Meeting the Needs of Students in Special Education

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The purpose of this paper is to describe how educators can best meet the needs of students who receive special education services. An overview of special education is provided along with a discussion of how many students qualify for services and how qualification has changed for students identified as having learning disabilities. Further, response to intervention (RTI or RtI) is highlighted, including three tiers of instruction, models, and best practices used to meet the needs of all students, including those with special needs.
Overview

In 1975, Congress decided all students with disabilities should be guaranteed an appropriate education; hence, the Education for All Handicapped Children Act (PL 94-142) was passed. Congress later changed the law to PL 101-476, the Individuals with Disabilities Education Act (IDEA). (See Wright and Wright, 2007 and Yell, 2012 for important details about special education law.) IDEA has been reauthorized over the years, with revisions and additions to best meet the needs of students with disabilities. Special education is designed to ensure an effective education for these students. It does this through individually planned, specialized, intensive, and standards-based, goal-directed instruction that is predicated on research-based methods and guided by student performance (Heward, 2009).

Special education is considered a complex enterprise with six major principles that guide its implementation: (a) zero reject (schools must educate all students with disabilities), (b) nondiscriminatory identification and evaluation (nonbiased and multi-factored assessments), (c) free appropriate public education (education provided at public expense), (d) least restrictive environment (education of students with disabilities with their peers without disabilities to the maximum extent possible), (e) due process safeguards (guidelines established to protect the rights of students with disabilities and their parents), and (f) parent and student participation and shared decision making (collaboration with students and their families in planning and implementing services) (Heward, 2009; U.S. Department of Education, 2010). Thus, an emphasis is placed on “careful planning and appropriate programming” to best meet the needs of all students (Mastropieri & Scruggs, 2010, p. 23).

How many students receive special education services and where do they receive these services?

IDEA and another federal law (PL 99-457) mandate a free and appropriate public education for students aged three through twenty-one with incentives for states to develop early intervention services for young children from birth to age three (Hallahan, Kauffman, & Pullen, 2012). According to the U.S. Department of Education (2011), 9.1 percent of the general population of students aged six through twenty-one received special education services in 2006—just over six million students. Further, the largest disability category among this age group was specific learning disabilities (44.6 percent), followed by speech or language impairments (19.1 percent), other health impairments (9.9 percent), intellectual disabilities (8.6 percent), emotional disturbance (7.5 percent), and other disabilities combined (10.3 percent) (U.S. Department of Education, 2011). Ninety-five percent of these students received instruction in general education classrooms for some portion of the school day (U.S. Department of Education, 2011). When educational programming is further examined, about 25 percent of students are found to receive special education services in resource room settings, and 14 percent receive instruction in self-contained classrooms (Heward, 2009).
How has special education qualification changed for students with LD?

The largest disability category includes students identified with specific learning disabilities. According to the federal definition, such students have difficulties in listening, thinking, speaking, reading, writing, spelling, or doing math calculations to such a degree that they need special education services (Hallahan et al., 2012). However, the vast majority of students qualify for special education services in reading (Hallahan et al., 2012). About 90 percent of students with learning disabilities are referred due to difficulties in reading (Bender, 2008). Reading difficulties include problems in decoding, fluency, and/or comprehension (Hallahan et al., 2012). These students often have corresponding difficulties in written language, including handwriting, spelling, and composition. Thus, focused instruction on language arts is needed to improve student performance.

Historically, students have been identified as having a learning disability based on the presence of a severe discrepancy between IQ and achievement (Heward, 2009; McNamara, 2007). Typically, scores on standardized intelligence and achievement tests are compared, and if the gap is large enough, students qualify for services. The problem with the IQ-achievement discrepancy is its “wait and fail” aspect (Council for Exceptional Children, 2011). Often there is not a large enough discrepancy between a student’s IQ and achievement until third or fourth grade. Unfortunately, students miss out on important early and intensive services and experience “snowballing negative effects” (Hempenstall, 2004) as they “wait” for their discrepancy to be large enough to qualify for the help they need. This approach also assumes that learning disabilities are due to some cognitive or processing problem residing within the student.

