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# Responsiveness to Intervention in the SLD Determination Process

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## **PURPOSE OF THIS OVERVIEW**

The purpose of this document is to provide a conceptual overview of responsiveness to intervention (RTI)—including hypothetical examples of how RTI might operate within a school setting and for a particular student—and to discuss its role within the larger context of specific learning disabilities (SLD) determination. For an expanded discussion of this topic, you are directed to a second publication by the National Research Center on Learning Disabilities (NRCLD), *Responsiveness to Intervention (RTI): How to Do It* (Johnson, Mellard, Fuchs, & McKnight, 2006).

## **INTRODUCTION**

The reauthorized Individuals with Disabilities Education Improvement Act of 2004 (P.L. 108-446) (IDEA 2004) was signed into law on December 3, 2004, by President George W. Bush. IDEA 2004 includes provisions that could lead to significant changes in the way in which students with SLD are identified. Of particular relevance to the process of SLD determination are the following provisions of the statute:

1. A local educational agency (LEA) shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability (IDEA 2004).
2. LEAs may use response to scientific-based instruction.
3. “Responsiveness to Intervention” (RTI) is not specifically identified in the law.
4. LEAs are given flexibility in determining SLD implementation options.
5. Using special education funding to provide early intervening services for *all* students is permitted.

This movement toward change stems from criticisms of current SLD determination components, procedures, and criteria. Although the focus and scope of the debate varies, much of the criticism stems from discrepancies between *conceptual* definitions and *operational* definitions of SLD (Reschly & Hosp, 2004). Most notably, although conceptual definitions are multifaceted, operational definitions have typically reduced the construct of SLD to a single dimension, a discrepancy between achievement and ability. In improving the process of SLD determination, understanding the components of the conceptual definition of SLD is important. In general, SLD involves learning and cognition disorders intrinsic to the individual, which are specific in that they each significantly affect a relatively narrow range of academic and performance outcomes (Bradley, Danielson, & Hallahan, 2002; Johnson & Mellard, 2006a). IDEA 2004 defines

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SLD as follows:

**Sec. 602. Definitions.**

(30) SPECIFIC LEARNING DISABILITY.—

(A) IN GENERAL—The term specific learning disability means a disorder in 1 or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.

(B) DISORDERS INCLUDED—Such term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

(C) DISORDERS NOT INCLUDED—Such term does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

SLD identification procedures, therefore, need to adequately address the components in the conceptual definition in a systematic and analytical fashion to accurately identify the presence of an SLD. Ideally, identification of SLD should include a student-centered, comprehensive evaluation that ensures students who have a learning disability are accurately identified. Additionally, general education must assume significant responsibility for delivery of high-quality instruction, research-based interventions, and prompt identification of individuals at risk while collaborating with special education and related services personnel (2004 Learning Disabilities Roundtable, 2005; Johnson & Mellard, in prep).

Historically, SLD determination procedures and practices have been faulted in several areas: irrelevance of aptitude-achievement discrepancy and cognitive measures to instructional planning or outcomes; lack of equitable treatment across educational settings; and delays in disability determination. Another criticism of practices has been that students

were judged to have an SLD without assessing the availability and use of general education interventions that have proven their effectiveness for youngsters presenting similar behaviors of concern (e.g., limited reading acquisition). One could not be confident that the achievement and behavior problems that a child presented were inherent to the child or attributable to shortcomings in the instructional settings.

Earlier statutes regarding the determination of SLD included a provision for evaluating the extent to which students had received appropriate learning experiences. However, no systematic process was outlined in the earlier regulations for ensuring that the “learning experiences” provided before referral for evaluation were those that have been found to be typically effective for the child’s age and ability levels (i.e. “appropriate”). The responsiveness to scientific-based intervention (e.g., RTI) concept in IDEA 2004 is an elaboration or greater specification of this basic concept. With this emphasis, school staffs must consider how a student’s performance in general education and, more specifically, the student’s performance in response to specific scientific research-based instruction, informs SLD determination. IDEA 2004 specifies special rules for eligibility determination (IDEA 2004, B. 614.b.(5)), by stating:

In making a determination of eligibility under paragraph (4)(A), a child shall not be determined to be a child with a disability if the determinant factor for such determination is—

(A) lack of appropriate instruction in reading, including in the essential components of reading instruction (as defined in section 1208(3) of the Elementary and Secondary Education Act of 1965);

(B) lack of instruction in math; or

(C) limited English proficiency.

# Definition

## *Defining RTI*

### **CONCEPTUALIZING RTI**

In principle, RTI is proposed as a valuable construct for schools because of its potential utility in the provision of appropriate learning experiences for all students and in the early identification of students as being at risk for academic failure. In these applications, RTI can be a framework for systemic reform directed at improving all learners' outcomes such as intended by the No Child Left Behind Act of 2001. Students need and benefit from a close match of their current skills and abilities with the instructional and curricular choices provided within the classroom. When a mismatch occurs, student learning and outcomes are lowered. For some students, typical classroom instruction is appropriate and meets their needs, but for others, success is not easy. The hypothesis is that the earlier these floundering students can be identified and provided appropriate instruction, the higher the likelihood they can be successful and maintain their class placement.

