

What do we know and what does it look like?

## **Response to Intervention (RtI) in Early Childhood**

### **Goals of Session**

- Provide an overview and background of RtI
- Talk about how well features of RtI line up with principles/practices of early childhood
  - Areas of alignment/challenges
- Hear from group about what steps need to be taken before RtI could work in early childhood
- Preview a plan for how to get started implementing an RtI approach in early education

## What does RtI look like in EC?

You tell us!!

## Who are you?

- Parent
- 619 or Part C representative
- OSEP Early Childhood Project
- TA provider
- Federal agency person
- Other interested person

## What is Response to Intervention?

RTI is a multi-tiered approach to instruction that

- Incorporates evidence-based interventions at all tiers
- Uses a systematic problem-solving approach that focuses on students' response to those interventions as a basis for determining their instructional needs and intensity.

## Goals of Rti

- To use a systematic problem-solving process to identify children who need additional support or more intensive levels of instruction
- To provide students with a level of evidence-based instructional support matched to their demonstrated response to intervention
- To provide a data-based method for evaluating the effectiveness of instructional approaches and changing/improving them

## Where does RtI Come From?

- Field of learning disabilities
- Past approach to providing services was “discrepancy model” of documenting gap between a student’s aptitude and achievement
- Discrepancy model required that student experienced failure before services could be referred and more intensive services could be delivered.

## The Promise - Key Elements

- Prevention: Instruction that is more individualized, more responsive to children’s needs, and that can be implemented without long delays
- Assessment that helps determine when something more is needed, and how it’s working
  - Children not meeting developmental goals
  - Short-term response to intervention
- A coordinated system of care and education that finds children, and brings services to them at appropriate speed.

## Some Features of RtI

- RTI is intended to reduce the need for special education by improving and providing services early.
- RTI services are individualized and based on evidence-based strategies.
- RtI services assume a high quality of “general” intervention, and add resources and services as needed.

## Essential Components of RtI

1. Use of multiple tiers of intervention
2. Reliance on evidence-based practices in all tiers
3. Use of monitoring to determine if students are making progress
4. Problem-solving approach to determine most appropriate level of intervention for individual students

## Essential Component#1: Multi-tiered models

- Instruction is available that varies across several dimensions that are related to the nature and severity of students' difficulties.

## Essential Component 1: Multi-tier Model

### ACADEMIC SYSTEMS

#### TIER 3 Intensive, Individual Interventions

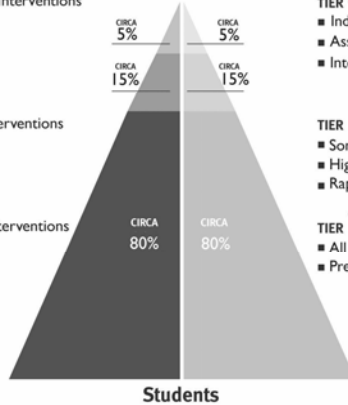
- Individual students
- Assessment-based
- High intensity
- Of longer duration

#### TIER 2 Targeted Group Interventions

- Some students (at-risk)
- High efficiency
- Rapid response

#### TIER 1 Core Instructional Interventions

- All students
- Preventive, proactive



### BEHAVIORAL SYSTEMS

#### TIER 3 Intensive, Individual Interventions

- Individual students
- Assessment-based
- Intense, durable procedures

#### TIER 2 Targeted Group Interventions

- Some students (at-risk)
- High efficiency
- Rapid response

#### TIER 1 Core Instructional Interventions

- All settings, all students
- Preventive, proactive

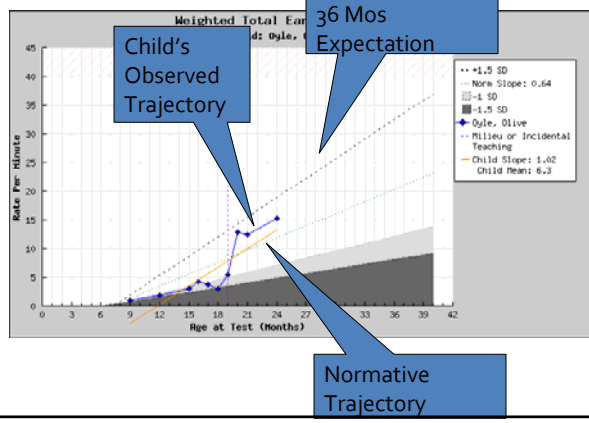
## Essential Component #2: Evidence-Based Practices Used in All Tiers

- Tier 1: Evidence-based core curricula and instructional practices provided to all children
- Tier 2: More intensified instruction for children not demonstrating adequate growth in Tier 1
  - Increased opportunities to practice skills from Tier 1 curriculum
- Tier 3: More focused intervention for children not showing adequate growth in Tier 2 or for children well below Tier 1 benchmark

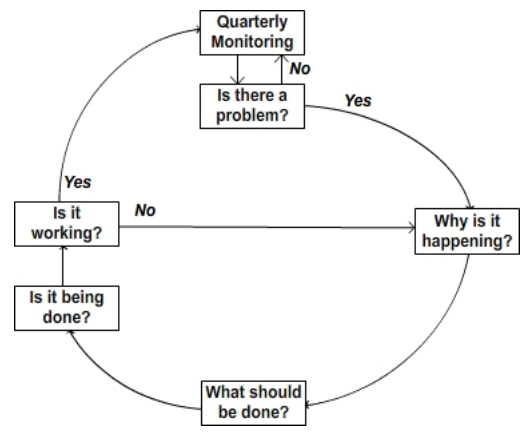
## Essential Component #3: Use of Universal Screening and Progress Monitoring

