear Dr. Copenhaver:

This letter is in response to your electronic mail inquiry to the Office of Special Education Programs (OSEP), transmitted on July 13, 2007, regarding requirements in Part B of the Individuals with Disabilities Education Act (Part B) for parental consent to be obtained for initial evaluations when a response to intervention (RTI) process is used. Your specific questions and our responses follow.

Are there any circumstances in which a school district could conduct a full initial evaluation and determine eligibility without obtaining the parent's informed consent?

What starts the 60-day timeline for evaluation if parental consent is not needed?

A full and initial evaluation must be conducted in accordance with 34 CFR §§300.304-300.305 prior to the initial provision of special education and related services to a child with a disability under Part B. 34 CFR §300.301(a). Under 34 CFR §300.300(a)(1)(i), the public agency proposing to conduct an initial evaluation to determine if the child qualifies as a child with a disability under 34 CFR §300.8 must obtain informed consent from the parent of the child before conducting the evaluation. The regulations also provide that parental consent is not required for review of existing data on the child as part of an initial evaluation or reevaluation. 34 CFR §300.300(d)(1)(i).

Requirements for review of existing evaluation data on the child as part of initial evaluations and reevaluations were added to the IDEA in the 1997 reauthorization. To respond to public comments asserting that parental consent should be required for all evaluations, not just those for which new tests were conducted, the Department provided the following clarification of the new statutory provision:

The statute provides that in some instances, an evaluation team may determine that additional data are not needed for an evaluation or reevaluation. In all instances, parents have the opportunity to be part of the team which makes that determination. Therefore, no parental consent is necessary if no additional data are needed to conduct the evaluation or reevaluation. (Assistance to States for the Education of Children with Disabilities and Early Intervention Program for Infants and Toddlers with Disabilities, Final Rule, 64 Fed. Reg. 12564, 12610 (Mar. 12, 1999))

You indicate that your inquiry was prompted because many school districts are obtaining evaluation data as part of a response to intervention (RTI) process and progress monitoring. The U.S. Department of Education provided the following pertinent explanation regarding the use of RTI in its discussion of public comments accompanying publication of the final Part B regulations in the Federal Register:

An RTI process does not replace the need for a comprehensive evaluation. A public agency must use a variety of data gathering tools and strategies even if an RTI process is used. The results of an RTI process may be one component of the information reviewed as part of the evaluation procedures required under §§ 300.304 and 300.305. As required in § 300.304(b), consistent with section 614(b)(2) of the Act, an evaluation must include a variety of assessment tools and strategies and cannot rely on any single procedure as the sole criterion for determining eligibility for special education and related services.

(Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children With Disabilities, Final Rule, 71 Fed. Reg. 46540, 46648 (Aug. 14, 2006))

Therefore, we do not believe that an RTI process alone would relieve a public agency of the obligation to conduct a comprehensive, individual, initial evaluation of a child, for which parental consent would be required.

The regulation at 34 CFR §300.305 describes the procedures that apply to review of existing evaluation data on the child. Under 34 CFR §300.305(a)(1), the individualized education program (IEP) Team and other qualified professionals, as appropriate, must review existing evaluation data on the child, including evaluations and information provided by the child's parent, current classroom-based local or State assessments, classroom-based observations and observations by teachers and related services providers. On the basis of that review and input from the child's parents, the group must identify what additional data, if any, are needed to determine whether the child is a child with a disability and the educational needs of the child, the present levels of academic achievement and related developmental needs of the child, and whether the child needs special education and related services. 34 CFR §300.305(b)(2)(i)(a), (ii), and (iii)(A). If the IEP Team and other qualified professionals determine, based on review of existing data, that those data are sufficient to determine whether the child is a child with a disability and the child's educational needs, and that no additional data are needed, the determination of whether the child qualifies as a child with a disability, within the meaning of 34 CFR §300.8, could be made without conducting further assessments of the child. In that situation, the public agency would not be required to obtain parental consent for an initial evaluation. 34 CFR §300.300(d)(1)(i).

Please note that under this regulation, the parent must always be given the opportunity to request further assessment even if the public agency determines that no additional evaluation data are needed. If the public agency informs the parent that no additional data are needed to determine whether the child is a child with a disability and the child's educational needs, but the parent requests that additional assessment be conducted, the public agency would be required to obtain parental consent prior to conducting that assessment. The purpose of the additional assessment

would be to determine whether the child has a disability and the nature and extent of the child's educational needs. 34 CFR §§300.300(a)(1)(i) and 300.15.

Under 34 CFR §300.304, any initial evaluation or reevaluation must use a variety of assessment tools and strategies to gather relevant functional, developmental and academic information about the child, including information provided by the parent, that may assist in determining whether the child is a child with a disability under 34 CFR §300.8 and the content of the child's IEP. In addition, the public agency may not use any single measure or assessment as the sole criterion for determining whether the child is a child with a disability and for determining an appropriate educational program for the child. 34 CFR §300.304(b)(1)-(2).

Based on these evaluation requirements, we believe that only in limited circumstances could a public agency conduct an initial evaluation only through review of existing data on the child, and that, in most instances, review of existing evaluation data on the child generally would be insufficient for a team to determine whether a child qualifies as a child with a disability and the nature and extent of the child's educational needs.

Since consent is not required for review of existing data on the child, you have also asked how the timeline requirement is applied in this situation. The evaluation timeline requirement at 34 CFR §300.301(c)(1) begins to run from the date that the public agency received parental consent to conduct the initial evaluation. The regulations do not establish a timeline for review of existing data on the child. Consistent with the public agency's obligation under 34 CFR §300.111 to locate, identify, and evaluate all children who are in need of special education and related services, public agencies must ensure that the review of existing evaluation data does not operate to impede the child's right to the timely provision of special education and related services. The review of existing data is a part of the eligibility determination process that occurs prior to the initiation of any evaluation timeline that would apply if additional evaluation data were needed. Therefore, we would expect that the eligibility determination would occur promptly if no further evaluation data were needed.

Based on section 607(e) of the IDEA, we are informing you that our response is provided as informal guidance and is not legally binding, but represents an interpretation by the U.S. Department of Education of the IDEA in the context of the specific facts presented.

We hope this provides the information you require. If you have further questions, please do not hesitate to contact Deborah Morrow at 202-245-7456.

Sincerely,



Patricia J. Guard
Acting Director
Office of Special Education
Programs



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

APR - 8 2008

Perry A. Zirkel
University Professor of Education and Law
Lehigh University
Department of Education
and Human Services
111 Research Drive
Bethlehem, PA 18015-4794

Dear Dr. Zirkel:

This letter is in response to your November 1, 2007 letter regarding questions you posed after completing a 50-state survey concerning legal provisions for response to intervention (RTI). You state in your letter that the survey revealed substantial confusion concerning two issues regarding RTI in Part B of the Individuals with Disabilities Education Act (IDEA). Additionally, you posed two other related questions. All four of your questions and our responses follow. I apologize for the delay in getting back to you.

1. Pattern of strengths and weakness

Question: Am I correct in interpreting the language "pattern of strengths and weaknesses..." (§300.309(a)(2)) to encompass both the options of severe discrepancy and the "other alternative research-based procedures"?

Response: The eligibility group, including the parents, required under 34 CFR §300.306 and, when applicable, under 34 CFR §300.308, can determine that a child has a specific learning disability (SLD) if the child meets the criteria in 34 CFR §300.309(a)(1), (a)(2)(i) OR (a)(2)(ii), and (a)(3). 34 CFR §300.309(a)(2)(i) specifically applies to failure of a child to make sufficient progress when using a RTI process. Therefore, 34 CFR §300.309(a)(2)(ii), which references a child exhibiting a pattern of strengths and weaknesses, would apply to all other permissible methods of identifying a child with a specific learning disability.

2. Continuous progress monitoring

Question: Is my interpretation correct that the requirement for the evaluation team to "consider" continuous progress monitoring (§300.309(b)(2)), regardless of whether the approach is RTI, means that the LEA must include continuous progress monitoring in the referral or evaluation process and give due weight to the results?

Response: The eligibility group referenced above, under 34 CFR §300.309(b)(2), must consider data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was

provided to the child's parents, in order to ensure that underachievement in a child suspected of having a SLD is not due to lack of appropriate instruction in reading or math. The regulation does not use the term "continuous progress monitoring."

The information referred to in 34 CFR §300.309(b)(2) may be collected as a part of the evaluation process, or may be existing information from the regular instructional program of a school or LEA. It must be reviewed and weighed by the evaluation group. As we noted in the Analysis of Comments and Changes for the final IDEA Part B regulations, Federal Register, Vol. 71, No. 56, Monday, August 14, 2006, 71 *Fed. Reg.* 46540, 46657, "[a] critical hallmark of appropriate instruction is that data documenting a child's progress are systematically collected and analyzed and that parents are kept informed of the child's progress." We believe that this information is necessary to ensure that a child's underachievement is not due to lack of appropriate instruction.

3. Amount and nature of student performance data collected

Question: Must state special education law concerning SLD identification include provisions "regarding the amount and nature of student performance data that would be collected and the general education services that would be provided" (§300.311(a)(7))?

Response: The Part B regulations require state special education policy concerning identification of SLD through an RTI process to address the amount and nature of student performance data that would be collected and the general education services that would be provided in the RTI process. If a child suspected of having a SLD has participated in a process that assesses the child's response to scientific, research-based intervention, under 34 CFR §300.311(a)(7), the documentation of the determination of eligibility, as required in 34 CFR §300.306(a)(2), must contain a statement of the instructional strategies used and the student-centered data collected; and the documentation that the child's parents were notified about the State's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided, the strategies for increasing the child's rate of learning and the parents' right to request an evaluation.

4. Scientifically based research

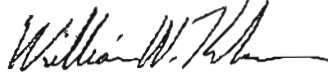
Question: Does the absence of the qualifier "scientific" in "other alternative research-based procedures" mean that this option need not meet all the defined, and relatively rigorous, requirements for "scientifically based research" (§300.35)?

Response: The criteria that a State adopts for determining whether a child has a SLD, under 34 CFR §300.307(a)(3), may permit the use of other alternative research-based procedures for determining whether a child has a SLD, as defined in 34 §300.8(c)(10). There is no requirement under this provision for such alternative procedures to be "scientifically-based." They must, however, be research-based.

