



## Response to Intervention in the Individuals With Disabilities Education Act (IDEA), 2004

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### **Abstract**

The Individuals with Disabilities Education Act, IDEA, was rewritten and signed into law in early December 2004. This Act changes many sections of the statute to reflect new ideas around learning disabilities and the concept of a pre-identification strategy called response to intervention or RTI.

This memorandum was written by a Fiona James as part of her requirement for an Education Specialist degree from the George Washington University Graduate School of Education.

The memorandum explores changes in the definition of learning disabilities and the new option for schools to use a response to intervention model. More information on these issues will be posted on the IRA website, especially as the regulatory process unfolds.

### **Learning Disabilities Defined**

In an effort to reduce misdiagnosis of students with learning disabilities (LD), there are significant changes in the Individuals with Disabilities Education Act (IDEA), 2004. In examining definitions in the act, specific learning disabilities are defined as:

...a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. (602, 30, A)

In attempting to avoid misdiagnosis or inappropriate diagnosis, the act reiterates the exclusionary clause of PL 105-17, 614, b, 5, and references No Child Left Behind (NCLB) by restating that “lack of appropriate instruction in reading” cannot result in LD diagnosis. Nor can a student meet LD eligibility requirements if the determinant factor is diversity in a student’s racial, cultural, and language background (614, b, 5, C).

This is of particular concern with the rapid growth in minority and ELL populations<sup>1</sup> in the United States and the overrepresentation of these students in special education. Even in schools with fewer minority and English language learners (ELL), there is a disproportionate number identified for special education. (601, c, 12, E). The overidentification of minorities in special education poses a challenge in appropriately referring, assessing, and providing services to students from non-English backgrounds (601, c, 11, B & C).

## **LD Diagnosis**

In diagnosing LD, the discrepancy criterion is no longer necessary. The act states:

...a local educational agency shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability in oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation, or mathematical reasoning. (614,b,6,A)

However, a local educational agency (LEA) may use a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures described in paragraphs 614, b, 2, & 3. This is referred to as the response-to-intervention or RTI model.

## **The Response-to-Intervention Model**

The emphasis of RTI is to focus on providing more effective instruction by encouraging earlier intervention for students experiencing difficulty learning to read. The assumption is that this will prevent some students from being identified as LD by providing intervention as concerns emerge. It also emphasizes using a comprehensive, schoolwide system. The Act states:

... almost 30 years of research and experience has demonstrated that the education of children with disabilities can be made more effective by providing incentives for whole-school approaches. (601, c, 5, F)

The IDEA Committee Conference Report (CCR) discusses the use of scientifically based early reading programs as essential services to reducing the need to label children as disabled. It focuses on nonidentified children receiving early intervention services under IDEA<sup>2</sup>. The act authorizes up to 15% of IDEA funds to be used to provide services to students before they are identified with a disability<sup>3</sup>. These funds are to be used for supplemental materials that are aligned to reinforce a scientifically based<sup>4</sup> comprehensive “core curriculum” or a state-standards-based accountability system as referred to in

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<sup>1</sup> 601,c,10, A – D; 601,c,11,A; 601,c,12, B

<sup>2</sup> CEC copy of Joint Explanatory Statement of The Committee of Conference, p. 64

<sup>3</sup> CEC copy of Joint Explanatory Statement of The Committee of Conference, p. 31

<sup>4</sup> Re: NCLB requirements for scientific rigor.

NCLB. The CCR states that RTI effectiveness is greater when aligned with state standards for accountability purposes.

The CCR describes a model RTI program, which is a diagnostic-prescriptive, research-based structured learning system. It is a particularly effective early intervention strategy for children with or at risk for disabilities in reading and mathematics. The CCR specifically refers to The HOSTS Language Arts program, which is used in some states including Texas, Ohio, Florida, Delaware, Michigan, and Louisiana, as an exemplary program that also incorporates the recommendations of the National Reading Panel.<sup>5</sup> The HOST programs have assisted schools in significantly improving student achievement and test results for all children, including children with disabilities, and in preventing mislabeling.

The CCR recommends development of more “effective implementation of responsiveness to intervention models.”<sup>6</sup> They advocate establishing a wider, more effective scientific research base of exemplary RTI models and cite a need for large-scale implementation of improved methodologies for the determination of, and appropriate intervention for, specific learning disabilities. They encourage the U.S. Department of Education (ED) to collaborate with leading organizations and researchers in the field of learning disabilities to assist with development and dissemination activities. They urge the ED to develop “capacity for national dissemination activities, proven effectiveness and efficiency in developing and delivering large-scale research-based informational and assistance programs.”<sup>7</sup>

IDEA’s requirement for exemplary RTI models based on rigorous scientific research will be overseen by the Special Education Research Center (177), which will expand current knowledge and understanding of disabilities (175). This center will seek to improve services under IDEA, including that of improving academic achievement for students with disabilities (177, 1). The emphasis is on identifying scientifically-based educational practices that support learning and improve academic achievement, functional outcomes, and educational results for *all* students with disabilities (177, 2). This includes: examining the special needs of preschool (177, 3); identifying scientifically based related services and interventions that promote participation and progress in the general education curriculum and general education settings (177, 4); examining the extent to which overidentification and underidentification of children with disabilities occurs, and the causes of over identification and misidentification (177, 8); and improving reading and literacy skills of children with disabilities (177, 9).