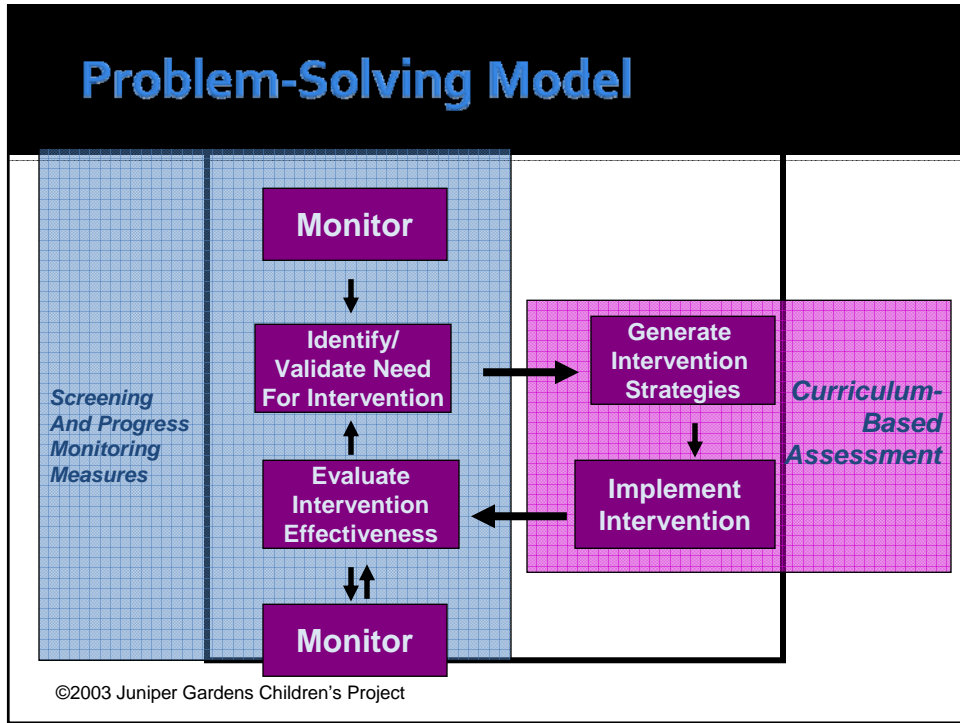
- All students are screened on a regular basis
- Progress monitoring is carried out more frequently on students in upper level tiers
  - Progress monitoring measures are quick and easy and designed for teachers to administer.
  - Progress monitoring measures help determine if students are responding to the intervention by tracking their level and rate of growth on targeted skills.
  - They are used for instructional planning—not diagnosis.
  - They are not tied to a specific curriculum.

## Progress Monitoring Using the Early Communication Indicator



## Essential Component #4: Problem Solving or Decision-Making Model





# How well does RtI fit early childhood?

## In what areas is there a good fit?

- Early education is already firmly behind the idea of prevention and finding children who need additional support as early as possible.
- The “idea” of monitoring progress has been part of providing quality early intervention.
- Individualizing instruction within the context of the general classroom is considered “recommended practice.”

## In what areas are we still in the development stage?

- We are just beginning to have a set of progress monitoring measures with sound psychometric properties that can be used in RtI models.
- We are just beginning to see these measures used within problem-solving models.
- We are just beginning to see the development of tiered interventions with general education settings.

## What RtI features may not translate to early education as currently configured?

- What system is in place to implement the model?
  - Current RtI models assume coordinated teamwork between general education and special education to carry out screening, progress monitoring and to implement multiple tiers of intervention.
- What evidence-based instructional practices are available?
  - Limited research-based interventions are available and limited implementation of evidence-based practice is currently being carried out—especially in Tier 1.
- What personnel are available?
  - Current RtI models assume a highly level of expertise to carry out higher level tiers.

## Where is your state regarding RtI in Early Childhood?

- Nothing is happening as far as I know.
- Some preliminary discussions are taking place to figure out how RtI might work in EC.
- Some professional development has begun to introduce the RtI concept to early education programs.
- Some programs have begun implementing RtI models in early education.
- We have statewide policies about RtI in early education.

## Small Group Discussion

- What are you doing already with assessment? How will that fit with implementing a progress monitoring/Rtl model? How does this fit with accountability related assessments?
- Problem-Solving Model: How will special education work together with general education in doing this?
- How would the infrastructure need to change to support implementing an Rtl model in early childhood? (service delivery, professional development etc.)

## Getting Started with RTI

- Strategic planning
- Model demonstration sites
- Program evaluation

## More on Strategic Planning (at the local level)

- Get Support from program administrators
- Consider organizational & contextual factors
- Engage in long-range planning
- Develop a plan for communicating with families

## Planning cont...

- Create core problem-solving team
- Assess key dimensions of Tier 1 quality/make necessary improvements
- Select assessment tools & tiered interventions
- Provide intensive, ongoing professional development

## To contact us:

- Judy Carta, Ph.D

Juniper Gardens Children's Project  
University of Kansas  
650 Minnesota Avenue  
2<sup>nd</sup> Floor  
Kansas City, KS 66101  
Phone: 913-321-3143  
[carta@ku.edu](mailto:carta@ku.edu)  
[www.crtiec.org](http://www.crtiec.org).

- Virginia Buysse, Ph.D.

FPG Child Development Institute  
105 Smith Level Road  
CB #8180  
Chapel Hill, NC 27599-8180  
Phone: 919-966-7171  
[virginia\\_buysse@unc.edu](mailto:virginia_buysse@unc.edu)  
<http://www.fpg.unc.edu/~randr/>.