

Section III

Response to Intervention

Response to Intervention (RTI) is designed to ensure all students receive effective, research-based instruction to meet their needs. RTI frameworks combine prevention and intervention with ongoing assessment in a school-wide system to identify students' instructional needs and appropriate learning supports. The Individuals with Disabilities Education Act (IDEA, 2004) allows for the use of a student's response to intervention for identifying specific learning disabilities, including dyslexia. Importantly, the IDEA law requires a student be provided high-quality, research-based general education instruction to ensure a student's difficulties are not the result of inadequate instruction. Thus, RTI provides a framework to coordinate levels of instruction and intervention and to document high-quality instruction.

The most common implementation of RTI is through a multi-tiered system of support using a combination of screening tools, effective classroom instruction, intervention, and data-based decision making to support all students within a school. Within each tier, students receive instruction using scientifically based reading research. Students who make insufficient progress in initial tiers of instruction are provided more intensive and specific intervention to better meet their needs.

Tier I: Core Instruction

Tier I Core Instruction focuses on providing effective, research-based instruction to all students in general education and provides the foundation for successful RTI. Tier I, or classroom instruction focuses on the essential, grade-specific, reading standards across content areas and should meet the needs of the large majority of students, allowing them to successfully meet grade level expectations. High quality, effective reading instruction is paramount prior to screening for and identifying students who may need Tier II intervention.

As part of Tier I, all students are screened on reading measures to determine instructional needs and identify students with risk factors or reading deficits. Results may indicate a student needs supplemental intervention supports in addition to Tier I instruction. If screening results identify a large number of students with risk factors, school personnel should consider the fidelity of the administration of the screening tools, the adequacy of the core curriculum, and/or whether differentiated learning activities need to be added to better meet the needs of the students. Differentiated learning practices can involve meaningful pre-assessments, flexible grouping based on needs, instructional supports such as peer-tutoring or learning centers, and accommodations to ensure that all students have access to the instructional program.

Effective Tier I Core Instruction is the first line of defense. It is critical that classroom teachers build skills in effective, research-based reading instruction that includes the five essential components (phonemic awareness, phonics, comprehension, fluency, and vocabulary) and provides differentiated instruction

to meet the needs of all students. If at any time students continue to struggle with one or more of these components, schools should follow their RTI plan.

Tier II: Supplemental Intervention

The universal screening results should potentially identify those students at risk for poor learning outcomes. Students who do not meet the cut-points for risk indicate a skill level where success would be unlikely without a supplemental or intensive, targeted intervention in Tier II or Tier III. Teachers use formative assessments and observations to place students in the appropriate tiers of intervention.

In order to provide targeted interventions at the correct level of difficulty, anecdotal notes from classroom observations and the results from additional diagnostic tools should be considered. *Diagnostic tools* refer to specific tests or instruments selected to measure specific areas of concern. For example, when students demonstrate difficulty on a phoneme segmentation screener, administering additional phonological awareness assessments will identify the specific point of difficulty on the phonological awareness continuum. The results from these targeted assessments or diagnostic tools are critical in planning interventions focused on the student's needs. The use of diagnostic tools does not lead to a diagnosis, but identifies focus areas for differentiated instruction or a targeted intervention. This process for gathering additional data would be considered part of the Level 1 Dyslexia Screening Process.

Many students identified for Tier II may need an AIP/IRI. See Arkansas Department of Education Rules Governing the Arkansas Comprehensive

Testing, Assessment and Accountability Program and the Academic Distress Program, August 2014, Section 7.0 Student Accountability regarding Academic Improvement Plans (AIPs) and Intensive Reading Improvement (IRI) plans for additional regulations regarding intervention programs for students exhibiting substantial reading difficulty which may include students exhibiting the characteristics of dyslexia. AIPs and IRI plans require parental notification and written consent. This could be one avenue for notifying parents of the results of the screeners and an opportunity to provide them with information and resource materials pertaining to dyslexia (A.C.A 6-41-604).

Progress monitoring data is used to determine when a student is or is not responding to intervention. Until a student maintains scores above the cut-point for two consecutive cycles, progress monitoring is recommended at least every two weeks. When a student is not making sufficient progress, the school-based decision making team should consider increasing the intensity of an intervention. This may be attained in several ways, such as adjusting the level of intervention, providing individualized or small group instruction, increasing the amount of time for intervention, or increasing the frequency of sessions.