Based on section 607(e) of the IDEA, we are informing you that our response is provided as informal guidance and is not legally binding, but represents an interpretation by the U.S. Department of Education of the IDEA in the context of the specific facts presented.

If you have further questions, please do not hesitate to contact Deborah Morrow of my staff at 202-245-7456.

Sincerely,

A handwritten signature in black ink, appearing to read "William W. Knudsen".

William W. Knudsen
Acting Director
Office of Special Education
Programs



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

MAY 28 2008

Catherine D. Clarke
Director, Education and Regulatory Advocacy
American Speech-Language-Hearing Association
444 North Capitol Street, NW, Suite 715
Washington, DC 20001

Dear Ms. Clarke:

This is in response to your April 23, 2008, letter to me following up on our conversations at the meeting I had with the staff of the American Speech-Language-Hearing Association (ASHA) earlier this year. First, I want to thank you for your hospitality and the opportunity for the discussions we had at that meeting. I was delighted to be able to participate. I would also like to respond to the issues you raise in your letter.

You request clarification on the role of speech-language pathologists (SLPs) in the use of the Response to Intervention (RTI) model that can be a component of an evaluation for children suspected of having a specific learning disability (SLD) under the 2006 final regulations implementing the reauthorized Individuals with Disabilities Education Act (IDEA). Although the Part B regulations, at 34 CFR §300.308(b), identify a speech-language pathologist as one of the individuals qualified to conduct diagnostic examinations of children, you are concerned that SLPs are not consistently included, when appropriate, as members of the RTI team.

The IDEA and the Part B regulations do not address the role of SLPs, or other qualified professionals, in an RTI model. As you know, under 34 CFR §300.307(a)(2), state criteria for determining whether a child has an SLD, as defined in 34 CFR §300.8(c)(10), must permit the use of a process based on the child's response to scientific, research-based intervention. If a local educational agency (LEA) chooses to use an RTI model as one part of the full and individual evaluation required under 34 CFR §§300.304-300.311, the LEA may choose the RTI model it wishes to implement. It would then be the responsibility of the LEA to determine the roles and responsibilities of the various staff members to be involved in that particular model, or which staff members the LEA chooses to involve in its RTI model. The individuals involved in the RTI model could vary for a number of reasons, such as the nature of the child's suspected disability, the expertise of local staff, and other relevant factors. The U.S. Department of Education (Department) does not prescribe the models LEAs must use, or how they will utilize their staff in implementing a selected model. Such determinations are left to state educational agencies (SEAs) and LEAs under the statute and regulations.

You also request clarification on whether children suspected of having communication disabilities other than SLDs should go through the RTI process as part of the identification process to determine eligibility for services. The statute and regulations are silent on this issue. As indicated above, the regulations at 34 CFR §300.307(a)(2) require only that states *permit* the

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use of a process based on a child's response to scientific, research-based intervention as part of the identification of an SLD. The Part B regulations do not address the use of an RTI model for children suspected of having other disabilities. It is up to each state to develop criteria for determining whether a child has a disability, provided those criteria include a variety of assessment tools and strategies and do not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability or for determining an appropriate educational program for the child. 34 CFR §300.304(b)(1)-(2).

As we explained in the Analysis of Comments and Changes accompanying publication of the August 14, 2006, final Part B regulations:

A public agency must use a variety of data gathering tools and strategies even if an RTI process is used. The results of an RTI process may be one component of the information reviewed as part of the evaluation procedures required under §§ 300.304 and 300.305. As required in §300.304(b), consistent with section 614(b)(2) of the Act, an evaluation must include a variety of assessment tools and strategies and cannot rely on any single procedure as the sole criterion for determining eligibility for special education and related services. Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children With Disabilities, Final Rule, 71 Fed. Reg. 46540, 46648 (Aug. 14, 2006).

Next, you request guidance on state standards on the use of paraprofessionals and assistants in the provision of speech-language pathology services, because you are concerned that LEAs may be using these individuals improperly in serving children with disabilities. The Office of Special Education and Rehabilitative Services (OSERS) appreciates ASHA's recommendations regarding the use of paraprofessionals and assistants. These recommendations are very detailed and are clearly based on ASHA's collective experience. States could certainly choose to accept these recommendations or similar recommendations. However, OSERS is not in a position to adopt, or require that states adopt, the recommendations.

The Part B regulations at 34 CFR §300.156(b) require that the qualifications established and maintained by states must include qualifications for related services personnel and paraprofessionals that (1) are consistent with any state-approved or state-recognized certification, licensing, registration, or other comparable requirements that apply to the professional discipline in which those personnel are providing special education or related services; and (2)(iii) allow paraprofessionals and assistants who are appropriately trained and supervised, in accordance with state law, regulation, or written policy, in meeting the requirements of Part B to be used to assist in the provision of special education and related services under Part B to children with disabilities.

Our position regarding your request that the Department provide guidance on state standards for the use of paraprofessionals remains the same as the position set out in our response to public comments on the June 21, 2005, Notice of Proposed Rulemaking. See 71 FR 46611-46612. The Act and regulations require states to establish and maintain qualifications to ensure that personnel necessary to carry out the purposes of Part B, including speech-language paraprofessionals, are appropriately and adequately prepared and trained. 34 CFR §300.156(a). The use of paraprofessionals and assistants who are appropriately trained and supervised is

governed by state law, regulation, and written policy, giving states the option of determining whether paraprofessionals and assistants can be used to assist in the provision of special education and related services under Part B of the Act, and, if so, to what extent their use would be permissible. States have the flexibility to determine whether to use paraprofessionals and assistants, and, if so, to determine the scope of their responsibilities.

Based on section 607(e) of the IDEA, we are informing you that our response is provided as informal guidance and is not legally binding, but represents an interpretation by the U.S. Department of Education of the IDEA in the context of the specific facts presented.

I hope this clarification is helpful to you. I am sorry that we are not in a position to provide the additional guidance you are seeking, but it is important that we continue to allow states the flexibility to utilize staff consistent with Part B and the discretion afforded states in this regard to ensure that children with disabilities receive the services that they need. Please do not hesitate to contact me if you have further questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Sheehy", written over the printed name.

Jennifer Sheehy
Director
Office of Policy and Planning



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

April 23, 2008

Jennifer Sheehy
Director of Planning and Policy
Office of Special Education and Rehabilitative Services
550 12th Street SW
Room 5147
Washington, DC 20202

Dear Director Sheehy:

Thank you again for meeting with staff of the American Speech-Language-Hearing Association (ASHA) earlier this year. As a follow-up to our meeting with you and other staff of the U.S. Department of Education (ED), we would like to request guidance and clarification on the following IDEA Part B issues to aid ASHA members in the implementation on the IDEA Part B final regulations.

Role of Speech-Language Pathologists in RTI

First, we request clarification for the role of the speech-language pathologists (SLP) in the use of the Response to Intervention (RTI) model for children suspected of having a specific learning disability (SLD) under the 2006 IDEA Part B final regulations. The SLP is the professional who is uniquely qualified to contribute in a variety of ways to the assessment and intervention of children suspected of having SLD. For a list of some contributions SLPs make as a member of the RTI team please see Attachment 1 (page 5).

Although the 2006 IDEA final regulations (Sec. 300.308(b)) lists speech-language pathologists among those qualified to conduct individual diagnostic examinations for children suspected of having SLD, ASHA members report that SLPs are not consistently included, when appropriate, as a member of the RTI Team. Guidance from ED will underscore the important role of the SLP who can offer expertise and support in the language basis of literacy and learning, experience with collaborative approaches to instruction/intervention, and an understanding of the use of student outcome data when making instructional decisions. Not having an appropriate professional on the RTI team may result in a delay of services.

We also request clarification on whether children suspected of having communication disabilities other than SLD should go through the RTI process as part of the identification process to determine eligibility for services. ASHA members report a delay in needed services for these students. Clarification of the use of RTI and an appropriate time frame for RTI intervention would alleviate confusion in school districts struggling with this issue.

444 NORTH CAPITOL STREET, N.W.
SUITE 715
WASHINGTON, DC 20001
FAX 202-624-5955

www.asha.org

2200 RESEARCH BLVD
ROCKVILLE, MD 20850-3289
301-296-5700 VOICE or TTY
FAX 301-296-8577

Use of Paraprofessionals and Assistants

Next, we request clarification regarding the use of paraprofessionals and assistants under IDEA. There is no legislative or regulatory history that has defined paraprofessionals and assistants or indicated the manner in which they should or should not be used to provide services under IDEA. Therefore, ASHA strongly believes that ED needs to provide the guidance necessary to ensure that, as federal funds are used to implement the provision for use of paraprofessionals and assistants, there is at least a minimum framework for states to use in developing policies related to such personnel. It is critical that parameters be identified that specify how such personnel should be trained, used, and supervised. ED guidance should include clarification that assistants and paraprofessionals should not be used to replace qualified providers. Leaving such decisions up to each individual state does not assure that paraprofessionals and assistants would be used in a manner that is consistent with the requirements of this Act for providing quality services and an appropriate education. ED must provide more detailed information and definitions for states to guide them as they implement the provisions for using paraprofessionals and assistants.

The Act and the final regulations identify both paraprofessionals and assistants as separate categories of personnel. It is ASHA's position that by identifying both paraprofessionals and assistants in the Act, Congress intended that these individuals have different roles and responsibilities and levels of education. Therefore, ASHA recommends that there be separate definitions for appropriately trained and supervised paraprofessionals and appropriately trained and supervised assistants.

ASHA recommends the following definitions for paraprofessionals and assistants.

