RTI: Getting It Right This Time

Response to intervention will work if it includes research on the diverse cultures of today’s students.

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Education has struggled for decades with the issue of equity. How can we provide a free, appropriate, and quality education for all children? Much has been written about the disproportionate numbers of minority and poor children in various programs. For example, why aren’t there more minority and poor children in gifted programs? On the other hand, why are there so many of these children in special education programs? Response to intervention (RTI) is a process born out of years of frustration resulting from the collection of disproportionate data, especially in terms of poverty and minorities.

Since 1997, the U.S. Department of Education’s Office of Civil Rights has conducted a biennial survey of elementary and secondary schools in the United States. One focus of the data in these surveys has been “placement in special education programs disaggregated by various student characteristics (sex, race/ethnicity, receipt of free/reduced price lunch, and language proficiency)” (Hosp, 2009). The results indicate a vast disproportion in terms of the categories of children being served. The trend has continued and is growing, especially in the classification of “learning disabled” (Donovan & Cross, 2002).

Getting to RTI

In 1975, Congress passed the Education of All Handicapped Children Act (Public Law 94-142) to meet the identified needs of students in order for them to be successful in the classroom. This historic legislation guaranteed that each handicapped person age 3 to 21 would receive a “free and appropriate” education in the “least restrictive environment.” It is this legislation that has helped schools identify and intervene with students who are in need of special education services. A general category for students who are not successful in the classroom but who do not have a physical or mental impairment is called “learning disabled.” This category has grown in numbers over the years and has often become a place for students who are failing or not responding to the general education program.

In 1990, Public Law 94-142 was re-titled the Individuals with Disabilities Education Act (IDEA) and further amended in 1997 and 2004. At the time of the first amendment, concerns were being raised about the disproportionate percentage of black and other minority students in special education classes. According to Brown-Chidsey (2007), policymakers became aware of two trends: First, the number of students with learning disabilities was growing rapidly and, second, the percentages of black and other racial minority students found eligible for special education services were much higher than their percentages in the U.S. population. Kunjufu (2005) found that:

- Eighty percent of all students referred to special education are below grade level in reading. (According to Marzano (2003), students from poverty tend to come to the classroom with half the vocabulary of their counterparts.)
- ADD and ADHD represent 50 percent of the diagnoses of all children placed in special education.
- There is a 4-to-1 ratio of black males to black females in special education.
- Only 27 percent of black males in special education graduate from high school.

In 2004, under the No Child Left Behind Act, schools were given the responsibility to disaggregate scores to determine areas of bias and disproportionate percentages of minority students in special education. Of particular concern were the numbers of students who were minorities and/or lived in poverty who qualified as learning disabled.
It should be no surprise, then, that many educators have seen the need for alternative ways to refer students for special education and have objected to the vagueness of determiners for learning disabilities. Enter RTI as part of the most recent reauthorizations of the 2004 federal special education law.

What RTI Can Do
Schools now can intervene without first proving that there is a severe discrepancy between a student’s achievement and intellectual ability. Interventions can take place when the need is observed or otherwise determined by data collected by the schools. All children are screened for possible achievement gaps with the understanding that those who are not making adequate yearly progress for their age/grade level will receive intervention before they fail. In other words, prevention comes first, followed by intervention if necessary. The RTI process also makes the presumption that the correct intervention will be prescribed, based on collected data and screening.

Some questions must be answered in order for the RTI process to be successful:

Does the data legitimately assess the student?
For example, Kunjufu (2005) calls to task the identifiers for hyperactivity used in many schools. These include characteristics like:

- Often fidgets with hands or feet, or squirms in seat;
- Often moves out of seat in classroom or other situations in which remaining in seat is expected;
- Often runs about or climbs excessively in situations in which it is inappropriate;
- Often has difficulty playing or engaging in leisure activities quietly;
- Often acts as if driven by a motor;
- Often blurts out answers before questions have been completed;
- Often has difficulty waiting his or her turn; and
- Often interrupts or intrudes on others.

What is meant by “often” and how many times does it take to be often? Students who grow up in a world that is constantly bombarded by multimedia or movement might have difficulty sitting all day in a classroom where the dominant method of teaching is auditory.

Does the assessment include modifications for culture and poverty? Most classrooms in this country are based on an Anglo-Saxon standard in terms of our expectations, our attitudes about learning, and how we teach. For example, a typical classroom, substance comes first and then, hopefully, over time a relationship is built with the students. But for most of the world, and for both Hispanic and black students, relationships must be built before substance can be taught.

Do educators know the most current research on effective teaching practices and how to implement them in the classroom? The best instructional practice will not have a high effect on student learning unless it is executed appropriately and correctly. Although the classroom teacher is usually doing everything he or she knows to help students to be successful, the key word here is “knows.” We have failed miserably in getting research to teachers and in providing appropriate staff development in how to implement the research. We must change that pattern by holding states and individual schools responsible for knowing what training their teachers have had and their areas of weakness about new research.

Looking Ahead
The U.S. Census Bureau predicts that by the year 2023, the majority population in public schools will be Hispanic, with blacks second, and whites third. By 2042, those figures will be true of the adult population as well (Yen, 2009). We must take a hard look at how these cultures learn and at the methods we have been using for their assessment. If we do not take these factors into account at the first level of RTI, we may get what we have always gotten—a disproportionate number of these students in special education programs. This would affect us all. For the students, it would mean being labeled and served incorrectly. For society, it would mean that many more tax dollars at the local and federal levels will be needed to serve the vast number of misidentified students.

We must make sure that RTI includes research on the cultures of our students if we are going to get it right this time.

References


Marzano, R. J. (2003). Direct vocabulary instruction: An idea whose time has come. In B. Williams (Ed), Closing the achievement gap: A vision for changing beliefs and practices

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On the Same Page

Here are suggested questions that principals and teachers can use to spark discussion about how to apply the points made in this article to their particular schools.

1. What is the process for referring students for special education services in our school and district?
2. How can the use of RTI mitigate the disproportionate numbers of minority and poor children classified as learning disabled?
3. What are some of the factors that must be considered for RTI to be successful?
4. How can we ensure that we are knowledgeable about current research on effective teaching practices and how to implement them in the classroom?

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