

RTI and SLP Services

This guide is designed to increase understanding for Texas school-based speech-language pathologists (SLPs) about their role in Response to Intervention (RTI), as well as to provide information on RTI implementation. There are important RTI activities for SLPs that can both contribute to student success and prevent placement in special education and speech-language pathology IEP services.

What is RTI?

Response to Intervention is an early detection, prevention and support system that identifies struggling students and assists them before they fall behind. RTI begins with high-quality instruction and universal screening for all students. When students have difficulty meeting grade-level expectations, their needs are quickly identified, and just-in-time interventions are provided to meet those needs. RTI is designed as early intervention to prevent long-term academic failure or placement in individualized educational program (IEP) services. Prevention of speech, language, and communication disorders is one of the key roles and responsibilities of school-based SLPs and as such, can compliment and augment RTI services.

Key Features

The following is a listing of the key features of an RTI process:

- RTI is primarily a general education initiative designed to provide the necessary support as soon as a student shows signs of academic or behavioral struggle.
- RTI is based on a problem-solving model that uses data to inform decision-making.
- RTI interventions are systematically applied at increasing levels of intensity and focus, and are derived from research-based practices.
- RTI is highly dependent on progress monitoring and data collection.
- RTI intervention plans are designed, implemented, and monitored by a multidisciplinary team of professionals.
- RTI can be used for determining the presence of a specific learning disability.

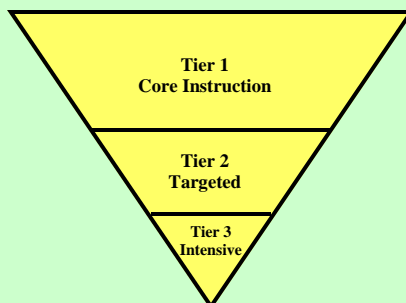
The 3 Tier Model

Although there may be different applications of the RTI process, it is generally depicted as a three tier model which allows for increasing intensity of instruction to students in direct proportion to individual needs.

Tier 1— Core Instruction includes: scientifically-based curriculum following state standards; behavioral support systems; effective, highly engaging instruction; well-trained teachers; universal screening; periodic progress monitoring, usually at the beginning, middle, and end of school year; and in-classroom supports such as small-group instruction or tutoring for students who have difficulty keeping pace with grade level expectations.

Tier 2— Targeted Group Intervention is provided for up to 15-20% of students who perform below expected levels in the classroom or who need specific supports to make expected progress in Tier 1. Tier 2 intervention includes: evidence-based practice protocols; behavioral support and intervention; effective, highly engaging and focused intervention; skilled teachers/service providers; small, homogenous groups; and frequent progress monitoring of the target skills. Tier 2 intervention is provided in addition to Tier 1 Core Instruction.

Tier 3— Intensive Individualized Intervention is provided for up to 5% of students who have received Tier 2 intervention and continue to have significant difficulty keeping pace with grade-level expectations. Students in Tier 3 intervention need more frequent, explicit, intensive, individualized intervention for longer periods of time. Tier 3 intervention includes: research-based and evidence-based intervention; intensive, individualized intervention for increased duration; behavioral support and intervention; skilled teachers/service providers; very frequent progress monitoring of the target skills. Tier 3 intervention is provided in addition to Tier 1 Core Instruction.



3 Tier Model and the SLP

SLPs are well equipped to participate in RTI activities within a 3 Tier RTI Model. There are important roles and responsibilities for SLPs throughout the RTI framework that contribute to the three prong purposes of RTI: prevention, identification of students struggling to meet grade level expectations, and intervention.

Tier 1— The SLP provides mostly indirect services to support quality instruction in the classroom and to participate in prevention activities. Direct services include expanded speech and language screening or providing support for struggling students through a variety of classroom activities that support oral language development. Indirect activities include completing student observations, helping the teacher make connection between oral language and literacy, and staff development to promote understanding of students' language learning needs

Tier 2— The SLP provides a combination of direct intervention and indirect services. Direct services include targeted group intervention to support students' speech and language skills in small, same-ability groups. Indirect activities include helping to select research-based literacy interventions, completing student observations, assisting with frequent progress monitoring of Tier 2 literacy intervention, and helping the problem-solving team make decisions on how best to meet student needs.