***Paraprofessional:** An appropriately trained and supervised paraprofessional is an individual who: (i) performs specific routine tasks to assist qualified personnel who provide services to eligible students; (ii) has on-the-job training as necessary to perform such tasks; and (iii) performs specific routine tasks delegated by and under the supervision of a qualified provider, who meets the highest requirements in the state for the profession or discipline in which services are being provided. Paraprofessionals do not engage in direct instruction, but provide the support necessary for a qualified provider to deliver appropriate services for eligible students.*

***Assistant:** An appropriately trained and supervised assistant is an individual who: (i) performs specific activities that assist qualified personnel in the provision of services to eligible students; (ii) obtains formal, post-secondary training in the area in which he/she will be providing services from a degree granting institution accredited by an agency recognized by the U.S. Department of Education; (iii) is appropriately qualified; and (iv) performs specific activities while working under the direction and supervision of a qualified provider, who meets the highest requirements in the State for the profession or discipline in which services are being provided. The assistant carries out higher-level tasks than those of the paraprofessional, including some direct intervention.*

Paraprofessionals and assistants must be supervised by highly qualified personnel, and they should not be used to replace qualified personnel. ASHA strongly believes that the supervision of paraprofessionals and assistants must be conducted by qualified professionals. States need to develop and adopt rigorous standards of training and competency that indicate the highest level of professionalism and proficiency. An example of such rigorous standards is ASHA's Certification of Clinical Competence (CCCs), the nation's most widely recognized symbol of competency for speech-language pathology and audiology professionals. The professionals also must have obtained the knowledge, skills, and abilities necessary to supervise paraprofessionals and assistants and to ensure that the activities and tasks carried out by paraprofessionals or assistants are appropriate for a child with disabilities. For example, if a paraprofessional or assistant is used in the speech-language pathology service program, a qualified speech-language pathologist must be the person who supervises and assigns activities and tasks to the paraprofessional or assistant, and who has the responsibility for their actions as they assist in providing services. For more information on support personnel in speech language pathology please refer to Attachments 2 (page 6) and 3 (page 8).

To ensure that state law, regulations, or written policy address the use, training, and supervision of paraprofessionals and assistants, ASHA strongly recommends that ED require that the state policies include the definitions listed above. A review conducted by ASHA of state policies and procedures governing the use of paraprofessionals and assistants in speech-language pathology found little consistency from state to state on the use, training, and supervision of paraprofessionals and assistants. Of particular concern is that some paraprofessionals and assistants may provide services with little or no supervision by qualified personnel.

ASHA recommends that the Department of Education adopt supervision guidelines that have been developed by the Centers for Medicare and Medicaid Services (CMS) for school-based Medicaid speech-language pathology and audiology services. CMS advises that the supervising qualified speech-language pathologist and audiologist must assume professional responsibility for the services provided under his or her direction and monitor the need for continued services. The concept of professional responsibility implicitly supports face-to-face contact by the qualified speech-language-pathologists and audiologist at least at the beginning of treatment and periodically thereafter.

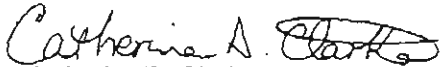
To meet this requirement, the qualified speech-language-pathologist or audiologist must see the individual at the beginning of and periodically during treatment, be familiar with the treatment plan, have continued involvement in the care provided, and review the need for continued services throughout treatment. Therefore, speech-language pathologists and audiologists must spend as much time as necessary directly supervising services to ensure students are receiving services in a safe and efficient manner in accordance with accepted standards of practice. To ensure the availability of adequate supervisory direction, Medicaid also recommends that supervising audiologists and speech-language-pathologists must ensure that individuals working under their direction have contact

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information to permit them direct contact with the supervising audiologist or speech-language pathologist as necessary during the course of treatment.

Clarification from the Department of Education on these issues would assist ASHA in providing accurate information to our members who provide services in school settings. We look forward to your response to our inquiries. If you have any questions, please contact me, Catherine Clarke, ASHA's Director of Education and Regulatory Advocacy, by phone at 301-296-5611 or by e-mail at cclarke@asha.org.

Sincerely,

A handwritten signature in cursive script, appearing to read "Catherine D. Clarke".

Catherine D. Clarke
Director, Education and Regulatory Advocacy

ATTACHMENT 1

Contributions that speech-language pathologists on the RTI team can make:

- Explain the role that language plays in curriculum, assessment, and instruction, as a basis for appropriate program design
- Explain the interconnection between spoken and written language
- Identify and analyze existing literature on scientifically based literacy assessment and intervention approaches
- Assist in the selection of screening measures
- Help identify systemic patterns of student need with respect to language skills
- Assist in the selection of scientifically based literacy intervention
- Plan for and conduct professional development on the language basis of literacy and learning
- Interpret a school's progress in meeting the intervention needs of its students
- Consulting with teachers to meet the needs of students in initial RTI tiers with a specific focus on the relevant language underpinnings of learning and literacy
- Collaborating with school mental health providers (school psychologists, social workers, and counselors), reading specialists, occupational therapists, physical therapists, learning disabilities specialists, and other specialized instructional support personnel (related/pupil services personnel) in the implementation of RTI models
- Assisting administrators to make wise decisions about RTI design and implementation, considering the important language variables

ATTACHMENT 2

Support Personnel in Speech-Language Pathology

ASHA has information available to guide speech-language pathologists in the appropriate training, use, and supervision of support personnel in speech-language pathology, specifically speech-language pathology assistants. ASHA has responses to frequently asked questions, available on its Web site at http://www.asha.org/about/membership-certification/faq_slpasst.htm, that address the number of assistants to be supervised, limitations on their area of responsibility, and include provisions that make it clear to parents that a qualified speech-language pathologist, who meets the requirements for the Certificate of Clinical Competence in Speech-Language Pathology is responsible for all tasks and activities carried out by the assistant.

ASHA also recognizes the use of other levels of support personnel, specifically the speech-language pathology aide, which is more closely aligned with the definition of a paraprofessional. Based on level of training, these support personnel may have a different scope of responsibilities in the work setting. Aides have a different, usually narrower, training base and a more limited scope of responsibilities than speech-language pathology assistants. States use different terminology to refer to support personnel in speech-language pathology (e.g., communication aides, paraprofessionals, service extenders). Regardless of what they are called, support personnel should be used to supplement and not supplant the services of a qualified professional.

Speech-Language Pathologists Who Employ Support Personnel

The following list includes examples of speech-language pathologists who use speech-language pathology aides or assistants. ASHA does not have an approval process for assistant training programs and does not register assistants. Therefore, ASHA provides this list of professionals with the understanding that these programs closely adhere to ASHA's policies for the use of support personnel but we have not observed or reviewed their program.

Maryland

Montgomery County Public Schools

Contact: Pam deFosse

pamela_a_defosse@mcpsmd.org

Metropolitan Area Communication Services

Annette Forester

301-704-7775

eforester@hotmail.com

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North Carolina

Rockingham County School District

Contact: Colette Edwards at cedwards@rock.k12.nc.us

North Carolina [developed guidelines](#) [PDF] for school administrators and hiring officials.

Oregon

Contact: Ashley Northam (ashleyslp@hotmail.com) or Janet Brockman
(brockman@ohsu.edu)

Texas

Sherman Independent School District

Contact: Jill Roper at jroper@shermanisd.net

SLPAs are supervised by an SLP with a CCC. The program is supported by the administrators and capable speech-language pathology assistants are encouraged to obtain a Master's degree.

ATTACHMENT 3

Frequently Asked Questions of Speech-Language Pathology Assistants

The American Speech-Language-Hearing Association (ASHA) has a position statement and guidelines on the training, use, and supervision of speech-language pathology assistants. ASHA also has resources for supervisors of assistants and continues to support the appropriate training, use, and supervision of speech-language pathology assistants by ASHA-certified speech-language pathologists. Speech-language pathology assistants are to be used only to supplement—not supplant—the services provided by ASHA-certified speech-language pathologists. Speech-language pathology assistants are not trained for independent practice.

A. Defining Speech-Language Pathology Assistants

1. Who are speech-language pathology assistants?

Speech-language pathology assistants are support personnel who, following academic and/or on-the-job training, perform tasks prescribed, directed, and supervised by ASHA-certified speech-language pathologists.

2. Are there other forms of support personnel?

There are typically two levels of support personnel – aides and assistants. Based on level of training, these support personnel may have a different scope of responsibilities in the work setting. Aides, for example, have a different, usually narrower, training base and a more limited scope of responsibilities than speech-language pathology assistants. States may use different terminology to refer to support personnel in speech-language pathology (e.g., communication aides, paraprofessionals, service extenders).

3. Is the use of speech-language pathology assistants new?

Speech-language pathology assistants have been used and regulated by many states since the 1970s. ASHA has had guidelines for the use of support personnel since 1969. Attention to the use of assistants has increased as professionals seek mechanisms for expanding services and containing costs. In November 2000, ASHA began development of an approval process for associate degree speech-language pathology assistant training programs and a registration process for speech-language pathology assistants. The approval process was effective January 2002, and the registration process was effective January 2003. However, at its Spring 2003 meeting, ASHA's Legislative Council voted to discontinue both the registration program for speech-language pathology assistants and the approval process for speech-language pathology assistant training programs as of December 31, 2003, primarily due to financial reasons.

4. Will speech-language pathology assistants be used to replace speech-language pathologists?

No. Assistants cannot replace qualified speech-language pathologists. Rather, they can support clinical services provided by speech-language pathologists. ASHA guidelines were developed to ensure that speech-language pathology services provided to the public

are of the highest quality and that speech-language pathologists continue to be responsible for maintaining this quality of service. According to ASHA guidelines and state licensure laws, no one can employ a speech-language pathology assistant without a speech-language pathologist as supervisor. ASHA guidelines and most state laws limit the number of speech-language pathology assistants a speech-language pathologist may supervise and define boundaries for how assistants are used.

5. Is there a need for speech-language pathology assistants?

To serve a growing and more diverse client base and an expanding scope of practice, more service providers are needed. In an era of heightened demand for cost efficiency, some tasks may be more appropriate for support personnel than for professional-level providers. The use of assistants may allow ASHA-certified speech-language pathologists to focus more on professional-level clinical services (i.e., those that require ongoing clinical judgment) rather than on routine day-to-day operational activities. Access the U.S. Bureau of Labor Statistics national job outlook for the professions.