Response to intervention, on the other hand, is a recent approach to the identification of learning disabilities. Rather than relying on the “wait to fail” model of identification, this approach seeks early identification and prevention (Gersten & Dimino, 2006; Heward, 2009). RTI is considered a welcome alternative to the traditional discrepancy approach because “teachers no longer would have to wait for students to fail before the students could receive services” (Bradley, Danielson, & Doolittle, 2007, p. 8). Additionally, an assumption of the RTI approach is that the cause of academic problems for the majority of students may be poor or ineffective instruction.

What is response to intervention?

RTI is focused on progressively intensive instruction with careful progress monitoring (Davis Bianco, 2010; Haager, Klingner, & Vaughn, 2007; Turnbull, Turnbull, & Wehmeyer, 2010). Special education law indicates local education agencies may use a process that determines whether a child responds to scientific, research-based intervention as a part of the evaluation process. Swift and intensive efforts are key to RTI (Haager et al., 2007). Buffum, Mattos, and Weber (2010) noted that RTI “flourishes when educators implement the right practices for the right reasons” (p. 10). They use the following formula:

“Targeted Instruction + Time = Learning”
RTI should be used to help all students, not just those with learning disabilities. It should be a collaborative effort between general and special education and a “process to realize students’ hopes and dreams” (Buffum et al., 2010, p. 16). It is more than just a “way of doing business” for students with special needs; it is best practice for all students.

The National Association for State Directors of Special Education (NASDE, 2006) identified eight core principles of RTI. These include the following:

- We can effectively teach all children.
- Intervene early.
- Use a multi-tier model of service delivery.
- Use a problem-solving method to make decisions within a multi-tier model.
- Use research-based, scientifically validated interventions and instruction to the extent available.
- Monitor student progress to inform instruction.
- Use data to make decisions. (This concept is central to RTI.)
- Use assessment for three different purposes: screening, diagnostics, and progress monitoring.

Therefore, RTI rests on the assumption that if effective (i.e., scientifically validated) instruction is provided to all students and support services are provided if needed based on assessment information, students will be less likely to need special education services. If they are currently provided with such services, students can access general education curricula more successfully. It is also assumed within the RTI framework that if a student is exposed to effective instructional practices and continues to struggle, he or she may have a disability. Therefore, a key to RTI is to remove one possible cause of academic difficulties: poor instructional practices in the general education environment.

What are the three tiers?

RTI usually includes three tiers or levels of instruction (see Foorman, 2007; D. Fuchs & L. Fuchs, 2005, 2006, 2009; L. Fuchs & D. Fuchs, 2006, 2007; Haager et al., 2007; National Center on Response to Intervention, 2010; and Vaughn & Roberts, 2007 for details on RTI implementation. See Figure 1.) L. Fuchs and D. Fuchs (2007) recommend one tier separating general education and special education.
**Figure 1.** Three levels of instruction in an RTI model.

**Tier I.** Tier I (comprehensive core/primary level) is focused on general education and the universal core instructional program that is in place in a school. Core reading curricula, programs, and strategies based on scientifically based reading research (SBRR) are key to effective tier 1 instruction. (See a recent examination of core reading curricula by Crowe, Connor, & Petscher, 2009 for details.) Simmons and Kame’enui (2006) note,

> Historically, core reading programs have been referred to as basal reading programs in that they serve as the ‘base’ for reading instruction. Adoption of a core does not imply that other materials and strategies are not used to provide a rich, comprehensive program of instruction. The core program, however, should serve as the primary reading program for the school and the expectation is that all teachers within and between the primary grades will use the core program as the base of reading instruction. (p. 1)

Further, these authors state,

> Schools often ask whether the adoption should be K-6 or whether a K-3/4-6 adoption is advisable. Ideally, there would be a consensus across grades K-6; however, it is imperative to give priority to how children are taught to learn to read. Therefore, kindergarten and first grades are critical grades and should be weighted heavily in adoption decisions. This may entail a different adoption for grades 4-6. (p. 2)

Core programs based on SBRR for students in the primary grades (K-3) should include five elements of effective reading instruction (Armbruster, Lehr, & Osborn, 2006). These elements include focused instruction on phonemic awareness, phonics, fluency, vocab-
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ullary, and comprehension. Focus shifts in grades 4 through 12, with emphasis placed on word study, fluency, vocabulary, comprehension, and motivation (Boardman et al., 2008). Ninety minutes of reading instruction delivered by the general education teacher is recommended.

No matter the grade level, programs should be implemented with a high degree of fidelity. Thus, professional development is critical to successful implementations and includes on-site coaching and continued training opportunities.

