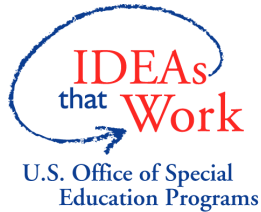




Responsiveness-to-Intervention Symposium

December 4-5, 2003 • Kansas City, Missouri

The National Research Center on Learning Disabilities, a collaborative project of staff at Vanderbilt University and the University of Kansas, sponsored this two-day symposium focusing on responsiveness-to-intervention (RTI) issues.



The symposium was made possible by the support of the U.S. Department of Education Office of Special Education Programs. Renee Bradley, Project Officer. Opinions expressed herein are those of the authors and do not necessarily represent the position of the U.S. Department of Education.

The Feasibility and Consequences of Implementing RtI: A Discussion of Papers Presented by Reschly and Gerber

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When citing materials presented during the symposium, please use the following: "Gloeckler, L. C. (2003, December). *The Feasibility and Consequences of Implementing RtI: A Discussion of Papers Presented by Reschly and Gerber*. Paper presented at the National Research Center on Learning Disabilities Responsiveness-to-Intervention Symposium, Kansas City, MO."

The Feasibility and Consequences of Implementing RtI: A Discussion of Papers Presented by Reschly and Gerber

The time has come to change the approach to identifying children as having a learning disability. There has been ample time to debate the value of an identification model based on a discrepancy approach versus one based on a response to intervention approach. From my perspective as someone who has been involved in public policy development and implementation and not research, it is time to embrace the response to intervention approach, which is based on solid and substantial research conducted by a significant number of highly respected researchers.

Among the many papers presented at the Learning Disabilities Symposium: Responsiveness to Intervention [RtI], sponsored by the National Research Center on Learning Disability, Dr. Daniel J. Reschly and Dr. Michael M. Gerber were asked to respond separately to the question, "What are the feasibility and consequences of RtI?" The National Center provided a significant service to the field of special education by bringing the research debate around this issue to a head, setting the stage for moving ahead with important and necessary changes.

The two authors present very different views of the utility of the RtI model. Reschly strongly supports the model, while Gerber identifies what he believes are serious limitations to the use of this approach. Below is a summary of key points each author makes followed by my views on those points and the question of feasibility and consequences of implementing the RtI model. I will not review the model itself, with the understanding that it is covered in depth by other papers presented as part of this Symposium.

Reschly believes that the consequences of the model depend heavily on the supports being available that are needed for successful change. He further states that change should be driven by outcome criteria and views this notion as somewhat controversial. He believes "the most vulnerable feature in modern special education for high incidence disabilities is insufficient documentation of positive benefits ... and the persistence of practices unrelated to effective intervention." He also makes the following points regarding implementation:

The roles of teachers in the RtI model will not change dramatically, but instruction will be more influenced by readily available data on progress of students toward meeting performance goals and a greater reliance on scientifically based instruction.

The role of school psychologists and diagnosticians will change more dramatically, with much more time being spent on assessment activities that are directly related to interventions and behavior observations that are more systematically related to positive classroom behavior and learning opportunities.

There will not be a need for additional individuals to implement and monitor the success of the RtI strategies.

Gerber takes a different view of the feasibility and consequences of the model. He does not view its implementation as feasible based on his belief that research has identified a wide range of variability among teacher behavior that cannot be controlled by the RtI model, which relies heavily on consistency of teacher-based instructional interventions.

