

What's New: Enhancing Student Success Using Response to Intervention

Volume 2, Issue 1

February 2008

Psychology Month, Dufferin-Peel C.D.S.B.



Response to Intervention (RTI) is an emerging prevention approach aimed at helping “at-risk” children **before** serious academic problems develop. It is generally defined as a three-tier (or 3-step) model of academic support. Research-based interventions are used early on to attempt to change the trajectory of development from waiting for assessment and possible diagnosis, as academic gaps continue to increase. The difference with RTI is that early intervention is provided and closely monitored so academic functioning can be remediated when the gaps are very small. Presently, struggling students come to the attention of the school Psychology staff for psychological assessment only after they have been experiencing difficulties for many years. In contrast, the proactive early intervention RTI model utilizes the services of psychology staff (and other special support services team members) early on as problem solving partners when students are first identified. Utilizing this approach is distinctively different from

what has been referred to as the “wait to fail” approach. Research has determined that many students who receive early identification and prevention services from psychology staff avoid having to be assessed by psychology staff in the future. Research by Dr. Linda Siegel in British Columbia used an RTI program aimed at reading difficulties resulted in a 90% decline in reading difficulties in “at risk” students over a four year period.

RTI's three tiers are as follows:

Tier 1

- As early as Kindergarten, struggling students are identified using universal screening measures. These students are brought to the attention of the school Special Services Support Team where active problem solving takes place to select appropriate evidence-based interventions.
- These interventions generally take place in the classroom by the classroom teacher.

- After 4 to 6 weeks, the student's progress is reassessed using a curriculum-based measures (brief, standardized, norm-based tests that can show subtle changes in academic achievement) to determine whether the intervention has resulted in improvement.

- If the student improves, the intervention is no longer required. If not, the student moves to Tier 2.

Tier 2:

- The student is brought back to the Special Services Support Team for further problem-solving around suitable interventions.

- The interventions may now include increasing resource delivery with small group withdrawal sessions performed by the SERT.

- Progress will again be monitored after a suitable period of time has passed. If a child improves, the intervention may no longer be necessary. If not, other interventions may be tried. If there is no success despite several intervention attempts, the student moves to Tier 3.

Tier 3:

- The student is brought back to the Special Services Support Team for discussion where resource support is intensified.

- If progress is negative or limited, after a predetermined period of time, the student is referred for a psychological assessment.

Screening measures typically used within RTI include Curriculum-based Measurement (CBM) or DIBELS. These tests can be used for screening and progress monitoring of reading, written language and mathematics. They have strong statistical properties (e.g., reliable, valid, standardized) and are highly sensitive to small academic gains. This approach provides the school, parents, and the student with a systematic and accountable method to identify and monitor the effects of suitable academic interventions.

Presently, Dufferin-Peel is piloting the RTI approach in 8 schools that are participating in the Ministry of Education/Ontario Psychological Association Student Assessment for Learning Project.

For further information contact your school psychology staff or Dr. Debra Lean, Chief Psychologist. *Prepared by Dr. Irene Rukavina, Psychologist in the DPCDSB.*