Three uses of RTI components are commonly described: (1) prediction of at-risk students, (2) intervention for students with academic or behavioral difficulties, and (3) as a component of SLD determination. In the first use, students in their early school experiences (e.g., pre-kindergarten, kindergarten, and early first grade) are screened for potential indicators of academic or behavioral difficulties. Rather than waiting for the students to fail, appropriate interventions are provided. In a sense, this prediction and prevention model follows the public health model in which people are vaccinated against possible illnesses. With high-quality screening measures and accompanying interventions, this approach can be very efficient. The emphasis is on general education procedures and practices to provide accurate prediction and effective interventions.

The second use is as a secondary level of intervention for those general education students who are not progressing at a rate or level of achievement commensurate with their peers. These students are

then selected for more intense interventions. For this usage, progress monitoring methods are needed for judging students' responsiveness to their general education experiences and more intensive interventions. In some applications, students might continue with this supplemental instruction for an extended period of time.

In the third use, RTI follows the IDEA 2004 statute intent as a component of SLD determination. The RTI approach as a component of SLD determination can follow a variety of models: predictor-criterion models that best predict reading competency; dual-discrepancy models that address failure at general education interventions; and functional assessment models that manipulate environmental events (Bradley, Danielson, & Hallahan, 2002). One important characteristic of this RTI application is that as one "test" of a disability, the implementation requirements are very stringent. That is, because this RTI usage is now part of an assessment for a disability, one wants assurance that the intervention is of the highest quality, delivered by a highly qualified person, and monitored in a manner to ensure it is being delivered with fidelity and that the student's responsiveness is assessed in a technically adequate manner.

### **RTI COMPONENTS**

The assumption in all three RTI uses is that one might be in a better position to help those learners who are experiencing difficulty if an assessment method could match the student with appropriate instruction. The intent of RTI is to combine important features of assessment and instruction and to address the limitations associated with current intervention and assessment models. The following are core requirements of a strong RTI model (Mellard, 2003):

1. *High-quality classroom instruction.* Students receive high-quality instruction in their general education setting. Before students are identified as having a disability, the IDEA 2004 statute

- requires assurance that the student has received high-quality instruction within general education. This quality can be assessed by comparing students' learning rates and achievement in different classrooms at the same grade level.
2. *Research-based instruction.* General education's classroom practices and the curriculum vary in their efficacy. Thus, ensuring that the practices and curriculum have demonstrated validity is important. If instruction is not research-based, one cannot be confident that students' limited gains are independent of the classroom experiences.
  3. *Classroom performance.* General education instructors and staff assume an active role in students' assessment in the general education curriculum. This feature emphasizes the important role of the classroom staff in designing and completing student assessments rather than relying on externally developed tests (e.g., state or nationally developed tests).
  4. *Universal screening.* School staff conducts universal screening of academics and behavior. This feature focuses on specific criteria for judging the learning and achievement of all students, not only in academics but also in related behaviors (e.g., class attendance, tardiness, truancy, suspensions, and disciplinary actions). Those criteria are applied in determining which students need closer monitoring or an intervention.
  5. *Continuous progress monitoring.* In RTI models, one expects students' classroom progress to be monitored continuously. In this way, staff can readily identify those learners who are not meeting the benchmarks or other expected standards. Various curriculum-based assessment models are useful in this role.
  6. *Research-based interventions.* When students' screening results or progress monitoring results indicate a deficit, an appropriate instructional intervention is implemented, perhaps an individually designed instructional package or a standardized intervention protocol. The standardized intervention protocols are the interventions that researchers have validated through a series of studies. School staff is expected to implement specific, research-based interventions to address the student's difficulties. These interventions are not adaptations of the current curriculum or accommodations, because one would expect those procedures to have been implemented already. These research-based interventions are 10 to 12 weeks in length and are designed to increase the intensity of the learner's instructional experience.
  7. *Progress monitoring during interventions.* School staff members use progress monitoring data to determine interventions' effectiveness and to make any modifications, as needed. Carefully defined data are collected, perhaps daily, to provide a cumulative record of the learner's response to the intervention.
  8. *Fidelity measures.* While the interventions themselves are designed, implemented, and assessed for their learner effectiveness, fidelity measures that focus on those individuals providing the instruction also are completed. The fidelity measure, such as an observational checklist of critical teaching behaviors, is completed by a staff member other than the teacher being observed and indicates whether or not the intervention was implemented as intended and with consistency.

# RTI Model

## A Conceptual Model

RTI includes a number of processes and multitiered service delivery interventions. The processes associated with school-wide screening, progress monitoring, and assessment of intervention fidelity are commonly accepted among researchers, though variations exist in how those processes are completed. Much discussion continues surrounding the issues of how many tiers constitute an adequate intervention (O'Connor, Fulmer, & Harty, 2003; Tilly, 2003; Vaughn, 2003; & Marston, 2003) and what an RTI implementation for SLD determination looks like. From the point of view of RTI as service delivery (not disability assessment), RTI is most frequently viewed as a three-tiered model, similar to those used for other service delivery practices, such as positive behavioral support. The three-tiered model is the structure we will discuss here. Figure 1 depicts a three-tiered service delivery model in an RTI framework.