Reforms using a RTI model will also depend on ‘highly qualified’ (HQ) teachers, both at preservice levels and through professional development/personnel training programs for current teachers. The Act has numerous references to the professional development of

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<sup>5</sup> CEC copy of Joint Explanatory Statement of The Committee of Conference, p. 81 -82

The NRP’s five components of an effective reading program are phonemic awareness, phonics, fluency, vocabulary, and comprehension.

<sup>6</sup> CEC copy of Joint Explanatory Statement of The Committee of Conference, p. 79

<sup>7</sup> CEC copy of Joint Explanatory Statement of The Committee of Conference, p. 79

teachers, both special and regular educators (662, a, 3 & 4), focusing on core content and academics for the former and appropriate instructional techniques for the latter. The Act stresses training in early intervention in preservice and inservice training (662, a, 6, B) and collaboration between the two (662, a, 7, D). More support for beginning special educators is emphasized through incorporating principles of best practices and scientific-based research:

...implementing effective teaching strategies, classroom-based techniques, and interventions to ensure appropriate identification of students who may be eligible for special education services, and to prevent the misidentification, inappropriate over-identification or under-identification of children as having a disability especially minority and limited English proficient children. (662, b, 2, A, iii)

Continuous inservice is also recommended to support and help retain teachers. The CCR adopts a definition of “highly qualified” (HQ) for special education teachers, directly referencing NCLB<sup>8</sup>. However, educational services to students with disabilities can be provided by a teacher deemed HQ in his or her area of expertise, such as a reading specialist, without being a HQ special education teacher. Developing and retaining HQ teachers is an added challenge under the RTI model, requiring extensive, HQ professional development, drawing from the scientific-based findings of the Special Education Research Center.

### **Appropriately Identifying LD**

In terms of educational assessment practices, a screening by a teacher or specialist for instructional purposes is not considered to be an assessment for eligibility for special education (614, 1, E). An evaluation for special education must use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information, including information provided by the parent, that may assist in determining whether the child is a child with a disability (614,b,2,A,i).

To ensure against misdiagnosis or overrepresentation of minority or ELL populations, the assessments and other evaluation materials used to assess a child are selected and administered so as not to be discriminatory on a racial or cultural basis` (614,b,3,A,i). They should be administered in a professional manner by competent personnel and should use the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is not feasible to so provide or administer (614,b,3,A,ii – v).

### **How Aligned Is IDEA 2004 With Current RTI Practice?**

Although IDEA is finally reauthorized, and the discrepancy model of diagnosis is no longer required, there is no comprehensive plan to immediately implement the RTI model. Although the Act says that these changes are to be made “as soon as possible,” it

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<sup>8</sup> CEC copy of Joint Explanatory Statement of The Committee of Conference, pp. 3 – 5.

does not suggest an appropriate phase-in time. In fact, it seems like successfully implementing RTI will be a lengthy process. In Section 681 it says that after receiving input from individuals with relevant experience, the Secretary will develop a comprehensive plan for subpart 2, which includes personnel preparation, technical assistance, model demonstration projects, and dissemination of information, and for subpart 3, which covers supports to improve results for children with disabilities.

Many practice-based aspects of the reauthorized IDEA, specifically concerning RTI, have yet to be determined, leaving many questions to be researched prior to developing “best practices” for RTI. Some of the many questions that the Act has not answered are listed below:

- At what point does a student qualify for intervention in the RTI model?
- How much intervention is appropriate?
- How is the quality of the intervention monitored?
- What is the level of acceptable progress?
- At what point will a student will be deemed to be “nonresponsive-to-intervention”?
- If a student is identified for special education and is determined to have learning disabilities, how will his or her program and instruction differ from what was previously received?
- How will the instruction be provided, and how will special and regular educators collaborate to support the student?
- How will the RTI model affect the provisions of accommodations both in the classroom, and in curricular and standards-based assessment?
- What is the role of technology <sup>9</sup> in RTI?
- How are the unique needs of a potentially gifted learning disabled student met within the RTI model?
- Are there other models other than the HOST model that fit the Secretary’s definition of comprehensive, diagnostic-prescriptive scientific-based interventions?

The reauthorized IDEA has built upon many of the tenets of NCLB with the potential to improve educational results for all students. However, implementing the RTI model across the nation to guarantee better results for all students will likely be a much lengthier process requiring extensive scientific research on many aspects of a pre-referral model of intervention.

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<sup>9</sup> Section 674,b,2,C encourages the development, demonstration and the use of technology systems to provide parents and teachers with information and training concerning early diagnosis of, intervention for, and effective teaching strategies for, young children with reading disabilities.