6. What is the demand for speech-language pathology assistants?

ASHA does not have specific data on the demand for speech-language pathology assistants; however, 16.4% of ASHA certified speech-language pathologists reported that at least one speech-language pathology assistant was employed in their facilities (2003 ASHA Omnibus Survey). School-based speech-language pathologists reported a greater use of speech-language pathology assistants than did speech-language pathologists in health care facilities. In the school-based setting, 20% of ASHA-certified speech-language pathologists indicated that their facilities employed one or more speech-language pathology assistants (2006 ASHA Schools Survey). This percentage has decreased over time (i.e., 25.4% in 2000 and 31% according in 1995 according to the Schools Surveys in those years). Only 2% of speech-language pathologists in health care settings reported using speech-language pathologist assistants (2002 ASHA Health Care Survey). The demand for speech-language pathology assistants may grow as the population base for speech-language pathology services continues to increase.

7. What are the advantages to the speech-language pathologist in using speech-language pathology assistants in his/her practice?

The ASHA-certified speech-language pathologist may extend services (i.e., increase the frequency and intensity of services to patients or clients on his/her caseload), focus more on professional-level tasks, increase client access to the program, and achieve more efficient/effective use of time and resources. According to the ASHA 2000 Schools Survey, 47.3% of respondents indicated that the use of speech-language pathology assistants led to "more time for direct service," while 23.1% reported that the use of speech-language pathology assistants led to "more time for planning/consultation with teachers."

B. Using Speech-Language Pathology Assistants

1. What may speech-language pathology assistants do?

According to ASHA's Guidelines for Training, Use, and Supervision of Speech-Language Pathology Assistants, which apply across all practice settings, a speech-

language pathology assistant may conduct the following tasks under the supervision of a speech-language pathologist:

- Assist speech-language and hearing screenings (without interpretation)
- Assist with informal documentation as directed by the speech-language pathologist
- Follow documented treatment plans or protocols developed by the supervising speech-language pathologist
- Document patient/client performance (e.g., tallying data for the speech-language pathologist to use; preparing charts, records, and graphs) and report this information to the supervising speech-language pathologist
- Assist the speech-language pathologist during assessment of patients/clients
- Assist with clerical duties such as preparing materials and scheduling activities as directed by the speech-language pathologist
- Perform checks and maintenance of equipment
- Support the supervising speech-language pathologist in research projects, in-service training, and public relations programs
- Assist with departmental operations (scheduling, record keeping, safety/maintenance of supplies and equipment)
- Collect data for monitoring quality improvement
- Exhibit compliance with regulations, reimbursement requirements, and speech-language pathology assistant's job responsibilities

State laws vary and may differ from ASHA guidelines. Check specific state regulations.

2. What is outside of speech-language pathology assistants' scope of responsibilities?

According to ASHA's Guidelines for Training, Use, and Supervision of Speech-Language Pathology Assistants, a speech-language pathology assistant **may not** perform the following tasks:

- May not perform standardized or nonstandardized diagnostic tests, formal or informal evaluations, or clinical interpretation of test results
- May not screen or diagnose patients/clients for feeding/swallowing disorders
- May not participate in parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising speech-language pathologist or other ASHA-certified speech-language pathologist designated by the supervising speech-language pathologist
- May not write, develop, or modify a patient/client's individualized treatment plan in any way
- May not assist with patients/clients without following the individualized treatment plan prepared by the speech-language pathologist or without access to supervision

- May not sign any formal documents (e.g., treatment plans, reimbursement forms, or reports; the assistant should sign or initial informal treatment notes for review and co-signature by the supervising professional)
- May not select patients/clients for service
- May not discharge a patient/client from services
- May not disclose clinical or confidential information either orally or in writing to anyone other than the supervising speech-language pathologist
- May not make referrals for additional service
- May not counsel or consult with the patient/client, family or others regarding the patient/client status or service
- May not use a checklist or tabulate results of feeding or swallowing evaluations
- May not demonstrate swallowing strategies or precautions to patients, family, or staff
- May not represent himself or herself as a speech-language pathologist

State laws vary and may differ from ASHA guidelines. Check specific state regulations to determine which tasks are outside the scope of responsibilities for assistants in a particular state.

3. What is the average salary for speech-language pathology assistants?

At this time, ASHA collects salary data only on ASHA-certified speech-language pathologists and audiologists. Occupational and physical therapy data show that assistants in those fields make about 60% to 75% of professional-level salaries.

4. How will this program affect the culturally and linguistically diverse professional population?

ASHA places great emphasis on attracting individuals from culturally and linguistically diverse backgrounds into the speech-language pathology/audiology professions. In related professions that use assistants, the proportions of minorities to non-minorities in both the assistant and the professional levels are similar.

5. Who is responsible for services provided by a speech-language pathology assistant?

The fully qualified, ASHA-certified supervising speech-language pathologist is responsible for the services provided by assistants. In states that regulate speech-language pathology assistants, speech-language pathologists who hold full, unrestricted licenses assume these responsibilities for persons working under their direction.

6. Will caseloads expand when assistants are used?

As has always been the case, caseload size of ASHA-certified speech-language pathologists may or may not increase depending on client needs and the nature of the services provided. If speech-language pathology assistants are used appropriately, and if they are adequately supervised, ASHA-certified speech-language pathologists' caseloads

may decrease to permit sufficient time to supervise staff working under their direction; however, workload may increase as the speech-language pathologist assumes responsibilities for training and supervising assistants. Speech-language pathology assistants do not carry their own caseloads. Assistants help to provide services as directed for the caseloads of speech-language pathologists.

C. Supervising Speech-Language Pathology Assistants

1. Who can supervise speech-language pathology assistants?

ASHA's guidelines define a supervisor as a speech-language pathologist certified by ASHA and licensed by the state (where applicable) who has been practicing for at least 2 years following ASHA certification and has completed at least one pre-service course or continuing education unit in supervision.

2. Is the speech-language pathologist supervising a speech-language pathology assistant required to have a course in supervision?

It is recommended, according to ASHA's 2004 guidelines (see above).

3. What resources on supervision does ASHA have available?

Refer to the Knowledge and Skills for Supervisors of Speech-Language Pathology Assistants, which is also available through the ASHA Action Center at 800-498-2071. Additional resource items are available online at the ASHA Shop or by calling 888-498-6699, including "Practical Tools and Forms for Supervising Speech-Language Pathology Assistants" and "Working with Speech-Language Pathology Assistants in School Settings." Finally, professional development opportunities in supervision are periodically offered as education programs through ASHA teleseminars and conferences listed on our Continuing Education page.

4. If an ASHA-certified speech-language pathologist with less than two years' experience joins a program with an experienced speech-language pathology assistant, should the assistant be terminated to meet ASHA's 2004 guidelines?

No. However, there should be documentation of the attempt to hire a qualified speech-language pathologist as supervisor (i.e., with more than 2 years' experience post-ASHA certification). In addition, an alternate plan of supervision should be developed.

5. How much supervision is recommended?

The amount and type of supervision required should be based on the skills and experience of the speech-language pathology assistant, the needs of patients/clients served, the service setting, the tasks assigned, and other factors. ASHA's Code of Ethics requires certificate holders to provide "appropriate supervision." In ASHA's speech-language pathology assistant guidelines, the minimum amount of supervision suggested is 30% weekly (at least 20% direct) for the first 90 workdays and 20% (at least 10% direct) after the initial work period. Direct supervision means on-site, in-view observation and guidance by a speech-language pathologist while an assigned activity is performed by support personnel. The guidelines also recommend that a speech-language pathologist supervise no more than three speech-language pathology assistants.

State laws vary and may differ from ASHA guidelines. Check specific state regulations to determine amount of supervision required and qualifications for supervisors of assistants in a particular state.

D. Credentialing Speech-Language Pathology Assistants

1. Does ASHA credential speech-language pathology assistants?

Not at this time. ASHA had started a voluntary registration program for speech-language pathology assistants in 2003, of which one criterion for such registration required an associate degree from a technical training program for speech-language pathology assistants. At its spring 2003 meeting, ASHA's Legislative Council passed a resolution to discontinue the registration program for speech-language pathology assistants and the approval process for speech-language pathology assistant technical training programs as of December 31, 2003, primarily due to financial reasons.

ASHA no longer has a recognition process for associate degree technical training programs for speech-language pathology assistants nor a registration process for speech-language pathology assistants. ASHA will continue to disseminate the Guidelines for Training, Use, and Supervision of Speech-Language Pathology Assistants, which were revised in 2004. The revised Guidelines include recommended curriculum for training programs and a checklist for supervisors of speech-language pathology assistants that can assist in the verification of technical proficiency of the assistant.

2. How does one become a speech-language pathology assistant?

ASHA recommends completion of an associate's degree from a technical training program with a program of study designed to prepare the student to be a speech-language pathology assistant. Because the requirements for speech-language pathology support personnel vary across the country, persons interested in serving as speech-language pathology assistants should check with the state of intended employment for that state's specific requirements. State agencies (licensure boards) currently regulating support personnel have training requirements that range from a high school diploma to a baccalaureate degree plus graduate credit hours, as well as a variety of differing requirements for those supervising these individuals. In addition to state regulatory agencies, state education agencies may credential support personnel to work solely in schools to support service delivery provided by a qualified speech-language pathologist. ASHA's Guidelines for Training, Use, and Supervision of Speech-Language Pathology Assistants are national in scope and can serve to promote greater uniformity in the terms used to identify speech-language pathology support personnel, training and educational requirements, and job responsibilities.

3. Is continuing education required for a speech-language pathology assistant?

Currently, ASHA does not have a continuing education requirement for speech-language pathology assistants. State laws may vary from ASHA's requirements, so check with the state of intended employment, as several states do require annual continuing education for assistants.

4. Is the use of speech-language pathology assistants permitted in every state?

No. Some states that regulate speech-language pathology do not permit the use of speech-language pathology support personnel. In addition, state departments of education may credential speech-language pathology support personnel. Some school districts hire assistants under the classification of teacher assistants. If a state regulates speech-language pathology support personnel (i.e., under the term of assistant, aide, paraprofessional, apprentice, etc.), then individuals who wish to become employed in that state must meet the state requirements for practice under a licensed and ASHA-certified speech-language pathologist. Call the state licensure board or department of education for specific state regulations. Addresses and phone numbers can be obtained through the ASHA State-by-State page.