Like other models, RTI is meant to be applied on a school-wide basis, in which the majority of students receive instruction in Tier 1 (the general classroom), students who are at risk for reading and other learning disabilities are identified (such as through school-wide screening) for more intense support in Tier 2 and Beyond, and students who fail to respond to the interventions provided in Tier 2 and Beyond may then be considered for specialized instruction in Tier 3. Each of these tiers is described in more detail below (adapted from Vaughn, 2003).

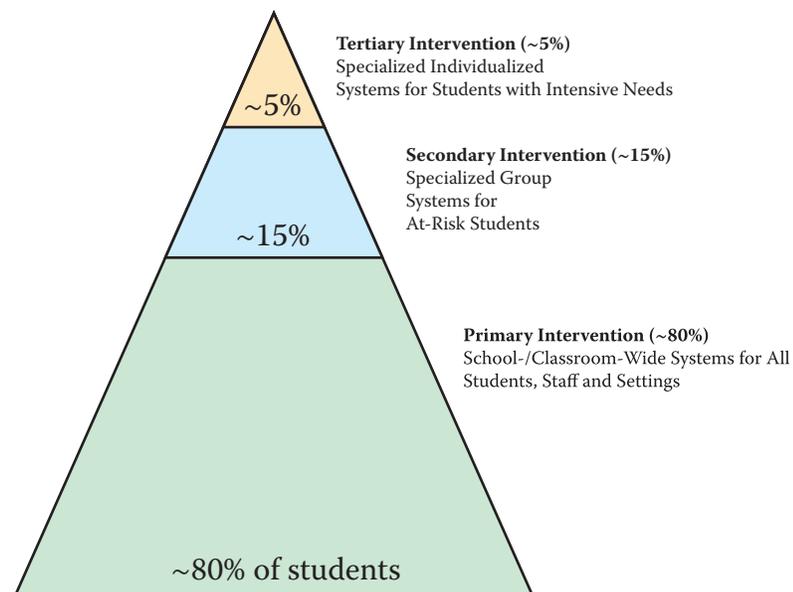
### TIER 1 INSTRUCTION

One concern about current approaches to SLD identification is the number of students who may actually be “instructional casualties,” those students who have not received scientific, research-based instruction in reading or other academic skill areas. Tier 1 instruction is designed to provide for the majority of students’ needs and consists of three elements:

1. Research-based core instructional programs provided by the general education teacher
2. Progress monitoring of students such as through curriculum-based measurement (CBM)
3. Analysis of the progress monitoring results to determine which students are at risk and require more intense instructional support.

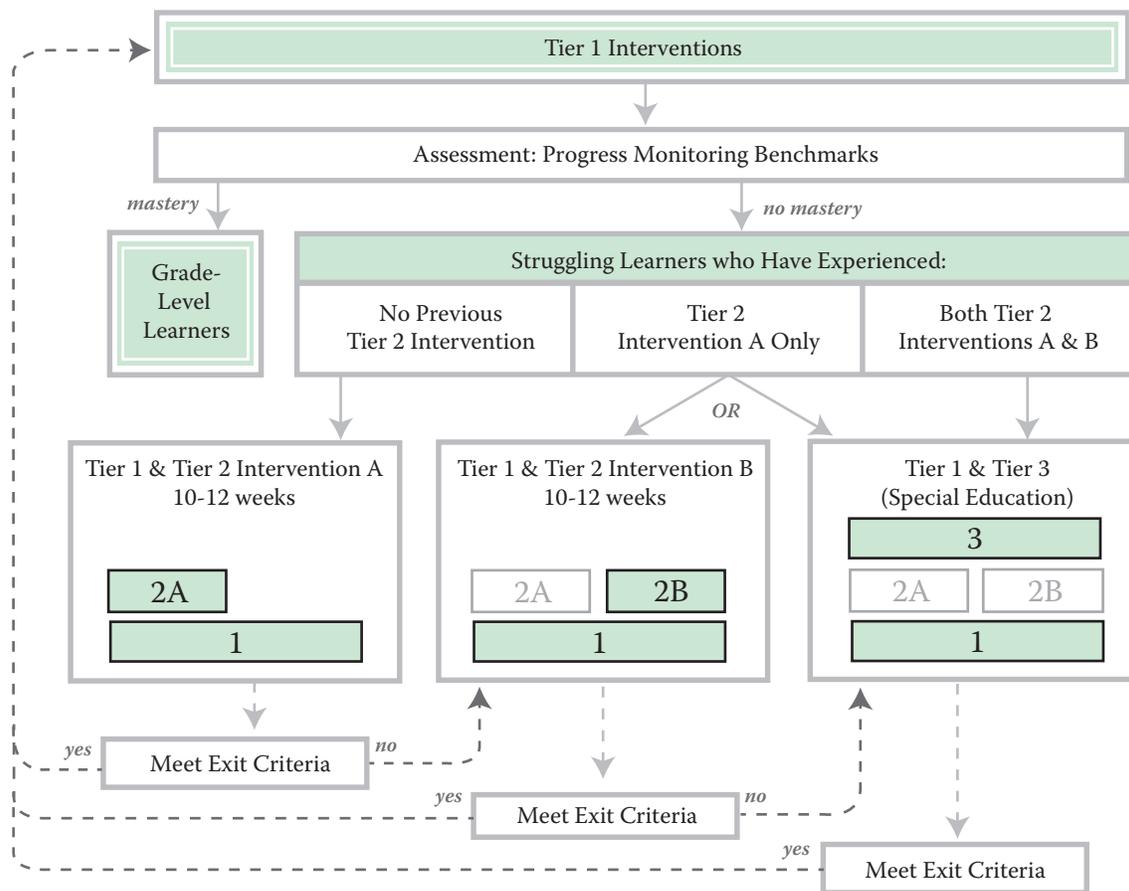
This first level of instruction is designed to serve *all* students with well-supported instructional programs. General education teachers would be required to adopt evidence-based instructional pro-