Tier 3— The SLP provides mostly direct intervention and identification services. Direct services include intensive, individualized intervention to support students' speech and language skills. Indirect activities include helping to select research-based literacy interventions, completing student observations in Tier 3 intervention, assisting with frequent progress monitoring, and helping the problem-solving team make decisions regarding referral for special education evaluation.

RTI and the Law

NCLB

The components of RTI supported in No Child Left Behind (NCLB) focus on accountability for results and include:

High Quality Instruction—

NCLB heightened the expectation for delivery of consistent, high-quality instruction in all classrooms. Explicit and systematic instruction does not leave anything to chance, and moves students from teacher-dependence to learner-independence. The teacher focuses the lesson with explicit instruction, uses guided instruction and student teamwork to practice the skills, and then allows students to demonstrate mastery of the skill.

Research-Based Instruction—

Both federal education laws, NCLB and IDEA 2004, require the use of scientifically-based educational practices, defined as “research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs” (NCLB, 20 U.S.C. Sec. 910 [37]).

Universal Screening— All students are screened in essential academic areas. Results from the screening provide information about whether students are at expected skill levels or need assistance so they do not fall behind. Screening results allow for review of both group and individual performance on essential skills.

Periodic Progress Monitoring—

All students are assessed on essential skills using beginning, mid-, and end-of-year curriculum-based measures to insure that all students are meeting grade level expectation. Periodic progress monitoring meets the NCLB provision of accountability for student learning.

Early Intervention— Emphasis is on providing quality instruction and interventions in the early grades to prevent more serious problems or failure later on.

RTI and the Law (con't)

IDEA

IDEA 2004 includes language allowing states to use an RTI process rather than an IQ discrepancy model for identifying students with specific learning disabilities. Federal regulations permit the use of the RTI process to “ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction.” (34 CFR 300 & 301, 2006).

IDEA regulations require that appropriate instruction in general education settings has been delivered by highly qualified personnel and that data-based documentation of repeated assessments at reasonable intervals has been collected.

Reading Skills

In 2000, the National Reading Panel issued a report identifying five key skills central to reading achievement:

Phonemic Awareness— the ability to notice, think about, and work with individual sounds in spoken words.

Phonics— an understanding of the relationship between letters (graphemes) of written language and the individual sound (phonemes) of spoken language.

Fluency— the ability to read text accurately and quickly with proper expression.

Vocabulary— the words one must know to communicate effectively.

Text Comprehension— understanding the meaning of what is read. Comprehension is the reason for reading.

The SLP has most involvement in the Phonemic Awareness, Phonics and Vocabulary areas of reading development.

Purposes of RTI

1. Prevention of placement in special education.
2. Intervention to support students as soon as data indicates they are struggling to meet grade-level expectations.
3. Identification of disabilities and the need for special education.

When viewed as a prevention model, RTI ensures that students who need more explicit, direct instruction receive it, without being labeled as having a disability. Although school districts are not required to include SLPs in their RTI framework, there is nothing in federal regulations to preclude active participation of SLPs in addressing all three purposes of RTI.

