



Center for Response to Intervention in Early Childhood

(CRTIEC)

Myths about Response to Intervention (RTI) in Early Childhood

While RTI approaches for children in K-12 settings have been gathering steam for the last 5 years, many states, local education agencies and programs are considering implementing some version of RTI or multi-tiered systems of instructional support in pre-kindergarten programs. With so few clearly defined and evaluated models of RTI implementation focused on preschool-aged children and no federal guidelines for their implementation, a number of myths have developed about what RTI for early childhood is and how it should be implemented. While we acknowledge an absence of facts to inform this discussion, the researchers and leaders of CRTIEC, the Center for Response to Intervention in Early Childhood (www.crtiec.org), offer our opinions regarding some myths that are beginning to color what people think about RTI for young children. We offer these in the hopes that we can continue a conversation about the benefits and challenges of RTI for young children based on more accurate information. We also recognize that research about approaches for providing multi-tiered systems of support for young children is in its early infancy and recommended practices for implementing these approaches may change as new data inform this discussion. This paper provides our best available knowledge at the current time.

Myth 1: RTI replaces early childhood special education and its procedural safeguards, and if a district has implemented RTI, it means that students cannot be referred for special education evaluation.

Preschool children and their families have a host of legal rights and privileges for gaining access to special education and related services, and RTI models must not reduce or restrict those rights and privileges. There are currently NO federal regulations or written policies regarding RTI or multi-tiered models of support for children in pre-kindergarten settings. Even for students in grades K-12, the law (IDEA 2004) gives districts the option of using RTI procedures as **part** of the evaluation procedures for special education eligibility. Therefore, RTI should not be used to replace procedural safeguards. A parent or educator still has the right to request an initial evaluation to determine if a child has a delay or disability and the existence of an RTI process does not weaken that right.

Myth 2: RTI necessarily delays referral, eligibility, or the onset of special education services.

An effective RTI model should **increase** children's access to helpful services, and **not** lead to delays in referral, eligibility determination, or the onset of special education and related services. The goal of RTI is to broaden the range of intervention strategies employed in general education, not to deny students with access to services or supports they may need to be successful. The official Position on RTI by the Council on Exceptional Children (October, 2007) specifically states: "The RTI process shall not delay the referral of a child who is suspected of having a disability for a comprehensive evaluation. Children with identified disabilities may not be required to go through an RTI process in order to receive special education and related services" (CEC, 2009). RTI is a prevention model that is designed to provide high quality opportunities for learning **before** a child is eligible for special education and related services. When such experiences appear to be limited or absent, a tiered model of instruction should prove helpful in deciding whether a child should be referred for an evaluation for special education services.

Myth 3: RTI consists of 3 tiers of increasingly individualized instruction with children with disabilities being in Tier 3.

There is no ideal number of tiers of instruction. The general notion of RTI is to have a continuum of increasingly intensive or alternative options to meet the needs of the population served. The number of instructional options will vary and there is no consensus at this point on the extent of procedural variation that might be considered a separate tier of instruction. In an RTI model, students would be identified for increasing level of support in higher tiers if they did not demonstrate adequate growth in a particular tier. Students with identified disabilities may be at any tier of instruction depending on their progress and their performance relative to benchmarks on the skills of concern.

Myth 4: Evidence-based curricula and instructional practices are available to support the implementation of RTI approaches in early education.

