

Indicator: Instructional teams utilize student learning data to determine whether a student requires a referral for special education services (e.g., Response-to-Intervention). (SPED4)

Evidence Review

Since 1999, at least four organizations – the National Institute of Child Health and Human Development’s National Reading Panel, National Summit on Learning Disabilities (sponsored by the National Center for Learning Disabilities), the U.S. Department of Education’s Office of Special Education Programs, and the President’s Commission on Excellence in Special Education (the Commission) – have supported using Response to Intervention (RTI) as an alternative to the discrepancy model by which most students traditionally qualify for special education. The ultimate decision to refer and/or qualify a child for special education should be made by an instructional team after high-quality interventions have been attempted and their impact frequently monitored.

RTI systems are characterized by 1) instruction and programs matched to student needs, often in tiers of instruction that differ in frequency and intensity, and 2) frequent progress monitoring to examine student progress and to inform teachers’ adjustments to instructional plans. If a student fails to make progress despite increasingly intensive and targeted tiers of intervention, a referral to determine eligibility for special education may be necessary. Data gathered during diagnoses of student learning in these tiers of intervention will provide essential information to guide the instructional team in the formal evaluation process.

Source: *Pyramid Response to Intervention*, Austin Buffum, Mike Mattos, and Chris Weber

References and other resources

www.rti4success.org