RTI and Workload

The desired outcomes of RTI and SLP services are prevention, intervention, and identification of communication disorders. Some SLPs wonder how they will have time to provide intervention services to general education students in addition to their speech caseload responsibilities. Using a Workload Approach to providing speech-language services is the answer to this concern. A Workload Approach focuses on the individual needs of students, documents the full range of roles and responsibilities of the SLP, and allows SLPs to contribute to improved student performance and provide educationally relevant services. A continuum of service delivery models and flexible scheduling are essential components in a Workload Approach. RTI for prevention services fit well into a workload approach. Providing classroom consultation, indirect RTI services, and direct RTI services should be woven in and around IEP services provided by the SLP. As the SLP is developing a schedule, s/he should schedule time for RTI services. The RTI needs of students will change over the course of the school year. Consultation and indirect RTI services may remain constant throughout the year but the provision of direct RTI services may ebb and flow. Students who need direct RTI/prevention services should not remain in these services for an extended period of time. For example, at the beginning of the school year, the SLP may need to provide direct services to a small group of children; however, after several weeks of services, the students who respond to intervention should be exited from the RTI services and those who do not respond to intervention, should be referred for special education testing. By using a Workload Approach, the SLP will have time to provide the RTI services that are needed to prevent special education placement; thereby resulting in a short period of intervention versus multiple years of speech services.

RTI and Funding

RTI is a fundamental change to educating students in this country. This may necessitate changes to the current funding mechanisms for general education and special programs or services funded through categorical federal and state dollars. Resources will have to be reallocated with the single-minded purpose of helping all students meet grade level expectations. SLP services are most commonly funded through special education. It is possible to find ways to allocate SLP time to provide direct and indirect services in an RTI model within existing funding parameters.

RTI Team Membership

Each school should have a multi-disciplinary team comprised of various school professionals. The team should meet regularly and develop an intervention plan and monitor the progress for each student who is struggling. Typically, the classroom teacher will bring concerns regarding a struggling student to the intervention team. The concerns are discussed with the team and an intervention plan is developed. The team membership may vary depending on the area of concern. Usually the team is comprised of the following as core members:

- Campus administrator— campus leader and facilitator of the intervention team process.
- Reading specialist or Reading teacher— expert in the reading development process.
- General education teacher/ Intervention Specialist— the teacher of the struggling student.
- General education teacher— a teacher who is knowledgeable about differentiated instruction.

Additional members that may be added depending on the area of concern:

- Speech-Language Pathologist— campus SLP may be added when the concerns are in articulation, language, stuttering, and voice.
- Counselor or School Psychologist— may be added when the concerns are in the area of behavior.
- Nurse— may be added when the concerns are in the medical area.

This intervention team may be called a variety of names such as Instructional Support Team (IST), Child Study Team (CST), or Intervention Assistance Team (IAT). It is recommended that the team NOT be named a Pre-Referral Team. This name perpetuates an assumption that the purpose of the intervention team is to process a special education referral.

RTI and Parent Involvement

In an RTI model, parents should be engaged as partners in the general education intervention process. Recommended communication to parents may include:

- Recommendation on how they can help their child make progress
- Information about RTI and the services in place at the school for supporting students
- Speech, language, and communication skill development information
- Results of RTI progress monitoring
- Home activities
- Information for parent monitoring of home practice activities for Tier 1 and 2
- Information about Tier 2 and Tier 3 intervention and SLP involvement
- District parent permission for participation in supplementary speech RTI services
- Information regarding participation in parent-teacher conferences or in RTI problem solving team
- Provide required informed notice and consent for special education referral and evaluation, as needed

Districts may develop an information and parent permission form for the student to receive direct services by the SLP through the general education intervention process.

RTI and Language

Language and RTI is a little more difficult to implement but there are options available that have been proven to work. Below is a list that has been gathered from visiting with SLPs across the state.

1. Story Lab— This is a classroom-based lesson that will facilitate talking and writing about personal experiences. Students will learn to talk about what really matters, talk about events in ways that engage and make sense to the listener, and identify and express feelings related to the event. The program helps the SLP determine the student's ability to ask and answer questions and expand their language skills.
2. LINC— This is a published classroom based language program. It has been used to determine a child's language abilities. Through the very clever activities, the SLP will be able to work on vocabulary, following directions, sequencing, problem solving, communicating with peers and adults and much, much more. This program is available through mindworksresources.com.