Assessment is a key aspect of this tier of instruction; benchmark assessments are usually conducted in the fall, winter, and spring. Universal screening using schoolwide curriculum-based measures pinpoints students who may be at risk. Students are deemed to need tier 2 services if they perform below a norm-referenced cutoff point (i.e., below the 25th percentile) and continue to show little to no progress across five to eight weeks of instruction with weekly progress monitoring probes.

**Tier 2.** Tier 2 (secondary intervention/secondary level) instruction focuses on small groups of students who have not responded to tier 1 efforts. Additional attention, focus, and support are placed on key aspects of the core program to ensure student success. Thus, educators often use double dosing (i.e., conducting each lesson twice) or pinpointed explicit instruction aligned to the core to provide additional opportunities for students to practice the skills they are learning in tier 1.

Again, SBRRR is key to successful program implementation. According to Gersten et al. (2009) in a recent meta-analysis of RTI practices, intensive tier 2 instruction has strong evidence (consistent and generalizable) for success. Effective tier 2 instruction includes homogeneous, small-group instruction, typically with groups of 3 to 5 students. Instruction occurs for 20 to 30 minutes each day 5 days per week, or 45 minutes each day for 3 to 4 days per week. Twice per month progress monitoring probes are used to assess student progress. Implementations may last 8 to 20 weeks, depending upon the instructional needs of the learners. Students continue to receive instruction in their core program during tier 2 instruction. “The goal is that students will ‘catch up’ with their peers after secondary intervention” (Vaughn & Roberts, 2007, p. 42).

When tier 2 intervention is provided, Vaughn and Roberts (2007) recommend the following. Students should have frequent opportunities to read words, word lists, and sentences in texts; they should receive a writing component as part of their reading instruction; their progress should be tracked frequently to inform instructional practices; the readability of text should match the students’ reading levels; the most important instructional elements based on students’ grade level and expertise should be taught; and students should receive daily, targeted, explicit, and systematic instruction that provides ample practice opportunities with immediate feedback. If students continue to struggle at the tier 2 level or are not making adequate progress that would allow them to exit the tier 2 program, they should receive tier 3 services.

**Tier 3.** Tier 3 (intensive intervention/tertiary level) is considered to be the most sustained and intensive of all the levels and is focused on individual student need (Stecker, 2007; Vaughn & Roberts, 2007). In this level, instructional sessions are often lengthier than those in tier 2. Instruction is often delivered one-on-one or with very small homogeneous groups of students (one to three). Some view this level as special education; thus, those stu-
dents who do not show progress in tier 2 are referred to and often qualify for special education services. Still other implementations provide focused instruction after tier 2 but before special education services are provided. (Thus, a fourth tier of instruction becomes special education, while the third tier is intensive intervention efforts.) Tier 3 instruction may include 50-minute or longer sessions delivered daily, depending upon the appropriateness of the core reading program. Some implementations remove students from the core program, choosing instead to provide an alternative core program uniquely designed to meet the students’ skill-level needs. An alternative core does not negate core reading participation; everything depends on the needs of the students. According to Kamil et al. (2008),

Some adolescents need more support to increase literacy skills than regular classroom teachers can provide. Students who are unable to meet grade-level standards in literacy often require supplemental, intensive, and individualized reading intervention to improve their skills. Such interventions are most often provided by reading specialists or teachers who have undergone thorough training to help them understand the program or approach they will use and to deepen their understanding of adolescent struggling readers. (p. 31)

In their review of the research literature, Kamil et al. (2008) found the effect size for the use of intensive and individualized interventions provided by trained specialists was considered strong, meaning it met the highest level of evidence as determined by the Institute of Education Sciences and What Works Clearinghouse.

Progress monitoring is conducted a minimum of twice per month to ensure adequate progress is being made. Some implementations require weekly probes to fine tune analysis of student skills. Note that the goal of tier 3 programs is to accelerate students’ skill acquisition so they can progress to the tier 2 programs and ultimately need only the core or tier 1 program. Thus, rather than being regarded as distinct and separate services for students, the three tiers should be considered a continuum of services that best meet the needs of all students, not just those in need of special education.

What are RTI models?