**Figure 1. Continuum of Intervention Support for At-Risk Students**



Adapted from “What is School-Wide PBS?” OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports.

**Figure 2. Responsiveness to Intervention: Tier 1 – Tier 2 and Beyond – Special Education**



*Adapted from Vaughn S. (2003, December). "How many tiers are needed within RTI to achieve acceptable prevention outcomes and to achieve acceptable patterns of LD identification?" Paper presented at NRCLD Symposium on Responsiveness to Intervention, Kansas City, MO. Retrieved February 20, 2007, from <http://www.nrclld.org/symposium2003/index.html>.*

grams in reading, math, and writing and to be responsible for the continual monitoring of their students' progress. Results of the progress monitoring would be reviewed periodically to determine which students were failing to make adequate progress and would qualify for Tier 2 and Beyond intervention.

**TIER 2 AND BEYOND INTERVENTION**

Tier 2 and Beyond intervention is for those students for whom Tier 1 instruction is insufficient and who are falling behind on benchmark skills and require additional instruction to achieve grade-level expectations. Although many variations of Tier 2 and Beyond interventions are described in the research, in general, Tier 2 and Beyond is small-group supplemental instruction (ratio of one teacher to up to five students) provided by a specialist, tutor, or special education teacher to students who fail to make adequate progress in the general classroom.

Tier 2 and Beyond includes programs, strategies, and procedures designed and employed to supplement, enhance, and support Tier 1 instruction to all students.

Tier 2 and Beyond instruction starts as soon as possible after students have been identified as falling behind grade expectations through progress monitoring. The evidence on Tier 2 and Beyond interventions supports the use of a standard protocol approach, in which the supplemental instruction also is centered on evidence-based practices for students at risk. The progress of students in Tier 2 and Beyond also is monitored to determine whether they are responding to the intervention.

Although no clear consensus exists on the duration of Tier 2 and Beyond interventions, in general, the research supports 10 to 12 weeks for each round of intervention. At the end of this period, a decision should be made about the student's instructional

needs. The options to be considered include the following:

1. Return to the general education classroom if the student has made sufficient progress.
2. Receive another round of Tier 2 and Beyond intervention if the student is achieving progress but still remains behind his or her grade-level expectations (e.g., perhaps repeat the intervention or change to another scientific, research-based intervention depending on progress monitoring results).
3. Consider for more intensive intervention in special education (sometimes referred to as Tier 3).

**SPECIAL EDUCATION INTERVENTION**

The special education intervention is intensive, strategic, supplemental, and often considerably longer in duration than the one to two sessions of supplemental instruction provided in Tier 2 and Beyond, which can run 10 to 20 weeks. In most schools, special education might be synonymous with Tier 3. Tier 3 is for students who fail to make sufficient progress after receiving Tier 2 and Beyond interventions. In some RTI models, students who fail to make adequate progress after two rounds of Tier 2 and Beyond may be referred for special education interventions. Students who receive only one round of Tier 2 and Beyond intervention but whose progress is severely limited also may be referred to special education.

Instructional support in special education will most likely be delivered by the best qualified teacher or specialist to provide sustained, intensive support in the specified area of need. Instruction is individualized or delivered in small groups, with a ratio of no more than one teacher to three students. Special education differs from Tier 2 and Beyond in that it is more intensive instructional support, tailored to the individual student, and may continue for much longer periods, depending on student need. In special education, the student’s needs are more significant, which necessitates a more intense intervention.

Progress monitoring is a continual part of special education and is used to carefully observe student response to the intervention, report his or her progress to parents, and determine future instructional placements. As a general guideline, a student is ready to exit the intervention when he or she has reached benchmark on the targeted skills. Students who meet targets of special education and return to

Tier 1, but who fail to thrive without that support, also may re-enter Tier 2 and Beyond or, if needed, special education until they are able to maintain progress in Tier 1.

Figure 2 on page 6 contains a flowchart depicting how RTI might be carried out in a school.

Using a standardized RTI intervention approach, pages 8-10 present hypothetical profiles of three students’ responses to reading instruction. Operationalizing a protocol treatment approach to RTI could include the following four-step process (adapted from Fuchs et al., 2005).