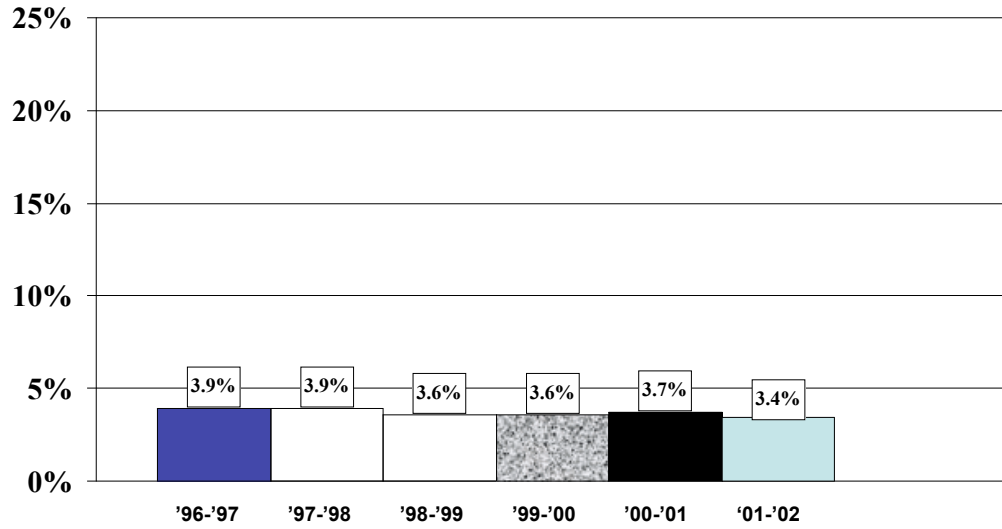
Furthermore, he believes that the extent of changes necessary in classroom preparation, in improvements in curriculum and instruction, in the construction of assessment procedures to select students for this intervention, and in the quality controls needed to assure the use of effective intensive intervention has not been adequately explored. In addition, he raises a serious concern over the cost of implementation. Using his calculations the costs of professional development and intervention strategies needed to implement the model would exceed \$2 billion nationwide. However, his calculations fail to take into account the current amount of federal, state and local expenditures already allocated to these activities.

While I respect the issues raised by Gerber, particularly that the implementation of RtI represents some very significant challenges, I support Reschly's position that current L.D. identification practices are problematic, their effectiveness and accuracy are unsubstantiated by research, and therefore sig-

nificant changes in identification practice are needed. I do find it hard to fathom Reschly's contention that notion of change driven by outcome criteria is "controversial." From a public policy perspective, the relationship between and among screening, diagnosis, classification, intervention, and identifiable results should be without question.

One concern of many researchers about the current model of L.D. identification is the lack of exit criteria for those students identified as L.D. and referred to special education. Chart A provides data regarding the percentage of students in New York state "declassified from special education" after being referred during their school-age years. While the data is not broken down by disability category, since the L.D. classification covers more than half of the students in special education, the data is clear that there is almost no exiting of these students from special education once referred.

Percentage of school-age students with disabilities declassified



New York State Education Department

CHART A

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Other New York data also gives us more urgency for moving towards a new model of L.D. identification. Chart B shows the significant discrepancy among classification rates when comparing districts in New York by wealth categories. *High need* indicates districts that are *low wealth* while *low need* indicates *wealthy* districts. It is the poorer districts that have the highest classification rates by far.

Classification rates are generally higher in the high need/resource N/RC category of school districts.