E. Training Speech-Language Pathology Assistants

1. Is this a career ladder?

It could be, but it is not specifically intended as such because the associated coursework and fieldwork experiences required in the speech-language pathology assistant program typically differ from those at the bachelor's, pre-professional, or master's professional levels. Anyone interested in pursuing academic coursework and fieldwork as an assistant prior to entering the field of speech-language pathology may want to check with bachelor's degree programs and master's degree programs in speech-language pathology to determine if any courses taken in the associate degree speech-language pathology assistant program will be credited for future studies.

2. What information is available to help a training institution start a speech-language pathology assistant training program?

The 2004 revised Guidelines for Training, Use, and Supervision of Speech-Language Pathology Assistants include curriculum content for training of speech-language pathology assistants. (See Section G below for more information.)

3. Can an institution establish a speech-language pathology assistant training program in a state that prohibits the use of speech-language pathology assistants?

Such decisions are under the purview of state agencies that have degree-granting authority and that regulate the professions. Consult with the appropriate state entity that performs such oversight to determine if starting such a program is permissible under postsecondary requirements in place and whether the program would be at variance with state law and regulations for the profession.

4. How can I find qualified speech-language pathology assistants?

Call states that regulate them. Addresses and phone numbers of state licensure boards and regulatory agencies can be obtained from the ASHA State-by-State page. Another option is to call associate degree programs and institutions that train and graduate speech-language pathology assistants.

5. How many training programs are there for speech-language pathology assistants?

As of March 2007, ASHA is aware of 19 operational associate degree programs for speech-language pathology assistants. Some of these programs offer training opportunities through distance learning and collaborations between community colleges

and institutions of higher education. For a self-identified list of speech-language pathology assistant training programs, contact slpinfo@asha.org.

F. Reimbursing Speech-Language Pathology Assistant Services

1. Can speech-language pathologists receive reimbursement for speech-language pathology assistant services?

Medicare policy currently does not recognize speech-language pathology assistants, regardless of the level of supervision and does not reimburse for speech-language pathology assistant services. Private insurers may cover licensed or registered speech-language pathology assistants. One must query each payer to verify coverage. Private insurers may or may not provide a different rate of reimbursement for services provided by a speech-language pathologist as opposed to a speech-language pathology assistant.

Medicaid reimbursement of speech-language pathology assistants varies from state to state. It is suggested that you contact your National Association of State Medicaid Directors to determine coverage in your state.

G. Fieldwork for Speech-Language Pathology Assistant Student Trainees

Introduction

The questions and answers below are provided to assist associate degree technical training programs for speech-language pathology assistants in establishing fieldwork arrangements that provide speech-language pathology assistant students with the technical skills for supervisors to verify their technical proficiency. This section is applicable to speech-language pathology assistant student trainees, not necessarily assistants in the employment setting.

1. Should the fieldwork hours completed by speech-language pathology assistant students be performed at specific types of settings or distributed across specific age groups or disorders?

ASHA does not specify types of settings for fieldwork or distribution of hours, but recommends that the fieldwork provides speech-language pathology assistant students with a variety of experiences with individuals with communication disorders. The intent is for training programs to have flexibility in arranging their fieldwork, and to provide speech-language pathology assistant students with experience with both children and adults in more than one setting; however, ASHA policies do not suggest a specific distribution.

2. Does the minimum of 100 clock hours of fieldwork include observation hours?

No. ASHA guidelines recommend a minimum of 100 clock hours of fieldwork that includes direct and indirect client contact activities covering all of the job responsibilities of a speech-language pathology assistant, but no observation hours. ASHA recommends that observation hours be undertaken before starting the 100 fieldwork hours. It is up to the training program to set the appropriate number of observation hours.

3. When speech-language pathology assistant students are engaged in patient/client contact, does ASHA recommend that they receive direct supervision or indirect supervision for the specified minimum of 50% of the time?

When engaged in patient/client contact, ASHA guidelines recommend that the speech-language pathology assistant student be supervised a minimum of 50% of the time. The patient/client contact refers to direct supervision of the speech-language pathology assistant student, which is defined as on-site, in-view observation and guidance.

4. When speech-language pathology assistant students are placed in fieldwork settings, can they be supervised by more than one speech-language pathologist?

Yes. ASHA recommends that each speech-language pathologist supervising the student complete a technical proficiency or skills competency checklist (or whatever specific format your institution uses for fieldwork assessments) for that particular student.

5. Should the supervisor of a speech-language pathology assistant student in an external fieldwork placement hold a current Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) from ASHA, or can he/she hold state licensure only?

ASHA suggests that an ASHA-certified speech-language pathologist supervise the first 100 clock hours of fieldwork defined in ASHA guidelines for each speech-language pathology assistant student. Any fieldwork hours completed that are more than 100 clock hours may be under the supervision of a qualified speech-language pathologist who is either state-licensed or ASHA-certified.

6. How many years' experience does the supervisor need to have to supervise a speech-language pathology assistant student?

The Guidelines for Training, Use, and Supervision of Speech-Language Pathology Assistants specify that the speech-language pathology assistant must be supervised by a speech-language pathologist who has practiced speech language pathology for at least 2 years following ASHA certification.

This page was updated on: 3/14/2008.

Taken from ASHA's Member's Only Web site:

http://www.asha.org/members/slp/faqs/faq_slpasst



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

DEC 11 2008

Perry A. Zirkel
University Professor of Education and Law
Department of Education and Human Services
College of Education
Mountaintop Campus
111 Research Drive
Bethlehem, PA 18015-4794

Dear Mr. Zirkel:

This is in response to your letter to Ms. Patricia Guard, Deputy Director of the Office of Special Education Programs (OSEP) at the U.S. Department of Education, dated September 1, 2008. The questions you pose and OSEP's responses are provided below.

1. If a school district, pursuant to a mandatory or permissive state law under §300.307(a), adopted RTI [response to intervention] as its official approach as the process prior to a formal evaluation for identifying children with SLD [specific learning disability] and early during the process a parent - in disagreement with the RTI approach - obtained an IEE [independent educational evaluation] that determined the student was eligible as SLD based on severe discrepancy analysis, is the district obligated to pay for the IEE (assuming the district filed for a due process hearing)? Your commentary accompanying the 2006 regulations - specifically, 71 Fed. Reg. 46,689 (Aug. 14, 2006) - only partially covers this issue.

OSEP's Response: In the hypothetical you pose, regardless of the method used in the IEE (severe discrepancy analysis or other), or whether the school district has adopted RTI, the parent is not entitled to be reimbursed for the IEE because the district has not completed an evaluation. The commentary you reference at 71 Fed. Reg. 46689 (Aug. 14, 2006) appears to directly address the scenario you describe above, in which the parent requests an IEE early in the RTI process because the parent disagrees with the RTI approach. The commentary states that "If a parent disagrees with the results of a completed evaluation that includes a review of the results of a child's response to intervention process, the parent has a right to an IEE at public expense, subject to the conditions in §300.502(b)(2) through (b)(4). The parent, however, would not have the right to obtain an IEE at public expense before the public agency completes its evaluation simply because the parent disagrees with the public agency's decision to use data from a child's response to intervention as part of its evaluation to determine if the child is a child with a disability and the educational needs of the child." (Emphasis added)

With respect to your parenthetical indicating that "the district filed for a due process hearing," we note that when a parent requests reimbursement for an IEE prior to the completion of the district's evaluation, the school district may deny the request for reimbursement without filing for a due process hearing. See 34 CFR §300.502(b)(1). If, after the completion of the school

district's evaluation, the parent requests an IEE at public expense, and the school district objects, the school district could file a due process complaint to show that its evaluation is appropriate or to demonstrate that the IEE obtained by the parent did not meet agency criteria. 34 CFR §300.502(b)(2)(i).

2. Would your answer be the same if the parent obtained the discrepancy-based IEE upon receiving notice from the district that the child had responded successfully in the RTI process and, thus, had no reason to proceed to a formal evaluation for SLD eligibility?

OSEP's Response: Yes. Under 34 CFR §300.502(b)(1), a parent has the right to an IEE at public expense, subject to 34 CFR §300.502(b) through (e), if the parent disagrees with an evaluation obtained by the public agency. In the scenario described in your second question above, the school district did not complete an evaluation and therefore, the parent would not be entitled to an IEE at public expense. However, pursuant to 34 CFR §300.301(b), a parent may request an evaluation by the school district to determine if the child is a child with a disability. If the district provides written notice, consistent with 34 CFR §300.503, that it declines to conduct an evaluation, the parent has all of the available dispute resolution options afforded by the Individuals with Disabilities Education Act (IDEA) in order to pursue an evaluation by the school district, including mediation (34 CFR §300.506), filing a due process complaint (34 CFR §300.507), or filing a State complaint (34 CFR §300.153).

3. In any event, would the district be in compliance with its obligation under §300.502(c)(1) to "consider" the results either by rejecting them outright as not meeting the district's "agency criteria" or by giving them negligible weight in light of the child's RTI results?

OSEP's Response: In the scenario described in your third question, above, assuming that this question follows from the other two questions, the school district declined, based on the outcome of the RTI process, to evaluate the child. Accordingly, at this point, the child has not been evaluated or determined to be a child with a disability, and therefore, the school district would be under no obligation to consider the results of the IEE. As noted above, if the parent disagrees with the district's decision not to conduct an evaluation, the parent may request an evaluation and if the school district declines to conduct an evaluation, the parent may use all of the available dispute resolution options to obtain an evaluation. Pursuant to 34 CFR §300.502(c)(1), the results of an IEE must be considered by the public agency, if it meets agency criteria, in any decision made with respect to provision of FAPE to the child. "Agency criteria" refers to "criteria under which the evaluation is obtained, including the location of the evaluation and the qualifications of the examiner...." 34 CFR §300.502(e)

It is important to remember that the data from an RTI process can be considered as one component of a full and individual evaluation, consistent with 34 CFR §§300.304-300.311, using a variety of assessment tools and strategies in determining whether the child is a child with a disability under 34 CFR §300.8 and the content of the child's IEP. 34 CFR §300.304(b)(1). The public agency may not use any single measure or assessment, including RTI, as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child. 34 CFR §300.304(b)(2)

Based on section 607(e) of the IDEA, we are informing you that our response is provided as informal guidance and is not legally binding, but represents an interpretation by the U.S. Department of Education of the IDEA in the context of the specific facts presented.