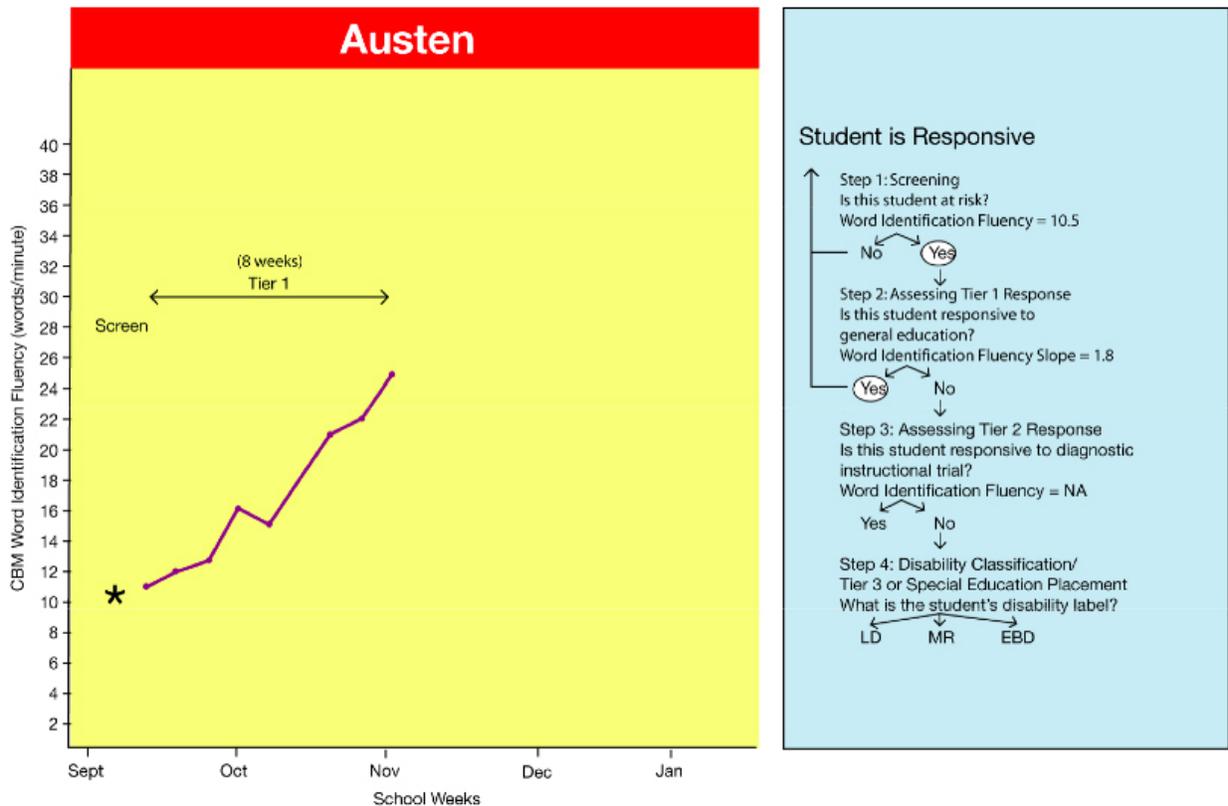
| Step                                                                                                                                                                             | Tier | Responsibility                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------|
| 1. Screening                                                                                                                                                                     | 1    | Shared by General Education and Special Education |
| 2. Implementing General Education and Monitoring Responsiveness to General Education                                                                                             | 1    | General Education                                 |
| 3. Implementing a Supplementary, Diagnostic Instructional Trial and Monitoring Responsiveness                                                                                    | 2    | Shared by General Education and Special Education |
| 4. Designation of Disability, Classification of Disability, and Special Intensive Instruction Placement and Monitoring Responsiveness to Special Intensive Instruction Placement | 3    | Special Education                                 |

# Profile 1

## Austen

Austen’s case represents an assessment made during Tier 1 with no indication of continued non-responsiveness (see Figure 3). This student is currently receiving instruction in the general classroom (Tier 1). Austen’s initial performance on a measure of oral reading fluency is significantly below the screening target (Word Fluency Target = 30 words per minute; Austen’s Word Fluency = 10.5 words per minute), which flags Austen as being at risk. However, as Austen progresses through the curriculum, Austen is making adequate progress (Word Fluency Slope = Number of words per minute identified/Number of weeks of intervention; Austen’s Word Fluency Slope = 1.8), which suggests that Austen is responding to Tier 1 instruction. Although continued progress should be carefully monitored, at the current time, no further interventions are warranted.