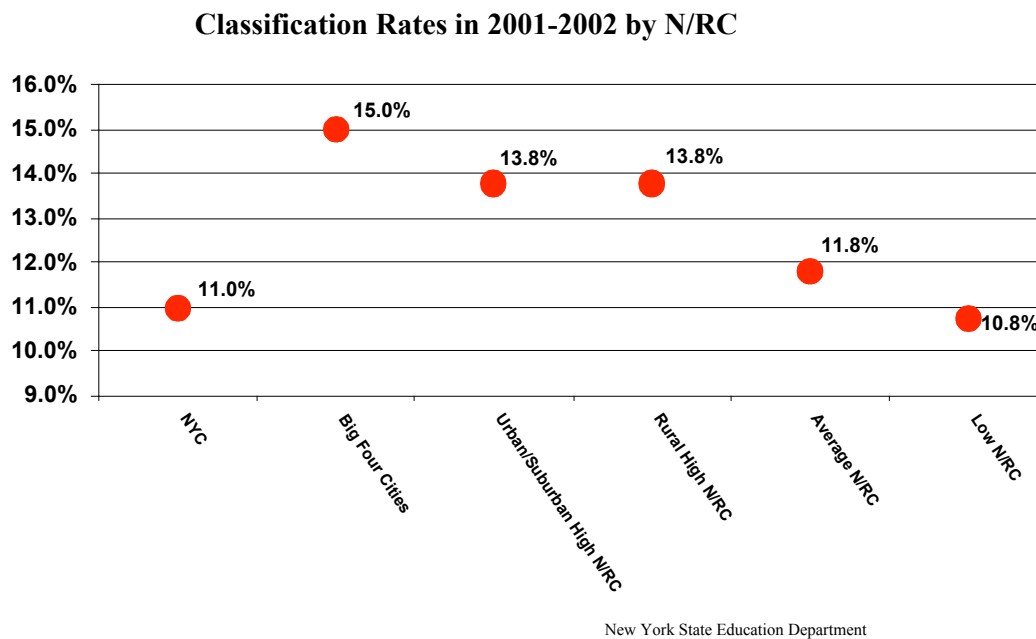
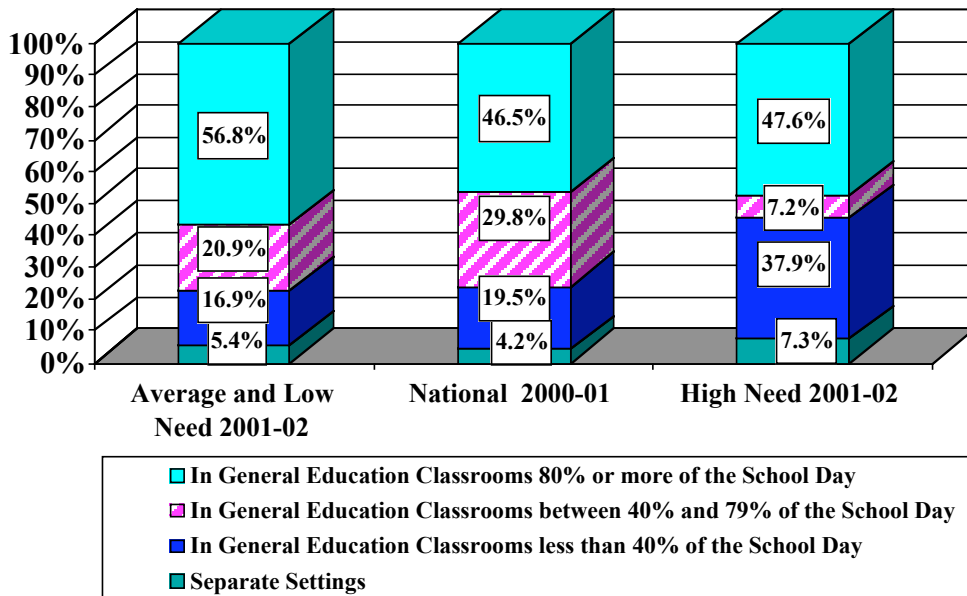


CHART B

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Contrary to popular perception, New York City, which because of its size is treated as a separate category, does not have as high a classification rate as other urban areas. Chart C shows that poor districts segregate their special education students into special classes and separate buildings at a dramatically higher rate than average wealth and wealthy districts.

High need school districts use the “special class” model for greater percentages of students with disabilities.