If you have further questions, please do not hesitate to contact Dr. Deborah Morrow at 202-245-7456.

Sincerely,

A handwritten signature in black ink, appearing to read "William W. Knudsen". The signature is fluid and cursive, with the first name "William" and last name "Knudsen" being clearly legible.

William W. Knudsen
Acting Director
Office of Special Education
Programs



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
JUN 2 2010

Dr. Linda Brekken, Director
SpecialQuest Birth-Five
Head Start/Hilton Foundation Training Program
5789 State Farm Dr., Suite 230
Rohnert Park, CA 94928

Dear Dr. Brekken:

This is in response to your November 3, 2009 electronic mail (e-mail) correspondence and the attached letter to Ruth Ryder, Director, Monitoring and State Improvement Planning Division (MSIP), Office of Special Education Programs (OSEP), regarding the applicability of the response to intervention (RTI) requirements in section 614(b)(6)(B) of Part B of the Individuals with Disabilities Education Act (IDEA) to children ages 3 through 5 enrolled in Head Start Programs. Specifically, your questions focus on how local educational agencies (LEAs) may implement RTI when a Head Start program refers a child to the LEA as a child suspected of having a disability and being in need of special education and related services.

Your questions and OSEP's responses follow.

1. You ask whether the IDEA introduces a new requirement or encourages LEAs to use an RTI approach in determining whether a 3-, 4-, or 5-year-old child enrolled in a Head Start program is eligible for special education and related services under Part B of the IDEA.

OSEP's Response: No. The IDEA does not require, or encourage, an LEA to use an RTI approach prior to a referral for evaluation or as part of determining whether a 3-, 4- or 5-year old is eligible for special education and related services. IDEA section 614(b)(6)(B) and its implementing regulation at 34 CFR §300.307(a)(2) require States to adopt criteria for determining whether a child has a *specific learning disability* as defined in 34 CFR §300.8(c)(10), and these criteria, among other factors, must permit the use of a process based on the child's response to scientific research-based intervention (known as RTI).¹ The category of specific learning disability is generally not applicable to preschool children with disabilities. The IDEA and the Part B regulations do not address the use of an RTI model for children suspected of having other disabilities. It is up to the State to develop criteria for determining whether a child qualifies as a child with a disability under 34 CFR §300.8, provided those criteria include a variety of assessment tools and strategies and do not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability, or for determining an appropriate educational program for the child. 34 CFR §300.304(b)(1)-(2).

¹ The Department has provided guidance regarding the use of RTI in the identification of specific learning disabilities in its letters to: Zirkel: 3-6-07, 8-15-07, 4-8-08, and 12-11-08; Clarke: 5-28-08; and Copenhagen: 10-19-07; which can be found at <http://www2.ed.gov/policy/speced/guid/idea/index.html>.

The requirements related to child find in IDEA section 612(a)(3) and 34 CFR §300.111, require that a State have in effect policies and procedures to ensure that the State identifies, locates and evaluates all children with disabilities residing in the State, including children with disabilities who are homeless or are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services. The IDEA child find requirements permit referrals from any source, including a Head Start program, that suspects a child may be eligible for special education and related services.

2. You ask whether an LEA can decline a child find referral from a Head Start program until the Head Start program monitors the child's developmental progress using RTI procedures.

OSEP's Response: No. Once an LEA receives a referral from a Head Start program, the LEA must initiate the evaluation process to determine if the child is a child with a disability. 34 CFR §300.301(b). If the LEA proposes to conduct an initial evaluation to determine if the child qualifies as a child with a disability under 34 CFR §300.8, the LEA must provide notice under 34 CFR §§300.503 and 300.504 and obtain informed parental consent, consistent with 34 CFR §300.9, before conducting the evaluation. Although IDEA and its implementing regulations do not prescribe a specific timeframe from referral for evaluation to parental consent, it has been the Department's longstanding policy that the LEA must seek parental consent within a reasonable period of time after the referral for evaluation, if the LEA agrees that an initial evaluation is needed. See Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children with Disabilities, Final Rule, 71 FR 46540, 46637. An LEA must conduct the initial evaluation within 60 days of receiving parental consent for the evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. 34 CFR §300.301(c). If, however, the LEA does not suspect that the child has a disability, and denies the request for an initial evaluation, the LEA must provide written notice to parents explaining why the public agency refuses to conduct an initial evaluation and the information that was used as the basis for this decision. 34 CFR §300.503(a) and (b). Therefore, it would be inconsistent with the evaluation provisions at 34 CFR §§300.301 through 300.311 for an LEA to reject a referral and delay provision of an initial evaluation on the basis that a community-based early childhood program (e.g., Head Start) has not implemented an RTI process with a child and reported the results of that process to the LEA. The IDEA and its implementing regulations at 34 CFR §§300.301–300.311 delineate the requirements LEAs (not non-LEAs, such as other community-based early childhood programs) must use to conduct an initial evaluation to determine if a child qualifies as a child with a disability under Part B.

3. You ask whether an LEA must inform a child's parents of their right to request an evaluation from the LEA if the LEA requires a child be assessed through an RTI approach before it will accept a referral from Head Start. You also ask how to proceed if the parents believe a needed evaluation is being delayed until the Head Start program implements RTI with the child.

OSEP's Response: While a parent of a child may initiate a request for an initial evaluation to determine if the child is a child with a disability under 34 CFR §300.301(b), the IDEA and its implementing regulations do not require that parents be informed of their right to request an

initial evaluation. However, under 34 CFR §300.504, upon initial referral from Head Start, the LEA must give the parents, a copy of the procedural safeguards available to them. These procedural safeguards must include information regarding the parents' opportunity to present and resolve complaints through the IDEA due process complaint and State complaint procedures, including the time period in which to file a complaint, the opportunity for the agency to resolve the complaint, and the difference between the due process complaint and the State complaint procedures, including the jurisdiction of each procedure, what issues may be raised, filing and decisional timelines, and relevant procedures, along with the availability of mediation. As noted above in response to #2, if an LEA declines to evaluate a child, it must provide prior written notice consistent with 34 CFR §300.503, which includes the reasons for refusing to conduct the evaluation. If the parent believes a needed evaluation is being delayed based on an LEA's refusal to conduct an initial evaluation until the Head Start program implements an RTI approach with the child, the parent may file a due process complaint under 34 CFR §300.507 or a State complaint under 34 CFR §300.153.

You may be interested to know that the Center on Response to Intervention in Early Childhood (<http://www.crtiec.org/>), funded by the Institute of Education Sciences, is currently conducting research and development to document the effect of multi-tiered instruction designed specifically for preschool children.

Based on section 607(e) of the IDEA, we are informing you that our response is provided as informal guidance and is not legally binding, but represents an interpretation by the U.S. Department of Education of the IDEA in the context of the specific facts presented.

OSEP continues to appreciate its historic partnership with Head Start regarding the development and implementation of policies and procedures designed to address the developmental and educational needs of young children with disabilities enrolled in Head Start programs. Please contact Deborah Morrow at 202-245-7456, or by e-mail at Deborah.Morrow@ed.gov if you have further questions regarding the implementation of the IDEA.

Sincerely,

A handwritten signature in black ink, appearing to read "Alexa Posny". The signature is fluid and cursive, with the first name "Alexa" written in a larger, more prominent script than the last name "Posny".

Alexa Posny, Ph.D.
Acting Director
Office of Special Education Programs



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

JAN 21 2011

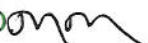
Contact Persons:

Name: Ruth Ryder
Telephone: 202-245-7513
Name: Deborah Morrow
Telephone: 202-245-7456

OSEP 11-07

MEMORANDUM

TO: State Directors of Special Education

FROM: Melody Musgrove, Ed.D. 
Director
Office of Special Education Programs

SUBJECT: A Response to Intervention (RTI) Process Cannot Be Used to Delay-Deny an Evaluation for Eligibility under the Individuals with Disabilities Education Act (IDEA)

The provisions related to child find in section 612(a)(3) of the Individuals with Disabilities Education Act (IDEA), require that a State have in effect policies and procedures to ensure that the State identifies, locates and evaluates all children with disabilities residing in the State, including children with disabilities who are homeless or are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services. It is critical that this identification occur in a timely manner and that no procedures or practices result in delaying or denying this identification. It has come to the attention of the Office of Special Education Programs (OSEP) that, in some instances, local educational agencies (LEAs) may be using Response to Intervention (RTI) strategies to delay or deny a timely initial evaluation for children suspected of having a disability. States and LEAs have an obligation to ensure that evaluations of children suspected of having a disability are not delayed or denied because of implementation of an RTI strategy.

A multi-tiered instructional framework, often referred to as RTI, is a schoolwide approach that addresses the needs of all students, including struggling learners and students with disabilities,

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and integrates assessment and intervention within a multi-level instructional and behavioral system to maximize student achievement and reduce problem behaviors. With a multi-tiered instructional framework, schools identify students at-risk for poor learning outcomes, monitor student progress, provide evidence-based interventions, and adjust the intensity and nature of those interventions depending on a student's responsiveness.

While the Department of Education does not subscribe to a particular RTI framework, the core characteristics that underpin all RTI models are: (1) students receive high quality research-based instruction in their general education setting; (2) continuous monitoring of student performance; (3) all students are screened for academic and behavioral problems; and (4) multiple levels (tiers) of instruction that are progressively more intense, based on the student's response to instruction. OSEP supports State and local implementation of RTI strategies to ensure that children who are struggling academically and behaviorally are identified early and provided needed interventions in a timely and effective manner. Many LEAs have implemented successful RTI strategies, thus ensuring that children who do not respond to interventions and are potentially eligible for special education and related services are referred for evaluation; and those children who simply need intense short-term interventions are provided those interventions.

The regulations implementing the 2004 Amendments to the IDEA include a provision mandating that States allow, as part of their criteria for determining whether a child has a specific learning disability (SLD), the use of a process based on the child's response to scientific, research-based intervention¹. See 34 CFR §300.307(a)(2). OSEP continues to receive questions regarding the relationship of RTI to the evaluation provisions of the regulations. In particular, OSEP has heard that some LEAs may be using RTI to delay or deny a timely initial evaluation to determine if a child is a child with a disability and, therefore, eligible for special education and related services pursuant to an individualized education program.