There are two main RTI models. These include the standard treatment protocol and problem-solving models. (See D. Fuchs & L. Fuchs, 2006, L. Fuchs & D. Fuchs, 2006, Marchand-Martella, Martella, & Ruby, 2007, and Martella, Nelson, Marchand-Martella, & O’Reilly, 2012) for details.)

**Standard treatment protocol model.** A standard treatment protocol model involves the implementation of a scientifically validated program or programs for groups of students who evidence similar reading difficulties. Standard treatment protocols help in the consistency of implementation among teachers. Teachers are trained in the use of a particular program or set of programs and implement them, usually with a high degree of fidelity given their focus in the classroom, school, or district. Implementation usually involves program delivery over a set period of time. If improvements are not noted, another more intensive standard program or set of programs is implemented. Again, standard treatment protocol means that a standard approach is used based on the needs of the learners.

**Problem-solving model.** In the problem-solving model, students are targeted for educational assistance. Students, along with their parents, meet with their teacher to try to
resolve academic or behavior problems. Sometimes a building or teacher assistance team meets to identify and analyze problems to help the teacher select, implement, and monitor the effectiveness of the interventions. The magnitude of the problem is determined, its causes are analyzed, a goal-directed intervention is targeted and planned, the student is monitored, interventions are modified if needed, and future directions are sought. Typically, interventions often conceptualize academic problems as motivational in nature and therefore try to increase student performance on skills that are already acquired rather than designing instruction to develop new skills.

**Combined approach.** In this approach, aspects of the standard treatment protocol and problem-solving models are implemented at the same time. Predetermined programs are implemented and motivational aspects are added to ensure high levels of student success. Marchand-Martella et al. (2007) highlighted a combined standard treatment protocol and problem-solving approach in one elementary school using SRA McGraw-Hill programs (e.g., *Reading Mastery*® Plus, *Corrective Reading*) across each of the three tiers of instruction in grades K–3. Individualized motivational systems and pinpointed adaptations were provided to help ensure student success. Large gains were noted on the DIBELS and Scholastic Reading Inventory, depending on the grade level. According to L. Fuchs and D. Fuchs (2006), “our recommendation is that schools rely on a combination of approaches with standard treatment protocol used for academic difficulties and a problem-solving approach used for obvious behavioral problems” (p. 40).

### What are best practices for RTI implementation?

When instruction is provided across the three tiers of instruction, several best practices should be considered. These include (a) grouping and placement testing, (b) academic learning time, (c) differentiated instruction, and (d) double dosing (see Figure 2).

#### Best Practices Within An RTI Model

<table>
<thead>
<tr>
<th>Grouping and Placement Testing</th>
<th>Academic Learning Time</th>
<th>Differentiated Instruction</th>
<th>Double Dosing</th>
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*Figure 2. Four best practices to be considered in an RTI implementation.*

**Grouping and placement testing.** Every student should receive instruction that is appropriate to his or her individual needs (Watkins & Slocum, 2004). This means we should place students at a level where they have the necessary prerequisite skills to be successful in learning more complex skills. Psychologists refer to this as the “zone of proximal development.” We should ensure skill mastery before students move on; that is, students should receive further instruction on a skill that proves difficult before progressing to more difficult skills. Frequent assessment opportunities inform us about how effective our instruction is.
Classrooms and groups within classrooms are often organized based on the presenting skills of the students. Those students with similar skill levels can be grouped together for maximum instructional benefit (Smith, Gartin, & Murdick, 2012). Sometimes we can teach to a group of heterogeneous learners. Strategies such as read alouds help us involve all students who may not otherwise be able to participate in more difficult text at higher Lexile measures. The key is to ensure all students can participate and can demonstrate success on lesson assessments.

Placement tests are excellent ways of ensuring appropriate student placement in programs that have various levels or within-program entry points. Placement tests determine what skills students have already mastered and what skills still need to be taught. They prevent frustration when students do not have the prerequisite skills to participate in higher-level reading materials and boredom when they already have developed these skills.

**Academic learning time.** “An important factor in determining how much students learn is the amount of time students are directly engaged with the material…it is even more important that students are engaged in tasks they can perform with high levels of success. The time that students are engaged and have high success rates is called academic learning time and is one of the strongest predictors of student achievement” (Watkins & Slocum, 2004, p. 42). Students with special needs should be provided instruction that capitalizes on academic learning time. Placement testing and grouping students to maximize success are steps in the right direction. Other ways to ensure academic learning are computer-delivered instruction where students interact directly with the computer, are error-corrected immediately, receive positive feedback on correct responding, and receive firming activities to ensure solid performance. Continuous assessment opportunities inform instructional practices. We can provide direct instruction to ensure academic learning time through choral responding; we listen and watch for correct responding, moving on in the lesson when students “get it” and backing up through firming and reteaching when they don’t.