**Figure 3. Responsiveness to Intervention Assessment during Tier 1 Prevention**



*Adapted from Fuchs, D., Fuchs, L., Compton, D., & Bryant, J. (2005, April). Responsiveness-To-Intervention: A New Method of Identifying Students with Disabilities. Paper presented at the annual convention of Council for Exceptional Children in Baltimore, MD.*

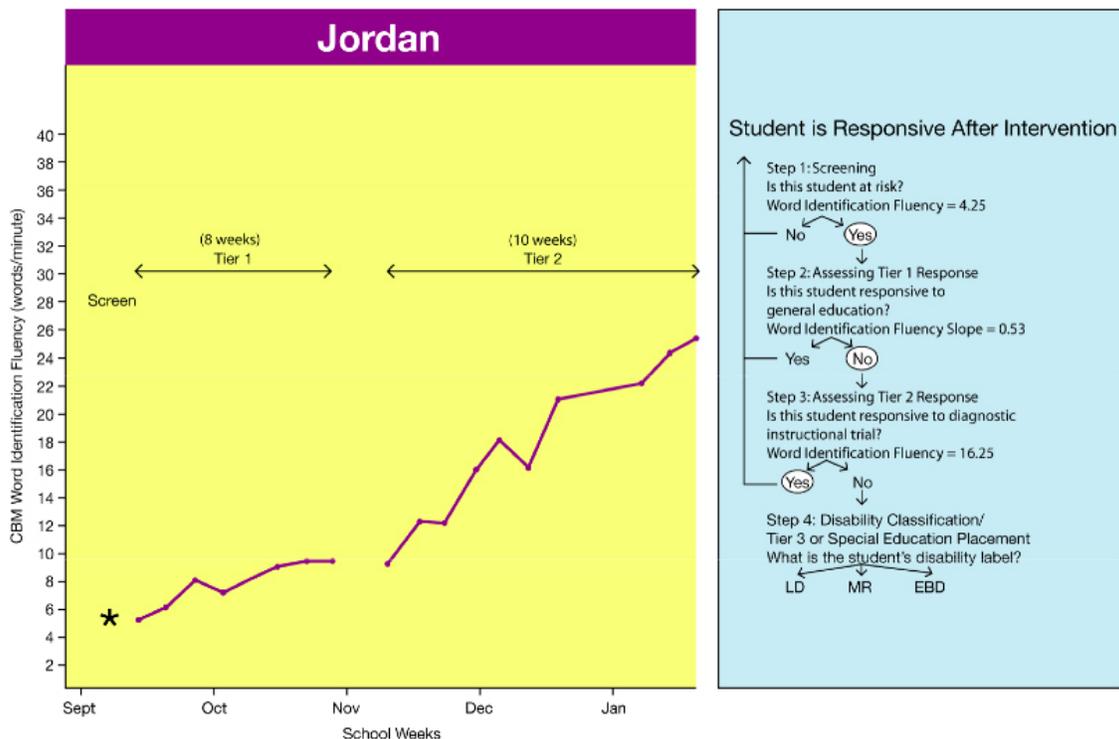
# Profile 2

## Jordan

Jordan’s case represents an assessment made during Tier 1 with indication of non-responsiveness and advancement to Tier 2 and Beyond instruction with assessment made and no indication of continued non-responsiveness (see Figure 4). Jordan began with an oral reading fluency of five words per minute, which flagged Jordan as being at risk. As Jordan progressed through Tier 1 instruction, Jordan failed to make adequate progress (Word Fluency Slope = Number of words per minute identified/Number of weeks of intervention; Jordan’s Word Fluency Slope = .53), which suggests that Jordan requires more intensive intervention that can be offered through the school’s Tier 2 and Beyond instructional program. For instance, in Tier 2, Jordan receives small-group instruction. Continued progress monitoring during Tier 2 and Beyond intervention shows that Jordan is responding to the diagnostic instructional trial and that no further level of intervention is warranted. Jordan’s progress will continue to be monitored with the following possible outcomes:

1. Student will reach the targeted goal for oral reading fluency (ORF) and return to Tier 1 instruction.
2. Student will continue with Tier 2 and Beyond instruction as long as he or she makes adequate progress.

**Figure 4. Non-responsive to Intervention Assessment during Tier 1 and Responsive after Tier 2 and Beyond Intervention**