Under 34 CFR §300.307, a State must adopt, consistent with 34 CFR §300.309, criteria for determining whether a child has a specific learning disability as defined in 34 CFR §300.8(c)(10). In addition, the criteria adopted by the State: (1) must not require the use of a severe discrepancy between intellectual ability and achievement for determining whether a child has an SLD; (2) must permit the use of a process based on the child's response to scientific, research-based intervention; and (3) may permit the use of other alternative research-based procedures for determining whether a child has an SLD. Although the regulations specifically address using the process based on the child's response to scientific, research-based interventions (i.e., RTI) for determining if a child has an SLD, information obtained through RTI strategies may also be used as a component of evaluations for children suspected of having other disabilities, if appropriate.

The regulations at 34 CFR §300.301(b) allow a parent to request an initial evaluation at any time to determine if a child is a child with a disability. The use of RTI strategies cannot be used to delay or deny the provision of a full and individual evaluation, pursuant to 34 CFR §§300.304-

¹ The Department has provided guidance regarding the use of RTI in the identification of specific learning disabilities in its letters to: Zirkel - 3-6-07, 8-15-07, 4-8-08, and 12-11-08; Clarke - 5-28-08; and Copenhagen - 10-19-07. Guidance related to the use of RTI for children ages 3 through 5 was provided in the letter to Brekken - 6-2-10. These letters can be found at <http://www2.ed.gov/policy/speced/guid/idea/index.html>.

300.311, to a child suspected of having a disability under 34 CFR §300.8. If the LEA agrees with a parent who refers their child for evaluation that the child may be a child who is eligible for special education and related services, the LEA must evaluate the child. The LEA must provide the parent with notice under 34 CFR §§300.503 and 300.504 and obtain informed parental consent, consistent with 34 CFR §300.9, before conducting the evaluation. Although the IDEA and its implementing regulations do not prescribe a specific timeframe from referral for evaluation to parental consent, it has been the Department's longstanding policy that the LEA must seek parental consent within a reasonable period of time after the referral for evaluation, if the LEA agrees that an initial evaluation is needed. See Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children with Disabilities, Final Rule, 71 Fed. Reg., 46540, 46637 (August 14, 2006). An LEA must conduct the initial evaluation within 60 days of receiving parental consent for the evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. 34 CFR §300.301(c).

If, however, the LEA does not suspect that the child has a disability, and denies the request for an initial evaluation, the LEA must provide written notice to parents explaining why the public agency refuses to conduct an initial evaluation and the information that was used as the basis for this decision. 34 CFR §300.503(a) and (b). The parent can challenge this decision by requesting a due process hearing under 34 CFR §300.507 or filing a State complaint under 34 CFR §300.153 to resolve the dispute regarding the child's need for an evaluation. It would be inconsistent with the evaluation provisions at 34 CFR §§300.301 through 300.111 for an LEA to reject a referral and delay provision of an initial evaluation on the basis that a child has not participated in an RTI framework.

We hope this information is helpful in clarifying the relationship between RTI and evaluations pursuant to the IDEA. Please examine the procedures and practices in your State to ensure that any LEA implementing RTI strategies is appropriately using RTI, and that the use of RTI is not delaying or denying timely initial evaluations to children suspected of having a disability. If you have further questions, please do not hesitate to contact me or Ruth Ryder at 202-245-7513.

References:

Questions and Answers on RTI and Coordinated Early Intervening Services (CEIS), January 2007

Letter to Brekken, 6-2-2010

Letter to Clarke, 4-28-08

Letter to Copenhaver, 10-19-07

Letters to Zirkel, 3-6-07, 8-15-07, 4-8-08 and 12-11-08

cc: Chief State School Officers
Regional Resource Centers
Parent Training Centers
Protection and Advocacy Agencies
Section 619 Coordinators

Tools

CAMPUS-WIDE RTI ASSESSMENT ACTIVITIES CHECKLIST

Name of School _____ School Year _____
 RtI Leadership Team _____

ASSESSMENT ACTIVITY	TEAM MEMBERS AND CONTACT INFORMATION	STUDENT EVALUATION PERSONNEL ASSISTANCE PROVIDED
<p><i>Selecting scientifically based assessment measures</i></p> <ul style="list-style-type: none"> • Universal screening measures _____ • Benchmark measures _____ • Progress monitoring measures (at-risk students) _____ _____ 		
<p><i>Developing an annual assessment schedule</i></p> <ul style="list-style-type: none"> • Dates for development/ review of assessment plan Develop: _____ Review: _____ • Dates for professional development for assessments Screening/ benchmark _____ Progress monitoring _____ • Dates for administration of benchmark measures BOY: _____ MOY: _____ EOY: _____ • Dates for grade-level team analysis of student data BOY: _____ MOY: _____ EOY: _____ • Dates for campus-level analysis of student data BOY: _____ MOY: _____ EOY: _____ 		

CAMPUS-WIDE RTI ASSESSMENT ACTIVITIES CHECKLIST
(CONTINUED)

ASSESSMENT ACTIVITY	TEAM MEMBERS AND CONTACT INFORMATION	STUDENT EVALUATION PERSONNEL ASSISTANCE PROVIDED
<p><i>Designing a data management system</i></p> <ul style="list-style-type: none"> • Individual student data (teacher's data) • Data management across levels (teacher -> grade -> campus) • Progress monitoring data for students in early intervening services (by grade level) • Data management & periodic review during academic year (BOY, MOY, EOY; compare to goals) 		
<p><i>Providing professional development on using assessment data to inform instruction</i></p> <ul style="list-style-type: none"> • Interpretation of individual student results • Grouping students for instruction and intervention • Establishing grade-level entry and exit criteria for intervention levels • Planning instruction and intervention • Setting goals for individual students • Monitoring student progress 		
<p><i>Reviewing RtI implementation</i></p> <ul style="list-style-type: none"> • Setting grade-level and campus goals • Reviewing progress at MOY and EOY • Using data to identify professional development needs 		

COLLABORATIVE INSTRUCTIONAL LOG: READING

Student _____ Grade _____ Homeroom Teacher _____

Baseline/Current Reading Assessment	Annual Reading Goals	Comprehensive Reading Instruction	Intervention Summary
Instrument _____ Date _____ Phonemic Awareness _____ PHonics _____ FLuency _____ VOcabulary _____ COmprehension _____	Intervention Exit Criteria: _____	Program _____ Teacher _____ Amount of Time _____ Time of Day _____ _____ Daily Other _____	Differentiated Instruction: Intervention Teacher: Group:

Intervention Period	Priority Intervention Strategies	Teacher(s) Responsible	Notes on Student Response	Progress Monitoring Assessment Data
_____ <i>(dates)</i> _____ <i>(schedule)</i> Progress Goals PA _____ VO _____ PH _____ CO _____ FL _____				(score/benchmark/status) PA _____ PH _____ FL _____ VO _____ CO _____
Intervention Period	Priority Intervention Strategies	Teacher(s) Responsible	Notes on Student Response	Progress Monitoring Assessment Data (score/benchmark/status) PA _____ PH _____ FL _____ VO _____ CO _____

COLLABORATIVE INSTRUCTIONAL LOG: READING (continued)

Student _____ Grade _____ Homeroom Teacher _____

Intervention Period	Priority Intervention Strategies	Teacher(s) Responsible	Notes on Student Response	Progress Monitoring Assessment Data
<div>(dates)</div> <div>(schedule)</div> <div> Progress Goals PA _____ PH _____ FL _____ VO _____ CO _____ </div>				<div>(score/benchmark/status)</div> <div> PA _____ PH _____ FL _____ VO _____ CO _____ </div>
<div>(dates)</div> <div>(schedule)</div> <div> Progress Goals PA _____ PH _____ FL _____ VO _____ CO _____ </div>				<div>(score/benchmark/status)</div> <div> PA _____ PH _____ FL _____ VO _____ CO _____ </div>
<div>(dates)</div> <div>(schedule)</div> <div> Progress Goals PA _____ PH _____ FL _____ VO _____ CO _____ </div>				<div>(score/benchmark/status)</div> <div> PA _____ PH _____ FL _____ VO _____ CO _____ </div>

COLLABORATIVE INSTRUCTIONAL LOG: MATHEMATICS

Student: _____ Grade: _____ Homeroom Teacher: _____

Baseline/Screening Mathematics Assessment	Annual Mathematics Goals	Comprehensive Mathematics Instruction	Intervention Summary
Instrument: _____ Date: _____ Math Computation: (MC) _____ Math Problem Solving: (MPS) _____	Intervention Exit Criteria: _____	Program: _____ Teacher: _____ Amount of Time: _____ Time of Day: _____ _____ daily Other: _____	Differentiated Instruction: _____ Intervention Teacher: _____ Group: _____

Intervention Period	Priority Intervention Strategies	Teacher(s) Responsible	Notes on Student Response	Progress Monitoring Assessment Data
_____ <i>(dates)</i> _____ <i>(schedule)</i> Progress Goals MC _____ MPS _____				(score/benchmark/status) MC _____/_____ MPS _____/_____ _____/_____ _____/_____
Intervention Period	Priority Intervention Strategies	Teacher(s) Responsible	Notes on Student Response	Progress Monitoring Assessment Data (score/benchmark/status) MC _____/_____ MPS _____/_____ _____/_____ _____/_____

COLLABORATIVE INSTRUCTIONAL LOG: MATHEMATICS (continued)

Student: _____ Grade: _____ Homeroom Teacher: _____

Intervention Period	Priority Intervention Strategies	Teacher(s) Responsible	Notes on Student Response	Progress Monitoring Assessment Data
<div>(dates)</div> <div>(schedule)</div> <div> Progress Goals MC _____ MPS _____ </div>				<div>(score/benchmark/status)</div> <div> MC _____/_____/_____ MPS _____/_____/_____ </div>
<div>(dates)</div> <div>(schedule)</div> <div> Progress Goals MC _____ MPS _____ </div>				<div>(score/benchmark/status)</div> <div> MC _____/_____/_____ MPS _____/_____/_____ </div>
<div>(dates)</div> <div>(schedule)</div> <div> Progress Goals MC _____ MPS _____ </div>				<div>(score/benchmark/status)</div> <div> MC _____/_____/_____ MPS _____/_____/_____ </div>

INTERVENTION PROGRESS CASE STUDY DISCUSSION QUESTIONS

1. How did research-based intervention target the student's needs?

In what areas does the student have gaps in learning?