Active student engagement is enhanced when a brisk pace is maintained. Highly motivating activities such as vignettes, videotapes, activating prior knowledge scenarios, and success-driven prerequisite skills practice help us ensure attention to task, which in turn promotes academic learning time. “Research has consistently supported the idea that the more time students devote to a particular subject or skill, the more likely they are to master it. This is true whether the area is reading… More time effectively engaged in learning leads to more (and better) learning outcomes” (Mastropieri & Scruggs, 2010, p. 136).

**Differentiated instruction.** Differentiated instruction is the hallmark of effective instructional practice. It is a teaching process that is designed to maximize student success by meeting each student where he or she is and assisting along the way (Smith, Polloway, Patton, & Dowdy, 2012). In order to differentiate instruction to the fullest extent, continuous assessment of student performance must be conducted. “The bottom line in terms of differentiated instruction is that it is accomplished mostly through adjustments/accommodations to the learning environment and instructional process” (Smith et al., 2012, p. 111). In differentiated instruction, we “ramp it up” when a student has the skills and needs to move forward to more complex skills and strategies, or we “ramp it down” to ensure prerequisites are met to ensure solid performance later on in the student’s academic trajectory. Friend and Bursuck (2012) noted that tier 2 is an excellent place to provide differentiated instruction.
Differentiated instruction can be most effective when delivered in a systematic and explicit manner. Interestingly, Burns and Ysseldyke (2009) reported that direct (explicit) instruction was the most frequently used instructional methodology among special educators and school psychologists in a recent survey of best practices used in special education.

We do have a profound impact on how much our students learn. “Although it seems simplistic and obvious, teachers of reading ‘teach’; that is, students do not become independent learners through maturation” (Rupley, Blair, & Nichols, 2009, p. 126). Students do not learn simply by the passage of time—they must receive instruction. Teaching requires carefully planned teacher and student interactions. Students qualify for reading remediation because they are academically behind their peers. These students must be accelerated in their learning to catch up, so teachers must do more in less time. The most effective and efficient way of shortening the learning time for these students is through the direct and explicit teaching of skills. Interestingly, Swanson (2001) found explicit instruction to have the most significant impact on student learning outcomes in his meta-analysis of the research literature on effective teaching models for students with learning disabilities. Consider the following:

As educators, we all have the same goal: to help our students make the maximum possible academic gains in a positive, respectful environment that promotes their success and nurtures their desire to learn. One of the greatest tools available to us in this pursuit is explicit instruction—instruction that is systematic, direct, engaging, and success oriented…explicit instruction is helpful not only when discovery is impossible, but when discovery may be inaccurate, inadequate, incomplete, or inefficient (Archer & Hughes, 2011, p. vii).

Therefore, in explicit instruction, we become fully responsible for student learning but gradually relinquish this responsibility to students as they become successful (Marchand-Martella & Martella, 2009). We program for student success and are intentional with their instruction rather than leaving students to discover what to do on their own. Thus, instruction “moves from teacher modeling, through guided practice using prompts and cues, to independent and fluent performance by the learner” (Rosenshine, 1986, p. 69).

Explicit or direct instruction can also be referred to as “demonstration-prompt-practice” (Stevens & Rosenshine, 1981), “antecedent prompt and test” (Martella et al., 2012) or “I do, we do, you do” (Archer & Hughes, 2011). In this type of instruction, we show students how to perform a task before they are expected to do it on their own.

No matter what research review is analyzed, explicit instruction stands out as the most effective and efficient way to teach skills to students who qualify for special education services. The hallmark of explicit instruction is a clear model of what students are expected to learn. A model is the strongest level of teacher support. Archer and Hughes (2011) refer to this part of the lesson as “I do.” During the model or “I do,” we should provide a demonstration of the skill along with an explanation of what is being done, often referred to as a think-aloud. In this way, students not only see how to do something but hear about it as well. We might use a catchy teaching tip to help students remember what to say or do. This tip should be said using student-friendly language. Wording may include statements such as “Watch as I show you,” “My turn to show you,” “Listen,” or “Watch me.” We should be careful to control how much information is provided in the model; if the task appears too complex, it is far
better to break the skill down into parts that are taught separately. We should always be mindful of what the students can handle from an instructional perspective. If not, students will experience instructional overload. They will make increased errors during guided practice.