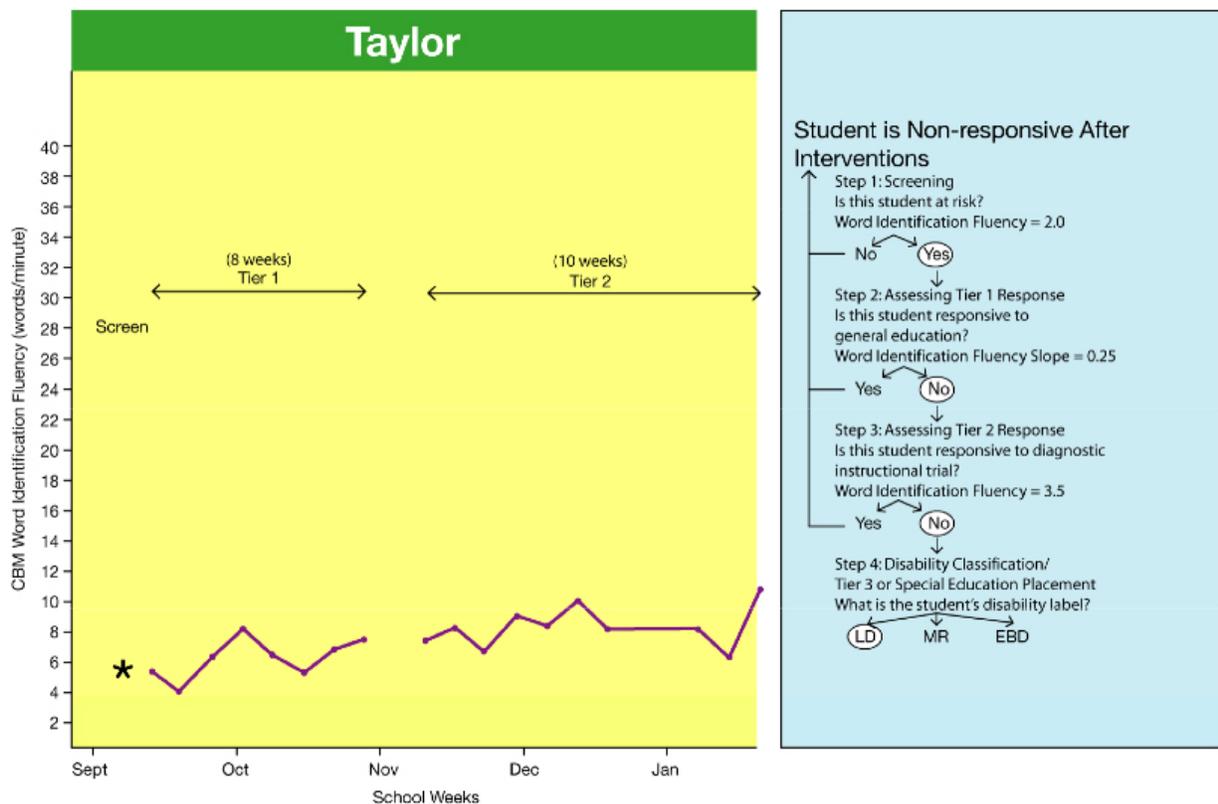
*Adapted from Fuchs, D., Fuchs, L., Compton, D., & Bryant, J. (2005, April). Responsiveness-To-Intervention: A New Method of Identifying Students with Disabilities. Paper presented at the annual convention of Council for Exceptional Children in Baltimore, MD.*

# Profile 3

## Taylor

Taylor’s case represents an assessment made during Tier 1 with indication of non-responsiveness and advancement to Tier 2 and Beyond instruction with assessment made and indication of continued non-responsiveness resulting in a learning disability classification (see Figure 5). Taylor began with an ORF of five words per minute, which identified Taylor as at risk for reading failure. As Taylor continued in the general class (Tier 1), Taylor failed to make adequate progress (Student Word Fluency Slope = .25) and was referred for Tier 2 and Beyond intervention. The initial assessment in Tier 2 and Beyond showed Taylor had an ORF of seven words per minute. As Taylor continued with Tier 2 and Beyond instruction, Taylor failed to make adequate progress (Word Fluency Slope = Number of words per minute identified/Number of weeks of intervention; Taylor’s Word Fluency Slope = .35). This suggests the need for a student-centered, comprehensive evaluation and problem-solving approach that ensures individualized instruction to address Taylor’s specific needs (i.e., special education intervention or Tier 3).

**Figure 5. Non-responsive to Intervention Assessment during Tier 1 and Non-responsive after Tier 2 and Beyond Intervention**



Adapted from Fuchs, D., Fuchs, L., Compton, D., & Bryant, J. (2005, April). *Responsiveness-To-Intervention: A New Method of Identifying Students with Disabilities*. Paper presented at the annual convention of Council for Exceptional Children in Baltimore, MD.

# The Process

## *RTI within the Process of SLD Determination*

RTI is being strongly considered as part of the SLD identification process because it has the potential to address areas of the SLD definition and construct that are not adequately assessed with current approaches. The following may be expected if the features of RTI are implemented with rigor:

- There is some assurance that students are being exposed to high-quality instruction in the general education classroom by stipulating that schools use evidence-based instructional practices and routinely monitor the progress of all students.
- RTI features encourage access to early intervention because, with school-wide screening and the regular monitoring of progress, at-risk students are identified early, and an infrastructure for the appropriate delivery of services already is established.
- The features are designed to address many students with achievement problems, so the label of learning disability is considered only for those students who fail to respond to multiple levels of intervention efforts and who meet the criteria of the other SLD determination components. For a complete delineation, see Johnson & Mellard, in prep.
- RTI features are meant to be applied as multiple measures of child performance rather than limiting determination to a single point in time.

Although RTI addresses some significant shortcomings in current approaches to SLD identification and other concerns about early identification of students at risk for reading problems, RTI should be considered as merely *one* important component

within the larger context of the SLD determination process. Implementing RTI allows schools to have more confidence that they are providing appropriate learning experiences to *all* students while identifying and targeting early those students who may be at risk for reading or math problems but who do not necessarily have a learning disability. Although IDEA 2004 provides flexibility to LEAs in determining SLD identification procedures, the following recommendations by the National Joint Committee on Learning Disabilities should help guide the development of these procedures (NJCLD, 2005):

1. Decisions regarding eligibility for special education services must draw from information collected from a comprehensive individual evaluation using multiple methods, including clinical judgment and other sources of relevant information.
2. Students must be evaluated on an individual basis and assessed for intra-individual differences in the seven domains that comprise the definition of SLD in the law — listening, thinking, speaking, reading, writing, spelling, and mathematical calculation.
3. Eligibility decisions must be made through an interdisciplinary team, must be student-centered and informed by appropriate data, and must be based on student needs and strengths.
4. As schools begin to execute a process of decision-making that is more clinical than statistical in nature, ensuring through regulations that this team of qualified professionals represents all competencies necessary for accurate review of comprehensive assessment data will be critical.