General Language Strategies:

- Provide corrective feedback on language usage errors.
- Present student with correct and incorrect sentence forms and ask student to identify them as a correct or incorrect. Also, have student correct the incorrect sentences.
- Teach students the problem-solving model so they will be able to determine their own needs, strengths, weaknesses, and what to do/who to talk to in order to improve their skills.
- Provide Venn Diagrams, Describing Charts and visual aids that may be used by classroom teachers and parents/caregivers.

RTI and Articulation

There are a variety of programs for articulation intervention. Below you will see a list of some programs that have been implemented across the states.

1. ARtIC Lab: A bilingual RTI program for elementary school students (grades 2-5) exhibiting mild articulation deficits in English and Spanish. It is a 20-hour, evidence-based program that provides sound placement instruction, intensive drill work, and sound generalization activities. This program is available through superduperinc.com.
2. Quick Artic: This is an RTI approach implemented in Terrebone Parish School System, Louisiana. It is a four-step process. It is used with students that are identified as at-risk. Children with 3 or more errors move to tier 3. Children with 1 or 2 errors, move through the 4 step process. Children's speech sounds are probed every 2 weeks. As they reach a mastery of 75% or greater on error sounds, they are exited from the process and return to general education.
3. Speedy Speech Model: This is an RTI approach implemented in North Shore District 112, Illinois. Students are screened for misarticulations. Students with mild misarticulations receive 5-7 minutes of intensive, direct 1:1 services 5 times a week for an 8 week period. Interventions are provided in the hallways and are tailored for each student's level of proficiency.
4. Problem Solving Model: This is an RTI approach implemented in Iowa. All students that are referred for an evaluation are screened and receive 6-9 weeks of intensive intervention. At the end of the 6 or 9 weeks, the intervention team determines the need for evaluation.
5. Articulation Resource Center Model: This is an RTI approach implemented in San Diego schools. Students are referred for services. The SLP screens the students. Students with simple sound errors are recommended for the services. The SLP provides highly interactive speech improvement classes to 5-10 students for two 30 minute sessions per week.

General articulation strategies:

- Provide corrective feedback on articulation errors.
- Use auditory feedback devices to amplify the student's productions.
- Set up a "center" with a list of words for their sound and a recorded auditory bombardment list.
- Provide a communication lab for students who are at risk as well as students who have been dismissed since all goals except complete carry-over have been mastered.

RTI and Voice

Voice and RTI is an area that has not been addressed at this point. There are some general strategies that can be used with these students. The RTI task force has not heard of any SLPs currently seeing students with voice issues in the intervention process.

General Voice Strategies:

- Use puppets to demonstrate appropriate voice quality versus inappropriate qualities such as harsh, breathy, and hoarse.
- Use relaxation techniques to teach relaxation of vocal folds.
- Establish “quiet time” to give voice a rest.
- Tape record/videotape student’s speech and ask them to describe what they hear (e.g.: too loud, nasal, hoarse, harsh, etc.)
- Provide tracking charts to help parents and teachers determine when students are using target voice skills.

RTI and Stuttering

At this time, few Texas school districts are addressing fluency disorders through RTI. However, with certain students, RTI could be very successful if implemented correctly. Students for whom RTI may be appropriate include preschool-aged students who have not been stuttering for long periods of time (between 6 months to a year or less), students who fluctuate between the very mild to moderate severity ranges (who may or may not have family histories of stuttering or other disorders of fluency), and students who have good self-awareness and are highly motivated to improve their communication skills.

Any RTI program for students who exhibit fluency disorders should include classroom teachers and, whenever possible, parents/caregivers since fluency disorders tend to vary in severity according to speaking situation and conversational partner(s). All individuals who regularly interact with the students, including special area teachers, should be fully educated regarding the nature and treatment of fluency disorders as this will greatly enhance their ability to remediate the disorder and perhaps eliminate the need for a speech-language referral.