While the list of curricula and instructional practices with demonstrated effectiveness in producing short-term outcomes for children is growing, the evidence base of curricula and instructional strategies to support children's school readiness, and to provide intervention across multiple tiers of an RTI model, is still in its infancy. Information about effective practices and curricula to promote early literacy and other domains related to school readiness can be found in the What Works Clearinghouse (<http://ies.ed.gov/ncee/wwc/reports/Topic.aspx?tid=13>), the report from the National Early Learning Panel (<http://www.nifl.gov/earlychildhood/NELP/NELP09.html>), and the report from the Preschool Curriculum Evaluation Research Consortium (<http://ies.ed.gov/ncer/pubs/20082009/index.asp>). While the strength of evidence

is stronger in some areas than others, studies showing that effective interventions and curricula can be scaled up and implemented and sustained in community-based early education programs are exceedingly rare. Furthermore, only a few studies have been published to demonstrate the effectiveness of interventions that might be used in Tier 2 or Tier 3 to support children who need more intense or individualized interventions to demonstrate growth toward school readiness outcomes. Finally, the infrastructure to provide wide-scale and high fidelity implementation of these curricula and instructional strategies to be used in any tier of intervention is only beginning to develop.

MYTH 5: Assessment tools that can be used within RtI approaches to identify preschool-aged children with learning problems or to monitor young children's progress in response to intervention are currently lacking.

To date, there are tools for assessing children's growth and development, but they are still few in number and not widely available. There is a growing list of measures (e.g., *Individual Growth and Development Indicators* (<http://ggg.umn.edu>); *mClass Circle*, (<http://www.wirelessgeneration.com/solutions/mclass-circle.html>); *Get Ready to Read* (<http://www.getreadytoread.org>.) that predict later reading performance, and that can be used for instructional decision-making in pre-kindergarten settings. It should be noted that even these measures have not been field tested widely and await both longitudinal studies to examine their general psychometric properties and intervention studies to explore their sensitivity to treatment effects. However, researchers and local education agencies are making rapid progress both in the design and evaluation of screening and progress monitoring measures, and in developing systems that help early childhood educators apply and use these measures. As this development work continues, the array of tools available to practitioners will grow.

Myth 6: Once children are identified as needing instruction at a specific tier, they will not change tiers over the course of the academic year.

RtI is designed to be a dynamic model of service delivery, adjusting teaching approach as a child's progress dictates. Students who demonstrate response to intervention at a given tier (i.e., demonstrate growth meeting a specific benchmark) may move to a less intensive tier. Similarly, if children show inadequate growth to meet a benchmark at a specific tier, they may be moved to a more intensive level of intervention. This is a critical issue in early childhood programs, where the time is often very short (usually less than a year) before matriculation to K-5 programs. In these cases, frequent assessment and movement to a more appropriate level of instruction is critical.

Myth 7: While RtI might be an appropriate model of providing a greater level of instructional support to school-aged children, most RtI models for pre-kindergarten children focusing on early literacy are based on developmentally inappropriate expectations for young children.

RtI, particularly in early childhood, must be designed to be individually appropriate for participating children. There is no single RtI approach for pre-kindergarten children focusing on early literacy but a critical component of all RtI models is the use of a strong Tier 1 founded on an evidence-based curricula. It is important to note that RtI approaches focusing on early literacy in PreK are *not* focused on teaching children to read, but rather on emergent literacy skills that are appropriate for preschool children. If RtI approaches in early literacy are to be successful in improving children's readiness for school, they should focus on providing children with instruction on the set of pre-literacy skills known to be predictors of academic performance in kindergarten. In early education, these curricula are typically implemented within the context of teacher-directed group interaction and embedded in classroom routine activities. As with all intentional teaching, instructional approaches must be individually- as well as developmentally appropriate to meet the short- and long-term needs of any particular child.

Myth 8: RtI reinforces the practice of “ability grouping” which may be detrimental to young children’s self-esteem.

While tiered interventions in some RtI models may include homogenous groups of children, these groupings will occur only for a small part of a day and can (and, we believe, should) be embedded in a comprehensive and inclusive program. RtI allows classroom staff to provide a level of instructional intensity that a given child needs to promote success. Rather than “tracks,” RtI promotes dynamic allocation of instructional resources based on the current needs of individual children. We are unaware of research that validates the myth that grouping children based on their level of need lowers children's self-esteem. On the other hand, there is much research that children who experience early success go on to achieve healthy academic and social outcomes.

References

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