Tier II intervention is in addition to the Tier I instruction. For many students, a supplemental, Tier II intervention provides the necessary support to improve reading achievement to grade-level expectations and maintains reading growth without further intervention.

If a student continues to make insufficient progress or fails to respond to intervention, the RTI committee may consider further screening, a Level II:

Dyslexia Screener, to determine the nature of the reading problem and the severity of the reading difficulty. Best practice would be to obtain written parental consent before this specialized evaluation takes place.

Tier III: Intensive Intervention

Some students do not demonstrate adequate response to Tier I and Tier II intervention and continue to struggle with reading and/or fall further behind in reading achievement despite the increased supports provided by the supplemental Tier II intervention. Continued failure to reach grade-level expectations may result in a school-based decision-making team recommending entry into a Tier III reading intervention based on the needs of the student. Schools should continue to communicate and include parents in the decision process.

Students requiring a more intensive intervention (Tier III) may receive additional instructional time, individually or in a small group, with more targeted, specialized content or instructional delivery, increased practice and feedback opportunities, or attention given to cognitive processing strategies. Students receiving Tier III intervention also receive frequent and ongoing progress monitoring.

If screening indicates characteristics of dyslexia exist, then the student shall be provided dyslexia intervention services (Ark. Code Ann. § 6-41-603). Dyslexia intervention may occur at Tier II or Tier III. Dyslexia intervention is a general education component of RTI. In Tier II and Tier III, teachers continue to track student learning, establish goals, plan instruction, and make appropriate

adjustments to instruction based on student progress toward achievement of state standards. Referral for Special Education may occur if a student fails to make adequate progress.

Section IV

Initial Screening

Early identification of students at risk for reading difficulties is critical in developing the appropriate instructional plan. “The best solution to the problem of reading failure is to allocate resources for early identification and prevention.” (Torgesen, 2000). Initial screening is the first step in identifying the students who are at risk for learning difficulties. (c)(1) If the initial, level I, or level II dyslexia screening indicates that a student has characteristics of dyslexia, the Response to Intervention (RtI) process shall be used to address the needs of the student (A.C.A 6-41-603).

Initial screening measures consist of short, informal probe(s) given to all students to identify those at risk or at some risk for not meeting grade-level standards. Screeners should be administered with fidelity to include without limitation, phonological awareness, sound symbol recognition, alphabet knowledge, decoding skills, rapid naming skills and encoding (A.C.A. 6-41-603). The results should be used to evaluate the effectiveness of the core instructional program and to determine which students need additional assessments and/or interventions. If screening results identify a large number of students with risk factors, school personnel should consider the fidelity of the administration of the screening tools, the adequacy of the core curriculum, and/or whether differentiated learning activities need to be added to better meet the needs of the students. Differentiated learning practices can involve meaningful pre-assessments, flexible grouping based on needs, instructional supports such as

peer-tutoring or learning centers, and accommodations to ensure that all students have access to the instructional program.

While results of the initial screening will identify struggling learners, they may not provide all of the information needed to develop an instructional plan, including appropriate interventions. Additional information may be needed to pinpoint areas of basic early reading skills that need acceleration.

Who should be screened? According to Ark. Code Ann. § 6-41-603, a school district shall screen

- 1) Each student in kindergarten through grade two (K-2);
- 2) Kindergarten through grade 2 (K-2) students who transfer to a new school and have not been screened;
- 3) Kindergarten through grade 2 (K-2) students who transfer from another state and cannot present documentation that the student has had similar screening;
- 4) A student in grade three or higher experiencing difficulty, as noted by a classroom teacher.

Exemptions:

- 1) Students with an existing dyslexia diagnosis.
- 2) Students with a sensory impairment.

The screening components may not be appropriate for students with severe cognitive limitations. It is recommended that school staff work closely with district administrators to determine if the screening is appropriate for each student. Careful consideration must be given to any decision to exclude a student from screening.

The screening of students shall be performed with fidelity and include without limitation (Ark. Code Ann. § 6-41-603):

- 1) Phonological and phonemic awareness;
- 2) Sound symbol recognition;
- 3) Alphabet knowledge;
- 4) Decoding skills;
- 5) Rapid naming; and
- 6) Encoding skills.