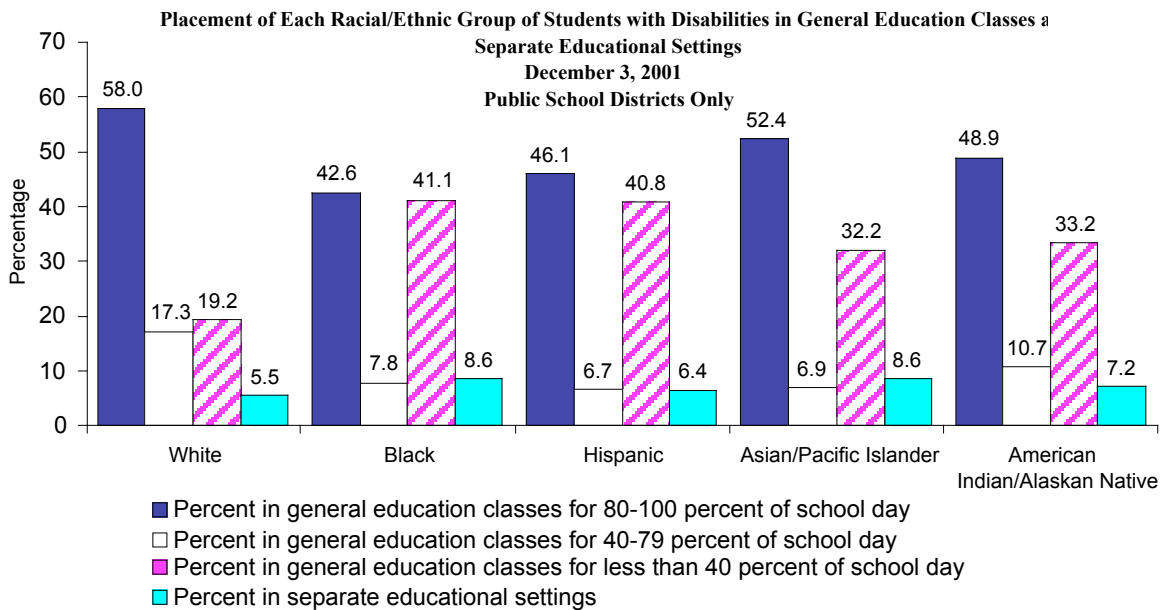
New York State Education Department

CHART C

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Furthermore, Chart D shows that minority students, when referred to special education, are far more likely to be placed in separate classes and schools than are their white counterparts.

Compared to white students with disabilities, a greater percentage of minority students are placed in more restrictive settings.



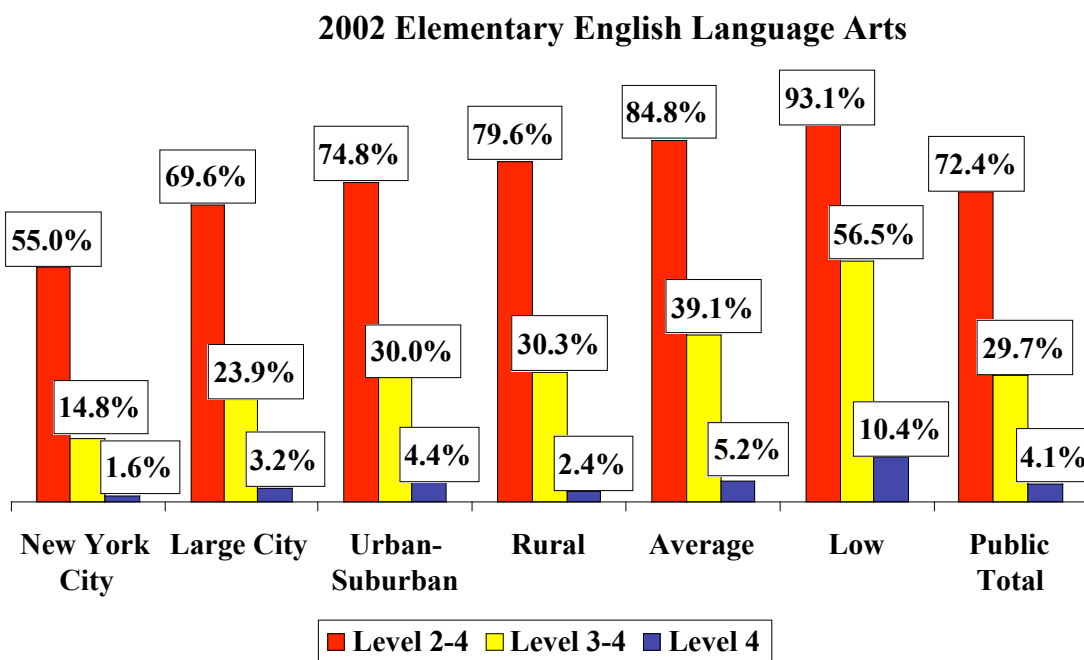
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CHART D