Following the model, we must provide opportunities for students to be guided by us as they are given an opportunity to respond. In guided practice, the teacher provides a moderate level of support, serving as a guide for the students. This guided practice is also called prompted practice (Meese, 2001), guided rehearsal (Sabornie & deBettencourt, 2009), or the “we do” of instruction (Archer & Hughes, 2011), because students are actively participating in the learning (“Let’s do some together”). Guided practice links the presentation of new information with independent practice in a process called mediated scaffolding. Mediated scaffolding ensures the response opportunities are carefully controlled to promote maximum student success. At first, students may be asked to complete only part of a skill or one trial. Over time, the support is faded, allowing students a chance to complete the entire skill or multiple trials. Lower-performing students may require more scaffolding; higher-performing students may require less assistance. If the model was clear and unambiguous, students should complete the response opportunities with few, if any, errors. If they are correct in their responding, students should be validated. Specific praise is typically used where students receive a positive statement paired with whatever they said or did. For example, “Yes. That is the correct main idea of the paragraph” is specific to the task as compared to “Good job.” If students say or select an incorrect answer, it is viewed as a learning opportunity. An error means that their learning is not firm. For any error, we provide a quick and immediate error correction procedure. This error correction procedure usually includes a “my turn, your turn” format. We show the students what to do and may remind them of the teaching tip they learned, using the word “remember” followed by the tip. Next, we ask the students to try it on their own. Finally, we provide a delayed test to ensure they can perform the skill after a short amount of time without our help.

After guided practice, we should give students opportunities to practice the skill on their own, without guidance from the teacher. During independent practice, the least amount of teacher support is provided; we monitor the students as they practice on their own. According to Hofmeister and Lubke (1990), “The transition from guided practice to independent practice should not occur until students are at least 80% successful in their guided practice” (p. 61). That is, students should not receive independent practice opportunities until they can demonstrate success with us. We must still actively monitor student performance and reteach if necessary during independent practice (Sabornie & deBettencourt, 2009). Again, if our modeling was clear and unambiguous and we provided practice opportunities of sufficient quality and quantity, then students should complete independent practice opportunities with high levels of success. According to Engelmann (1999), at the end of a lesson, students should be “virtually 100 percent firm on all tasks and activities” (p. 6).

Differentiated instruction focuses on student motivation within the curricula. Students are motivated by information they find relevant and meaningful to their daily lives; they are motivated by success as well (Smith et al., 2012). Therefore, making learning exciting through novel approaches such as computer-delivered instruction or peer-assisted learning helps enhance student motivation and a drive for learning.

**Double dosing.** Double dosing involves the provision of additional time to acquire skills that were not achieved during regular classroom instruction. It gives students the
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opportunity to hear, see, and practice aspects of the lesson again, thereby allowing for increased academic learning time (Maxwell, 2006). Increasing instructional time has been found to be one of the most important correlates to academic learning. Double dosing offers this additional time and may be just enough to ensure skill acquisition. Vaughn and Linan-Thompson (2003) refer to this effective aspect of teaching as duration or intensity of intervention; some students need more intensive instruction or focused work on aspects of the lesson as compared to others.

Summary

1975 was the year when students with disabilities were guaranteed a free and appropriate public education. Since then, the law has been reauthorized to best meet the needs of these students. Special education is considered “special” in that it includes individually planned, specialized, intensive, and standards-based, goal-directed instruction that is predicated on research-based methods and is guided by student performance. It includes six important principles: zero reject, nondiscriminatory identification and evaluation, free appropriate public education, least restrictive environment, due process safeguards, and parent and student participation and shared decision making.

IDEA mandates appropriate education for students aged three through twenty-one, with incentives for states to provide early intervention services. About 9.1 percent of students aged six through twenty-one receive special education services, with the largest disability category being learning disabilities. Most students are educated in the general education classroom. Many do receive services in resource room or self-contained settings as well.