Just as with students who are eligible for speech therapy services due to fluency disorders, the RTI method implemented will vary according to the age of the students, their cognitive abilities, and the types of dysfluencies they are exhibiting.

Depending on the type of model the district is using, it would be appropriate for the speech-language pathologist to either train the parents and teachers in the fluency enhancing techniques so that they may provide the intervention or to work with students directly for a set amount of time using a tiered approach, much like some of the articulation models that are currently in use.

RTI and Stuttering (con’t)

Just as with articulation, both home and in class practice will be key factors in the success of the intervention due to the unique nature and variability of fluency disorders. Some ideas for general strategies that may be appropriate for implementation at home and in the classroom, with or without direct involvement of the speech-language pathologist, include the following:

- For younger children, modeling of slow and easy speech and requests for imitation may be helpful. Parent and teachers may encourage children to talk and answer lots of questions during more fluent times and redirect to quieter activities during more dysfluent times in order to help reinforce students self-concept of themselves as good speakers.
- With older children it may be more effective to use a hierarchical approach since techniques such as easy starts may need to be directly taught. For example, classroom teachers and/or parents could be provided with a workbook containing single words (or pictures to elicit single words), two words, carrier phrases, sentences, advancing to more complex language tasks, such as storytelling.
- Pen and paper tasks, such as those available from the Stuttering Foundation of America could be used, if appropriate, to help teachers and caregivers get a better idea of how students are feeling about themselves and their speech and address their needs as they arise.
- Puppets or other dolls could be used to demonstrate appropriate smooth versus bumpy speech as well as fast versus slow talking. Friends and classmates could also participate in this type of lesson since slowing down and speaking clearly is a good communication skill that may be helpful for them to learn along with students who are at risk for chronic fluency disorders.
- Relaxation techniques or yoga tapes may also be helpful if it appears that the fluency difficulties are being exacerbated by excessive stress or tensions or dysfluencies seem to be breathing related.
- Audiotape and/or videotape may be used to increase students’ self-awareness if needed and appropriate.

Finally, although RTI is most typically used for students prior to making a special education referral, a form of RTI could also be extremely helpful for students who have learned all of the fluency enhancing techniques, are able to use their tools, have been successfully dismissed from therapy, but are at risk for relapse for one reason or another. In this case, dismissed students may be used as “role-models” or helpers for students who are new to the techniques and could benefit from someone with whom to practice their newly learned skills.

The benefits could be two-fold. First, new students may be encouraged by more experienced students who have learned to overcome or manage their fluency disorders and, second, the possibility of relapse may dramatically drop for students who have been dismissed. Both scenarios may have the result of keeping more students in the general education setting and out of special education services, which is the true purpose of RTI.

Web Resources

The National Center for Culturally Responsive Educational Systems
<http://www.nccrest.org/>

The National Association of State Directors of Special Education
<http://www.nasdse.org/>
<http://www.nasdse.org/Projects/ResponsetoInterventionRtiProject/tabid/411/Default.aspx>

The International Reading Association
<http://www.reading.org/General/Publications/ReadingToday/RTY-0906-RTI.aspx>

Council for Exceptional Children
<http://www.cec.sped.org//AM/Template.cfm?Section=Home>

U.S. Department of Education
http://osepideasthatwork.org/toolkit/ta_responsiveness_intervention.asp

National Center on Response to Intervention
http://www.rti4success.org/index.php?option=com_content&task=view&id=891&Itemid=124

National Comprehensive Center for Teacher Quality
<http://www.tqsource.org/forum/index.php?board=13.0>

TEA Website
http://ritter.tea.state.tx.us/special_ed/rti/

Education Resources Information Center
http://eric.ed.gov/ERICWebPortal/custom/portlets/recordDetails/detailmini.jsp?_nfpb=true&_ERICExtSearch_SearchValue_0=EJ719686&ERICExtSearch_SearchType_0=no&accno=EJ719686

ASHA, page about RTI
<http://www.asha.org/slp/schools/prof-consult/RtoI.htm>

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