# Conclusion

## Conclusion

Processes for specific learning disability identification have changed and will continue to do so over time. Within that context, remembering that RTI is but one resource for use in the SLD determination process is important. More broadly speaking, RTI procedures have the distinction that when implemented with fidelity, they are linked to school improvement efforts for systemic reform, can identify and intervene for students early in the educational process, thereby reducing academic failure among *all* students, and can be used as a component of SLD determination.

Although RTI presents a promising way of addressing many issues associated with SLD identification, unanswered implementation questions remain. We must ask how many issues relevant to SLD determination are due to the specific assessment components and the limited fidelity with which those components were implemented (e.g., appropriate learning experiences, pre-referral intervention, ap-

plication of exclusion clause, and aptitude-achievement discrepancy). Further, we must consider how well states, districts, or schools could implement an assessment process that incorporates significant changes in staff roles and responsibilities (most dramatically for general education staff), while lengthening the duration of disability determination assessment and possibly lengthening service time.

Another significant consideration is that current research literature provides scant scientific evidence about how RTI applies in curricular areas other than reading and beyond primary or elementary school-age children. Using an RTI framework across educational disciplines as well as grade levels is synergistic with the No Child Left Behind Act of 2001 and promotes the idea that schools have an obligation to ensure that *all* students participate in strong instructional programs that support multifaceted learning.

# References

## References

- 2004 Learning Disabilities Roundtable. (2005, February). Comments and Recommendations on regulatory issues under the Individuals with Disabilities Education Improvement Act of 2004, Public Law 108-446.
- Bradley, R., Danielson, L., & Hallahan, D.P. (2002). Identification of Learning Disabilities: Research to Practice. (Eds.) Bradley, Danielson, Hallahan. Mahwah, NJ: Lawrence Erlbaum Associates.
- Fuchs, D., Fuchs, L., Compton, D., & Bryant, J. (2005, April), Responsiveness-To-Intervention: A New Method of Identifying Students with Disabilities. Paper presented at the annual meeting of the Council for Exceptional Children in Baltimore, MD.
- Johnson, E., & Mellard, D.F. (2006a). Getting started with SLD determination: After IDEA reauthorization. Lawrence, KS: National Research Center on Learning Disabilities.
- Johnson, E., & Mellard, D.F. (in prep). Specific learning disabilities (SLD) identification handbook. Lawrence, KS: National Research Center on Learning Disabilities.
- Johnson, E., Mellard, D.F., Fuchs, D., & McKnight, M.A. (2006). Responsiveness to intervention (RTI): How to do it. Lawrence, KS: National Research Center on Learning Disabilities.
- Marston, D. (2003, December). Comments on three papers addressing the question: How many tiers are needed within RTI to achieve acceptable prevention outcomes and to achieve acceptable patterns of LD identification? Paper presented at the National Research Center on Learning Disabilities Responsiveness-to-Intervention Symposium, Kansas City, MO. Retrieved February 20, 2007, from <http://www.nrcld.org/symposium2003/index.html>.
- Mellard, D. (2003). Understanding Responsiveness to Intervention in Learning Disabilities Determination, Retrieved February 20, 2007 from <http://www.nrcld.org/publications/papers/mellard.shtml>
- National Joint Committee on Learning Disabilities. (2005, June). Responsiveness to Intervention and Learning Disabilities: Concepts, Benefits, and Questions. Report prepared by the National Joint Committee on Learning Disabilities representing eleven national and international organizations.
- O'Connor, R.E., Fulmer, D., & Harty, K. (2003, December). Tiers of intervention in kindergarten through third grade. Paper presented at the National Research Center on Learning Disabilities Responsiveness-to-Intervention Symposium, Kansas City, MO. Retrieved February 20, 2007, from <http://www.nrcld.org/symposium2003/index.html>.
- Reschly, D.J., & Hosp, J.L. (2004). State SLD Identification Policies and Practices. *Learning Disability Quarterly*, 27(4), 197-213.
- Tilly, W.D. III (2003, December). How many tiers are needed for successful prevention and early intervention? Heartland Area Education Agency's evolution from four to three tiers. Paper presented at the National Research Center on Learning Disabilities Responsiveness-to-Intervention Symposium, Kansas City, MO. Retrieved February 20, 2007, from <http://www.nrcld.org/symposium2003/index.html>.
- Vaughn, S. (2003, December). How many tiers are needed for response to intervention to achieve acceptable prevention outcomes? Paper presented at National Research Center on Learning Disabilities Responsiveness-to-Intervention Symposium, Kansas City, MO. Retrieved February 20, 2007, from <http://www.nrcld.org/symposium2003/index.html>.

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