The initial screener as defined in the Ark. Code Ann. § 6-41-603 includes the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) or an equivalent screener. Additional screening assessments will need to be administered to measure components that are not measured by DIBELS or the equivalent screener.

The performance criteria (i.e. cut-points, benchmarks) should be used to determine if the student is unlikely to achieve reading goals without receiving additional targeted intensive support. Intensive support refers to interventions that include something more or something different from the core curriculum or supplemental support. Progress should be monitored throughout to determine the effectiveness of the intervention.

Personnel administering the screener should be trained in the screening tools. School resources and enrollment will influence individual district decisions about who should give and score the screening tools. Because the data will be used to help guide instruction, classroom teachers should participate in

screening, scoring, and progress monitoring.

If the screener under subdivision (a)(1) of the law shows that a student is at risk, or at some risk then a Level I Dyslexia Screener shall be administered (A.C.A. 6-41-603). The Level I Dyslexia Screener is described in Section V of the guide.

Initial screening is not required for all students in grades three and higher. However, Ark. Code Ann. § 6-41-603 states that a student in grade three or higher experiencing difficulty, as noted by a classroom teacher, in phonological and phonemic awareness, sound symbol recognition, alphabet knowledge, decoding skills, and encoding skills should be screened using assessments chosen by the school's RTI team.

Initial Screening	
Required Component	Possible Screening Tools
Phonological and Phonemic Awareness	DIBELS: First Sound Fluency (FSF) (K) DIBELS: Phoneme Segmentation Fluency (PSF) (K-1) AIMSWEB: Phoneme Segmentation Fluency (K-1) Abecedarian Reading Assessment: Phonological and Phonemic Awareness Phonological Awareness Skills Screener (PASS) (K-2 & struggling learners)
Alphabet Knowledge	DIBELS: Letter Naming Fluency (LNF) (K-1) AIMSWEB: Letter Naming Fluency (LNF) (K-1) Abecedarian Reading Assessment: Letter Knowledge Lakeshore: Alphabet Letter Knowledge Assessment Reading A-Z: Alphabet Naming Assessment
Sound Symbol Recognition	DIBELS: Nonsense Word Fluency (NWF) AIMSWEB: Letter Sound Fluency College Station TX, Texas A&M: Quick Phonics Screener (K-6) Scholastic: CORE Phonics Survey (K-8) Houghton Mifflin: Phonics/Decoding Screening Test
Decoding Skills	DIBELS: Nonsense Word Fluency (NWF) (K-2) DIBELS: Oral Reading Fluency (ORF) (1-6) AIMSWEB: Nonsense Word Fluency (K-1) Abecedarian Reading Assessment: Decoding DIBELS: Oral reading Fluency (ORF) (1-6)

	FCRR: Oral Reading Fluency Passages (7-12)
Rapid Naming	Arkansas Rapid Naming Screener (AR-RAN) (K-2 based on times)(3-12 based on observed behaviors)
Encoding	Word Journeys: Kindergarten Inventory of Spelling (KIDS) (K) Words Their Way: Primary Spelling Inventory (K-3) Words Their Way: Elementary Spelling Inventory (1-6) Words Their Way: Upper-Level Spelling Inventory (upper elem., middle, high school, postsecondary) Gentry's Developmental Spelling Inventory (K-8) FCRR: Phonics Screening Inventory (intermediate, middle, high school)

This initial screener list is to be used as a resource and provides information to assist in research use to determine which screener would provide the most beneficial data for each subcomponent of literacy development at each grade level. The Dyslexia Resource Guide Committee is in no way endorsing any of the screeners listed here as good or bad screeners. The list is in no way all inclusive or to be considered as “approved” screeners.