How is the intervention instruction designed to target these needs?

Is the intervention instruction explicit and systematic, with modeling and ample opportunities to practice and receive immediate corrective feedback? Describe.

Describe the practice opportunities provided during a typical intervention lesson.

How many opportunities for corrective feedback were provided during a typical lesson?

Did it take more intervention instruction than you expected for the student to master a strategy? Explain what you did.

Does the student generalize the strategies and use them in other content areas? Give examples.

What aspects of the intervention contributed to the student's learning? (What worked?)

INTERVENTION PROGRESS CASE STUDY DISCUSSION QUESTIONS

(continued)

2. Would increasing the intensity of the intervention instruction accelerate student learning?

What size is the student's intervention group? ____

If we try the student in a smaller group, what size should it be? ____

How frequent are the intervention sessions? ____ x week

If we try adding more sessions, how many should there be? ____ x week

Is the pacing of the intervention instruction fast enough?

How long are the intervention sessions? ____ minutes

If we need to increase the length of each session, how long should they be? ____ minutes

3. Are there other factors that may be interfering with learning?

Have there been excessive absences or tardies? ____ absences ____ tardies

Remarks:

Are there physical needs, including nutritional or sleep-related ones, that may be interfering with learning?

Could changing the time of day for intervention be a solution? ____ Change to: ____

Are there social or behavioral issues that may have an impact on learning? Describe.

Are there personality factors? Describe. Should we try another teacher for intervention?

INTERVENTION PROGRESS CASE STUDY DISCUSSION QUESTIONS

(continued)

4. What are the next steps with the student?

How can all teachers collaborate to reinforce the intervention instruction?

Do teachers or interventionists need additional support? Identify support needed, and when, and how it will be provided.

What changes in intervention instruction will be tried?

How will these changes in intervention be monitored?

Identify date for follow-up discussion if student responds inadequately. Date: _____

NOTE: Immediately refer student for special education evaluation if a disability is suspected.

Core Content Area/Tier 1: Instructional Observation						
Observer		Referred Student				Start time of observation
Teacher		Grade		# of students	Language of instruction	Finish time of observation
Content area(s): Reading		Math		Grouping observed: Check all that apply; CIRCLE grouping for referred student		
___ Phonemic Awareness ___ Phonics ___ Fluency		___ Computation ___ Word problem solving		___ Whole Group ___ Small Group ___ # in groups ___ Partner ___ One-to-One ___ Co-teaching		
Core Content:						
Instructional objectives/ Lesson Activities/ Strategies		Student engagement/ Maximization of instructional time/ Pacing				
		Differentiation instruction (materials, activities, student products)				
Features of effective Instruction		Comments		Classroom management/ Interruptions/ Behavior redirections		
___ Explicit instruction ___ Modeling ___ Guided practice ___ Immediate corrective feedback ___ Practice to automaticity ___ Scaffolding for understanding ___ Material matches student needs				Corrective Feedback/ Accountability for student work		
Observation of referred student's participation						

Intervention Observation						
Observer		Referred Student		Date		Start time of observation
Interventionist		# of students		Language of instruction:		Finish time of observation
Content area(s): Reading		Math		Grouping observed: (Check all that apply)		
___ Phonemic Awareness ___ Comprehension ___ Phonics ___ Vocabulary ___ Fluency ___ Writing		___ Computation ___ Word-problem solving		___ Small Group ___ One-to-One ___ # in group ___ Partner		
Intervention program						
Intervention objectives/ Lesson Activities/ Strategies				Student engagement/ Maximization of instructional time/ Pacing		
				Differentiation that targeted needs of referred student		
Features of effective intervention		Comments				
___ Explicit instruction ___ Modeling ___ Guided practice ___ Immediate corrective feedback ___ Practice to automaticity ___ Scaffolding for understanding ___ Material matches student needs						
Observation of referred student's participation						

Checklist

FOR EVALUATION OF SPECIFIC LEARNING DISABILITY*

Evaluation Staff Member: _____ Referred Student: _____ Date of Referral: _____

Student has received appropriate instruction: Core/Tier 1	Data Source/ Notes
<ul style="list-style-type: none"><input type="checkbox"/> Scheduled time for core content area instruction _____ to _____ Frequency: ____ days a week<input type="checkbox"/> Provided in the student's native language<input type="checkbox"/> Instruction is scientifically based in research (SBR) SBR Program: _____<input type="checkbox"/> The instruction is explicit and systematic<input type="checkbox"/> Supplemental instruction is SBR<input type="checkbox"/> Data-based documentation of repeated assessments of achievement at reasonable intervals<ul style="list-style-type: none">• Data has been systematically collected and analyzed• Ongoing use of student assessment data readily apparent in the way students are grouped for instruction<input type="checkbox"/> Parents have been kept informed	
Student has received intervention to address gaps in learning	
<ul style="list-style-type: none"><input type="checkbox"/> Scheduled time for student's intervention: _____ to _____ Frequency: ____ times weekly<input type="checkbox"/> Date student entered intervention _____ Number of rounds/cycles of intervention student has received _____	

*** Follows the requirements of IDEA 2004**

- ☐ Intervention provided in the student's native language
- ☐ Intervention matches the language of instruction
- ☐ Intervention program based in scientific reading research Program (if applicable): _____
- ☐ Interventionist is knowledgeable about the intervention. Name of interventionist: _____
- ☐ Intervention targets student's gaps in learning
- ☐ Student receives intervention in small group of students with similar needs
Number of students in group: _____
- ☐ Progress monitoring information provides data about the student's response to the intervention over time
- ☐ Indicate intervals/frequency of progress monitoring: _____
- ☐ Interventionist uses assessment data to inform instructional decision-making
- ☐ Parents are informed of student progress

Underachievement is not due to:

- ☐ Limited English proficiency
- ☐ Lack of educational opportunity
- ☐ Vision problems
 - ___ Normal vision (Date of Screening _____)
 - ___ Vision corrected with glasses
 - ___ Student always wears glasses during instruction
 - ___ Suspected/observed vision difficulties
- ☐ Hearing problems
 - ___ Normal hearing (Date of Screening _____)
 - ___ Chronic ear infections
 - ___ Diagnosed hearing impairment
 - ___ Uses hearing aids during instruction
- ☐ Motor ability
- ☐ Intellectual disability
- ☐ Emotional disturbance
- ☐ Cultural factors
- ☐ Environmental/economic disadvantage

Teacher/Interventionist Interview

Student _____ **Classroom Teacher** _____

Interviewer _____ **Date** _____

Tell me about the student's opportunities to learn. What do you know of the student's educational background? Language background?

Do you know of other possible factors that may be interfering with learning?

_____ Missed instruction (Excessive absences: _____ Excessive tardies: _____)

_____ Physical needs (describe any noted)

____ medication ____ nutrition ____ sleep ____ chronic condition ____ other

Describe _____

_____ Other factors _____

What do you think the learning problem is? Be as specific as possible.

Approximately when did you first notice it? What made you notice it?

What instructional changes did you make to increase the student's learning success? What strategies did you try?

TEACHER/INTERVENTIONIST INTERVIEW
(CONTINUED)

Tell me about the student's intervention instruction. *(Note: Information may already be listed on Collaborative Instructional Log)*

Who provides it? _____ (if person other than interviewee)

When did the student begin intervention? _____

Any previous intervention that you know of? _____

How frequent are the sessions? _____ times a week

How long is each intervention session? _____ minutes

How many students are in the intervention group? _____ students

How do you reinforce the intervention strategies in content-area instruction?

What strategies does the student use in content-area instruction?

How have you informed the student's parents about the services being provided and the strategies to support their child's rate of learning?

How were the parents informed of the right to request a comprehensive evaluation at any time?

TEACHER/INTERVENTIONIST INTERVIEW
(CONTINUED)

Student _____ **Classroom Teacher** _____

Interviewer _____ **Date** _____

(Note name and date if this portion of the interview continues with a different individual)

Briefly describe the intervention, i.e., how it works to close the student's gaps in learning.

How do you monitor the student's progress in the intervention?

How frequently is the student's intervention progress monitored? _____

(___ Student data attached)

How have you used the student's progress monitoring data to make decisions about the intervention instruction? *(Give example)*

When the student's intervention progress was inadequate, how did you adjust the instruction?

What steps have been taken to increase the intensity of the intervention?

- ___ Increased length of sessions (Date of change _____; from _____ min. to _____ min.)
- ___ Increased frequency of sessions (Date of change _____; from ___ to ___ days a week)
- ___ Decreased group size and/or teacher student ratio (Date of change _____;
from ___ to ___ students; from ___ to ___ ratio)
- ___ Changed intervention (Date of change _____)

What additional information about the student's response to intervention do you think is important?

How have you informed the student's parents about the services being provided and the strategies to support their child's rate of learning?

How were the parents informed of their right to request a comprehensive evaluation at any time?

Parent Interview

Parent _____ Child _____
Interviewer _____ Date _____

As you know, your child is experiencing learning difficulties. No one knows your child like you do. I'd like to get information from you that may help us understand more about how your child learns.

When did you first learn your child's teachers were concerned about your child's learning?

Do you think your child is having learning difficulties? What makes you think so?

What do you think your child's learning difficulties could be?

How long has your child been at (*school name*)? _____

Does your child eat breakfast at home or at school? If at home, what does he/she eat before school?

When does your child usually go to bed? ____ p.m. Wake up in the morning? ____ a.m.

Leave for school? ____ How does he/she get to school? _____

PARENT INTERVIEW
(CONTINUED)

Does your child have needs the teachers might need to know about?

____ Medication _____ (Frequency _____)
____ Allergies _____
____ Frequent illnesses _____
____ Sleep problems _____
____ Worries _____
____ Other _____

Did you or other family members have learning difficulties in school? If so, tell me about them.

Do you have any ideas that might help the teachers meet your child's needs?

Do you have any questions for me?

Thank you for your time! You'll be contacted when it's time to set up a meeting to plan the next steps in meeting your child's needs.

