

1-2008

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Recommended Citation

Gillam, S. (2008). What is RTI and How do I fit in? *The Communicator*, Utah Speech Language Hearing Association, 47, 7.

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WHAT IS RTI AND HOW DO I FIT IN? SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS WANT TO KNOW

By Sandi Gillam, PhD, CCC-SLP

Since 1977, most children with LD have been identified for services on the basis of an IQ-achievement discrepancy criterion. That is, children must be failing in one or two areas, significantly, even though they score well on an IQ measure in order to qualify for special education services. There are a number of problems with this practice, not the least of which being that many children with serious learning difficulties do not perform well on verbally loaded measures of IQ and do not qualify for comprehensive services designed for children who meet the discrepancy criteria. In addition, discrepancy criteria and standardized testing do not always provide clinicians, teachers, and parents with information about what procedures to use in intervention efforts. In 2002, response to intervention (RTI) models began to emerge as proposed solutions to the use of IQ-achievement discrepancy approaches for the identification of children with LD and have since been applied most comprehensively to reading disabilities practices. In 2004, IDEA (P.L. 108-446) made it possible for educators to use RTI in addition to or instead of the IQ-achievement discrepancy to identify children with LD.

Under RTI models, the use of well-designed, skill specific, progress monitoring measures often take the place of standardized, norm-referenced tests that have been the mainstay of education, psychology, and speech language pathology in years past. Evaluation of the effectiveness of the intervention programs is an integral part of RTI, as is the provision of individualized instruction and progress monitoring. When environmental or teaching factors are

ruled out through group interventions, more tailored programs are designed for children who continue to struggle. If a child demonstrates marked difficulty after receiving optimal intervention procedures of sufficient intensity, further determination of placement and intervention options is made.

Most RTI models follow a tiered system in which learners with problems are identified after receiving various degrees of assistance. The idea is to provide more and more specialized assistance at each step or tier. The first tier is often curricular and involves group or even whole class instruction. The second tier involves identification of individual children on the basis of poor performance (e.g., below the 25th percentile) on state assessments or screening tools. Individualized instruction is provided here that is tailored to the learning needs of the child and provided with intensity. Children who are still struggling after the second tier are the ones who are then tested for having a disability. This approach to identification helps all learners succeed in school, not just the ones who happen to have discrepancies between learning and achievement.

SLP's and Audiologists have a wealth of knowledge about processes that underlie academic success including attention, memory, and perception processes, linguistic and meta-linguistic knowledge, and learning mechanisms. These factors may contribute to success or failure in intervention programs that are designed for children with poor RTI profiles. In addition, we are skilled in developing and delivering individualized intervention to children with language learning problems. SLP's in particular are adept at creating and utilizing

criterion-referenced progress monitoring tools. Collaboration has always been an important part of what SLP's and Audiologists do. With the advent of RTI, our expertise is even more important to the development, implementation and evaluation of successful, intensive intervention programs for children with language learning difficulties. More information about the RTI process can be found in the following useful publications:

Fuchs, D., & Fuchs, L. (2001). Responsiveness-to-intervention: A blueprint for practitioners, policymakers, and parents. *Teaching Exceptional Children*, 57-61.

Kovaleski, J., & Prasse, D. (2004). Response to instruction in the identification of learning disabilities: A guide for school teams. *Helping Children at Home and School II: Handouts for Families and Educators*, 88, 159-162.

Justice, L. (2006). Evidence-based practice, response to intervention and the prevention of reading disabilities. *Language, Speech, and Hearing Services in Schools*, 37, 284-297



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