Most students who qualify for special education services under the category of learning disability do so in reading. Reading difficulties center on decoding, fluency, and/or comprehension skills. In the past, these students qualified based on a severe discrepancy between IQ and achievement. The current approach is to move away from this “wait to fail” model and to use RTI—response to intervention.

RTI is focused on progressively intensive instruction, usually across three tiers with careful progress monitoring in each of these tiers. RTI includes effectively teaching all children, intervening early, using a multi-tier model of service delivery, using a problem solving method to make decisions within this multi-tier model, using research-based and scientifically validated interventions and instruction to the extent available, monitoring student progress to inform instruction, using data to make decisions, and using assessment for three purposes: screening, diagnostics, and progress monitoring.

There are three tiers in most RTI implementations. Tier 1 is the primary level of instruction; it is focused on general education and the core instructional program in place in a school. Core reading curricula, programs, and strategies based on scientifically based reading research (SBRR) are key to effective tier 1 instruction. SBRR indicates we should include focused instruction on phonemic awareness, phonics, fluency, vocabulary, and comprehension for K–3 students. For students in grades four through twelve, emphasis is placed on word study, fluency, vocabulary, comprehension, and motivation. Ninety minutes of reading instruction delivered by the general education teacher is recommended. This instruction should occur with fidelity and include universal screening using school-wide curriculum-

based measures to pinpoint those students who may be at risk (i.e., below the 25th percentile) and continue to show little to no progress across five to eight weeks of instruction.

Tier 2 is secondary level instruction and focuses on small groups of students who have not responded to tier 1 efforts. Additional attention, focus, and support are placed on key aspects of the core program to ensure student success, such as the use of double dosing or pinpointed explicit instruction aligned to the core. SBRR is key to successful program implementation. It involves homogeneous instruction with groups of 3 to 5 students for 20 to 30 minutes each day, 5 days per week, or 45 minutes each day for 3 to 4 days per week. Progress monitoring probes occur twice per month to assess student progress. Implementations may last eight to twenty weeks, depending upon the instructional needs of the learners; however, students continue to receive instruction in their core program during tier 2 instruction.

Tier 3 or tertiary level instruction is considered to be the most sustained and intensive of all the levels and is focused on individual student need. Instructional sessions are often lengthier than what is provided in tier 2 (i.e., daily sessions of 50 minutes or longer) and are often delivered one-on-one or with homogeneous groups of one to three students. Students who do not show progress in tier 2 may be referred to and often qualify for special education services or receive focused instruction after tier 2 but before special education services are provided. Students may be removed from the core program to provide an alternative core program uniquely designed to meet the students’ skill-level needs. Progress monitoring is conducted a minimum of twice per month to ensure adequate progress is occurring. Weekly probes to fine tune analysis of student skills may also occur.

There are two main RTI models—standard treatment protocol and problem solving models. A standard treatment protocol model involves the implementation of a scientifically validated program or programs for students who have similar reading difficulties. Programs are usually delivered over a set period of time. If improvements are not noted, another more intensive standard program or set of programs is implemented.

In the problem solving model, students are targeted for educational assistance. Students, along with their parents, meet with their teacher to try to resolve academic or behavior problems by identifying and analyzing problems to help the teacher select, implement, and monitor the effectiveness of the interventions. Interventions are often aimed at resolving motivational issues rather than designing instruction to develop new skills.

In a combined approach, aspects of the standard treatment protocol and problem solving models are implemented at the same time. Predetermined programs are implemented and motivational aspects are added to ensure high levels of student success.

When instruction is provided across the three tiers of instruction, several best practices should be considered: (a) grouping and placement testing, (b) academic learning time, (c) differentiated instruction, and (d) double dosing. Students with similar skill levels can be grouped together for maximum instructional benefit. Students with special needs should be provided instruction that capitalizes on academic learning time which involves active student engagement. Differentiated instruction is an important approach to aid in achieving students’ success. This instruction is provided systematically and explicitly, which is the most effective and efficient way of shortening students’ learning time. This in turn allows learning to be accelerated so students can catch up to their peers. Explicit instruction involves a clear model of what students are expected to learn, followed by guided practice. After
guided practice, students practice the skill on their own without guidance from the teacher (called independent practice). Double dosing involves the provision of additional time to acquire skills that were not achieved during regular classroom instruction. Students are given the opportunity to hear aspects of the lesson again, thereby allowing for increased academic learning time.
References