Sources for additional screeners:

- <https://dibels.org/dibelsnext.html>
- <http://www.rti4success.org/resources/tools-charts/screening-tools-chart>
- <http://www.sedl.org/reading/rad/chart.html>
- http://www.sde.ct.gov/sde/lib/sde/pdf/curriculum/cali/elementary_assessments_4-9-12.pdf
- http://www.sde.ct.gov/sde/lib/sde/pdf/curriculum/cali/secondary_assessments_4-9-12.pdf

Section V

Level 1 Dyslexia Screening

Once it is determined that the initial screener indicates a student is at-risk or at some risk for reading failure and a student does not adequately respond to intervention, a dyslexia screening process shall begin to determine if characteristics of dyslexia are present (Ark. Code Ann. § 6-41-603). The Level I Dyslexia Screening is a process of gathering additional information that should include progress monitoring data, work samples, formative literacy assessments, and additional dyslexia screening tools. Classroom instruction should provide appropriate differentiation and interventions tailored to meet the child's individual needs.

A school-based decision-making team should meet to review student records and progress, inform parents of concerns, and obtain parental consent when additional assessments are needed to determine if characteristics of dyslexia exist. RTI team should consider the following factors:

- The child has received effective classroom instruction;
- The student has adequate intelligence or the ability to learn;
- The lack of progress is not due to sociocultural factors such as language differences, irregular attendance, or background experiences.

The Level I Dyslexia Screening process shall include documentation of the components of literacy to include phonological and phonemic awareness, sound symbol recognition, alphabet knowledge, decoding skill, rapid naming skills, and

encoding skills. The determination of existing characteristics should be based on multiple sources of data.

Section VI

Level II Dyslexia Screening

The Level II Dyslexia Screening is a more detailed process for identifying a pattern of strengths and weaknesses documenting the characteristics of dyslexia. The determination of existing characteristics may be based on performance criteria (i.e. cut-points, benchmarks) of the chosen assessments to be used as the Level II Dyslexia Screening. Norm-referenced, diagnostic assessments designed to measure the underlying cause, characteristics, and outcomes should be administered to identify the characteristics of dyslexia. The specific skills to be tested include phonological awareness, rapid naming, word reading, decoding, fluency, spelling and reading comprehension. Examples of screening tools may be found in Appendix G.

When reporting results of norm-referenced tests, standard scores should be used. Criterion-referenced and group achievement tests scores may be informative as historical or secondary information, but are considered weaker dyslexia identification tools. Individual subtests scores should be used rather than composite or cluster scores, because a skill is only as strong as the weakest subskill. For example, consider the Elision and the Blending subtest scores on the CTOPP-2 rather than the Phonological Awareness composite score.

The Luke Waites Center for Dyslexia and Learning Disorders at Texas Scottish Rite Hospital for Children created the *Characteristic Profile of Dyslexia* to aid in school-based identification of dyslexia. This profile provides five

questions to consider when identifying student with characteristics of dyslexia. The questions are:

1. Does the student demonstrate one or more of the primary reading characteristics of dyslexia in addition to a spelling deficit?
2. Are the reading and spelling difficulties the result of a phonological processing deficit?
3. Are the reading, spelling, and phonological processing deficits unexpected? Does the student demonstrate cognitive ability to support age level academic learning?
4. Are there secondary characteristics of dyslexia evident in reading comprehension and written expression?
5. Does the student have strengths that could be assets? Are there coexisting deficits that may complicate identification and the response to intervention and may deserve further assessment and intervention?

The school-based decision making team may use these five key questions to determine if the student needs dyslexia intervention services. The information gleaned from these questions reflects components of the definition of dyslexia as expressed in A.C.A. 6-41-602. If the Level II Dyslexia Screening conducted by the school district indicates a student exhibits characteristics of dyslexia (first three questions answered with a “yes”), the student shall be considered to have met the typical profile of a student with dyslexia and should be provided intervention services (A.C.A. 6-41-603) using a dyslexia program delivered with fidelity.

If it is determined that the student has functional difficulties in the academic environment due to characteristics of dyslexia, the necessary accommodations or equipment for the student shall be provided under Section

504 of the Rehabilitation Act of 1973 (Ark. Code Ann. § 6-41-603) as they existed on February 1, 2013, if qualified under the applicable federal law. In other words, having a learning problem does not automatically qualify a student for accommodations/equipment under Section 504. The impairment must substantially limit one or more major life activities in order to be considered a disability under Section 504. The determination of substantial limitation must be made on a case-by-case basis with respect to each individual student. The Section 504 regulatory provision at 34 C.F.R. 104.35 (c) requires that a group of knowledgeable persons draw upon information from a variety of sources in making this determination.