

Key Question: How long should targeted or intensive interventions, as part of the RtI problem-solving process, be provided?

The reason we don't give a minimum or optimum length of time to implement an intervention in either the *Colorado RtI Guide* or the *Guidelines for Identifying Students with Specific Learning Disabilities* is that the length of an intervention is dependent upon several factors that need to be taken into consideration by the problem-solving team, including: the age of the student, the skill involved, the severity of the deficit(s), and the student's response to intervention provided.

The following is more descriptive of the rationale for not setting rigid time minimums or limits for all interventions provided as well as the factors to be considered.

I do not believe that we are best served by having arbitrary time limits for interventions. The need for more intense interventions should be based on the response to those interventions—not time—for the following reasons:

- *A time limit might send the message that you “wait” that long and then refer to special education. The time period should provide opportunity for a dynamic interplay between the intervention, intensity of intervention and student response. Too many districts do not clarify that during the time frame that multiple interventions or modification in levels of intensity should take place.*
- *An arbitrary time limit is similar to the old “15 point discrepancy between ability and achievement, regardless of age or grade level” concept. Expectations for growth over a specified time period will be influenced by the difficulty, complexity and density of the material or task. Clearly, the acquisition of early literacy skills will take a different time frame than complex skill development at the middle and high school levels. A fixed time period seems to ignore basic developmental issues.*
- *A fixed time period is a “one size fits all” approach—helps with consistency of implementation but ignores student needs and diversity.*
- *RtI is all about response to intervention—not fixed periods of time where all students should or do not respond. If we understand that a student’s response influences the increase/decrease in intensity then the progression through the tiers is natural and reflects student characteristics. Since the tiers do not exist in clearly defined levels anyway, the student response (when documenting fidelity of implementation) should guide decisions about intervention modification.*

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Key Question: Who initiates a referral for special education evaluation and when should a referral be made?

The public agency must promptly request parental consent to evaluate the child to determine if the child needs special education and related services, and must adhere to the timeframes described in §§ 300.301 and 300.303, unless extended by mutual written agreement <of parents and professionals>... (1) If, prior to a referral, a child has not made adequate progress after an appropriate period of time when provided instruction... [Federal Register, §300.309 (c)]

Referral of student by RtI problem-solving team:

Special education eligibility consideration (referral for evaluation) can be initiated at any time for a student who is *suspected* of having a disability. For a student already receiving targeted/intensive intervention through a *Response to Intervention* problem-solving process, evidence of a significant academic skill deficit and insufficient progress, even when provided research-based interventions, could trigger the suspicion of a specific learning disability and a referral for evaluation. An additional

consideration when making the referral might be the apparent need for ongoing and specialized supports and services in order for the student to benefit from the general education curriculum.

In deciding whether a referral for special education evaluation is indicated, the team might consider the answers to the following questions:

- *Does evidence exist that this student's achievement and/or behavior differ significantly from that of other students with similar demographic characteristics?*
- *Does evidence exist that universal instruction was effective with most students, especially those who share this student's demographics?*
- *Did the interventions implemented have a research-base or represent instructional best practice?*
- *Were the interventions carried out with fidelity (i.e., carried out as prescribed)?*
- *Were the interventions provided for an adequate length of time?*
- *Were adjustments made to the interventions as a result of ongoing progress monitoring? (Were changes made to the intensity, duration or frequency of the interventions or were additional interventions implemented in response to student performance data?)*
- *Is the student benefitting from the interventions as evidenced in progress monitoring data?*
- *Was any diagnostic/prescriptive assessment administered for the purpose of informing appropriate instruction/intervention, particularly if the student was not responding adequately to early intervention attempts? If so, what were the results?*
- *Is there evidence of a significant achievement gap even after targeted and/or intensive intervention?*
- *Is the achievement gap with grade-level peers closing at a rate sufficient to catch the student up within a reasonable period of time?*
- *Is there evidence that the student might need ongoing supports and services that cannot be maintained through general education alone?*

Caution should be taken not to delay a referral for special education evaluation beyond the point when the team should be suspecting a disability. RtI problem-solving and the provision of interventions do not replace the right of a child with a disability to be identified as such and to receive special education and related services.

If a referral to evaluate has been made and the student is already receiving targeted/intensive interventions, the school should continue to collect the student's response-to-intervention data through the completion of the evaluation and beyond. Additional evaluation data will be collected and any further assessments conducted according to the evaluation plan as specified in the *Prior Written Notice and Consent to Evaluate* document.

Referral by parent:

Parents have the right to request a special education evaluation at any time and the AU/District must consider that request. If the AU/District agrees with the parent that the child may be a child with a disability, then the AU/District must evaluate the child. If the AU/District does not believe an evaluation is warranted, a Prior Written Notice to the parents must be issued that addresses why it has been determined an evaluation is not indicated. The parent can challenge this position by requesting a due process hearing to resolve the dispute regarding the child's need for an evaluation. [adapted from "Questions and Answers on Response to Intervention (RTI) and Early Intervening Services," U.S. Department of Education, <http://idea.ed.gov/explore/home>] Parent communication and partnership is essential as the school responds to the parent's concerns related to the child's learning and achievement -- whether or not an evaluation for special education is carried out.

Referral of student not being provided targeted/intensive intervention:

When an AU/District proposes or agrees to proceed with an evaluation of a student who has not been involved in an individual problem-solving process, the criteria for special education eligibility as a student with SLD do not change. Appropriate, research-based intervention needs to be provided in the area(s) of difficulty and the student's response (progress) frequently monitored. In this scenario, the evaluation process and the individual Rtl problem-solving process are initiated and conducted simultaneously. The sixty-day timeline* for completing the evaluation is now in effect and the progress monitoring data is included in the evaluation report. The parents are members of both the problem-solving and the multidisciplinary eligibility teams (membership may overlap).

*The 60-day timeline for completion of the evaluation must be adhered to unless extended by mutual written agreement of the child's parents and the multi-disciplinary team. (See CDE model form for this agreement.)