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Chart E shows that students receiving special education services in poorer districts score significantly lower on state assessments than students receiving special education in wealthy districts, even though the wealthy districts identify dramatically fewer students who are likely to be more severely disabled.

Students with disabilities in the “low need” districts achieve at Level 3 at a far greater rate than students with disabilities in poor districts.



New York State Education Department

CHART E

In Chart E, levels 3 and 4 represent students meeting or exceeding state standards. When this data is woven together, it creates a rather disturbing picture. What does this have to do with L.D. identification models? I believe there is a significant connection.

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Students identified as L.D make up the majority of classified students in most states. Except for the extremely large districts, urban, suburban and rural poor districts identify the greatest percentage of children as needing special education. Very little “declassification” occurs for school-age students who are identified.

Poor urban and suburban districts rely most heavily on self-contained special classes. Since these are the districts in which a great many minority students live, especially in the large population states, there is a high probability that they will be isolated from their non-disabled peers and from full access to the general education curriculum. While the general student population in these districts typically performs very poorly on state and national assessments, the performance of their special education students is remarkably low.

It is simply unacceptable to continue to use an identification procedure that results in the highest classification rate and causes students to be referred to programs, particularly in poor districts, that lead to significantly low educational performance. It is imperative that a connection be made between identification efforts and intervention leading to discernible results.

In July 2002, I chaired a committee established by the Board of the National Association of State Directors of Special Education, which was charged with the task of looking at potential changes in the identification of L.D. students being discussed in preparation for the reauthorization of IDEA. The committee used the draft position statement developed by the Professional Advisory

Board of the National Center on Learning Disability on a Three Tiered Intervention strategy [RtI] as the basis for their work. After reviewing the draft position paper and research papers presented at the 2001 L.D. Summit, the committee recommended to the NASDSE Board that the three-tiered strategy of L.D. identification be supported. It further recommended that:

- there would need to be a different and substantially more rigorous professional development effort than currently exists
- general education would need more systemic and effective child-specific interventions than currently exist
- there would need to be a carefully planned transition from the current approach to this new model.

The committee also identified the following issues that would have to be addressed during implementation of this new model:

- professional development would need significant new resources [though far less than calculated by Gerber]
- tiers one and two of the model would take a more sustained and intensive general education effort than most districts now provide
- there would need to be a strong incentive for change within teacher training institutions
- there would need to be a four- to five-year phase-in to accommodate the

massive training effort that would be needed

- USDOE should fund a working group made up of all states, similar to the model used to explore assessment issues, to help states implement needed changes.

Those responsible for implementing IDEA at the state level are clearly in favor of change and willing to tackle the significant implementation issues associated with this new model. They have raised appropriate issues that will need to be recognized by the USDOE and other key change agents if the transition to a new identification model is to be successful.

In his paper, Reschly states: “the greatest threat to special education and L.D. is not RtI; rather it is undocumented outcomes and the persistence of practices unrelated to effective interventions.” I would add that the greatest threat is the failure so far to address the enormous gap in performance for students with disabilities that we know to exist in many of the large and poorer districts in this country. The fact is that many children are being identified using procedures that have proved ineffective and that are not related to interventions that are beneficial to improved educational performance. This approach threatens their future opportunities, which should compel us to move past the research and on to action.

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