

Responsiveness to Intervention: Multilevel Assessment and Instruction as Early Intervention and Disability Identification

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Responsiveness to Intervention (RTI), also referred to as Response to Intervention, is viewed by many as both an approach to early intervention and a method of disability identification (Fuchs, Mock, Morgan, & Young, 2003). It is commonly understood to represent a meaningful integration of assessment and intervention within a multilevel system to prevent school failure and its well-known consequences like incarceration, unemployment, and poor health. Despite these widely shared beliefs, RTI frameworks are designed in different ways in different places, with some schools incorporating two tiers of increasingly intensive instruction, and others incorporating seven tiers (Berkeley, Bender, Gregg Peaster, & Saunders, 2009). One school's second tier of intervention may be identical in its focus and intensity to another school's sixth tier. Not surprisingly, this creates confusion as educators conceptualize, design, and communicate about their approaches.

To clarify RTI's intent, structure, promise, and challenges, Bob Cooter and Helen Perkins, editors of *The Reading Teacher*, asked us to launch a department on RTI. So, we begin a series of articles, to be written by us and others, by introducing a general framework to understand RTI (also see Fuchs & Fuchs, 2006, 2009). The framework incorporates three levels of prevention services, each of which is different in terms of intensity of instruction and who delivers it.

Our goal in this first article is to establish a common vocabulary for thinking and communicating about RTI. The purpose of our framework is not to dictate how schools should practice RTI. It does not

prescribe a particular set of assessments or interventions, nor the number of instructional tiers at each of the three levels in the framework, nor who should be responsible for the instruction at a given level. When suggestions are offered in this regard, they are for illustrative purposes only.

Primary, Secondary, and Tertiary Prevention

Primary Prevention

We refer to the first level of the framework as primary prevention. It comprises the instructional practices general educators conduct with all students: the core instructional program along with classroom routines for differentiating instruction; accommodations that permit access for all students, including those with disabilities; and problem-solving strategies to address motivational problems that interfere with student performance. Many state- and district-sanctioned core programs have been designed using principles derived from instructional research, but few have been rigorously and specifically validated because of the challenges associated with conducting controlled studies of complex, multicomponent programs. Partly for this reason, teachers, administrators, and others should expect many core programs, if implemented with fidelity, to strengthen the academic performance of many children, but hardly all children. Screening measures and the monitoring of students'

responsiveness to core instruction—often conducted by school psychologists or reading specialists—are meant to identify children in need of more intensive instruction. (Screening and progress monitoring will be discussed in subsequent articles in this series.)

Secondary Prevention

In our framework, secondary prevention involves a standard form of small-group tutoring. Its instructional procedures, duration (typically 10–15 weeks of 20- to 40-minute sessions), and frequency (typically 3 or 4 times per week) are all clearly articulated. Instruction at this level differs from primary prevention in three ways: It is empirically validated; it relies on adult-led, small-group tutoring; noncertified teachers may be prepared to implement the explicit (often scripted) tutoring protocols. Yet another difference is that the purpose of secondary prevention includes the identification of children who may have a disability. That is, most students are expected to benefit when a validated tutoring protocol is used with fidelity at secondary prevention. So when progress monitoring data suggest that a student is not responsive, one important conclusion is that he or she probably requires the most intensive, *nonstandard* instruction available in the RTI framework—namely, tertiary prevention.

Tertiary Prevention

Tertiary prevention differs from secondary prevention in two key ways. First, teachers at this level establish individual year-end goals in instructional material that match students' needs. This material may come from below the student's grade-appropriate curriculum. Second, because the student has proved unresponsive at primary and secondary prevention levels, tertiary prevention is individualized. The teacher may begin tertiary-level prevention by implementing a more intensive version of the validated tutoring program used at the prior prevention level (e.g., longer sessions, smaller group size). But it is not assumed it will meet the student's needs. Instead, the teacher uses systematic, ongoing progress monitoring to quantify tutoring effects. When the data suggest that goal attainment is unlikely, the teacher modifies components of the tutoring program while continuing to monitor student performance to determine the effects of those modifications. In this way, the

teacher inductively derives an effective, individualized program. The process is iterative; it assumes a valid system of assessment; it depends on a teacher's knowledge of instruction and clinical skills. In short, success at this most intensive level of instruction with a school's most difficult-to-teach children requires a highly skilled instructor such as a well-prepared reading specialist or special educator.

In Closing

It is important to understand that the purpose of RTI is *not* to prevent special education. Rather, its twin aims are to prevent serious, long-term negative consequences associated with exiting school without adequate academic competence and to identify children with disabilities. So, RTI is very ambitious in intent and scope. It is also complex in terms of structure (multiple levels) and because various kinds of assessments (screening and progress monitoring) must be integrated meaningfully with different forms of instruction (core, small-group, and individualized). It is challenging for another reason: It requires close coordination of services delivered by different personnel at different prevention levels (e.g., teachers at primary prevention, paraprofessionals at secondary prevention, reading specialists or special educators at tertiary prevention). Doing RTI right is not for the faint of heart. It will require commitment, energy, teamwork, and smarts. But the potential payoff of doing it right is large.

In upcoming issues of *The Reading Teacher's* Response to Intervention department, we and other academics and practitioners will discuss these topics in greater detail: screening, progress monitoring, secondary prevention, and tertiary prevention.

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