Using RtI to Assess Student Progress

RtI uses assessment and data driven instructional decisions for moving students within the multilevel system or identifying disabilities in accordance with state law. An effective RtI system includes scientifically-based, rigorous, systematic, and objective procedures to increase reliable outcomes.

The four types of assessment within RtI are:

- **Universal Screening.** Conducted for all students. Identify students at risk for academic failure.

- **Progress Monitoring.** Conducted for students identified as at risk for poor educational outcomes. Document student growth over time.

- **Diagnostic Assessment.** In the context of RtI, diagnostic assessment refers to specific tests, procedures or instruments (diagnostic tools) selected to measure areas of concern. In this context, diagnostic testing does not lead to a diagnosis (the identification of a disorder); rather it identifies areas to be addressed through differentiated instruction and targeted intervention.

- **Summative Assessment.** Following instruction and/or intervention, student performance is measured relative to national grade level peers.
SCREENING AND ASSESSING STUDENTS WITH DYSLEXIA

Early identification and appropriate instructional planning are critical to student outcomes. At least 70% of students who do not learn to read by age 9 will struggle to catch up to their typically developing peers.\(^{22}\)

There is no single test that can prove or disprove dyslexia; and the disorder can vary from mild to moderate to severe to profound. Testing “is the only way to quantify how far below her potential the child is working.”\(^ {23}\) Assessment is a procedure for collecting data, and is an ongoing process.

Data are collected through a variety of methods using RtI. The use of screening and progress monitoring data helps the teacher develop and monitor an instructional program and quantify whether adequate progress is being made. For students who are not making adequate progress, a comprehensive assessment may be used to determine whether a student would benefit from special education services. RtI is not intended to diagnose dyslexia; rather, it may be used for special education eligibility under the SLD category.

**As stated earlier, a functioning RtI System consists of 4 main areas:**

1. **Universal Screening**

Universal screening data are used to identify students at risk for poor learning outcomes or academic failure. All students should participate in screening assessments conducted three times per year. Screening data may also help educators evaluate the effectiveness of their instructional program, and may be used to identify students who are at risk for poor learning outcomes. The student's data at benchmark testing periods can be used to validate the effectiveness of intervention.

A **screening assessment** is generally a short, informal test that may assist a parent or educator in determining if a problem exists. It can be used to either determine whether further testing is warranted, or determine whether an individual is likely to be helped by a specific program. A screening can take the form of a checklist that can help focus an assessment or identify specific characteristics. Screening tools must be reliable, valid, and accurate in classifying students as at-risk or not at-risk. Although a screening

\[^{22}\] Shaywitz, S. 2003, p. 42

\[^{23}\] Hal, S.I & Moats, L. 1999, p. 294
assessment does not lead to a formal diagnosis, it can be a useful tool in determining whether formal testing is warranted.

In general, screening instruments, such as academic screening tests, contain a small sample of items from a specific subject (e.g., reading, math or spelling) that assess skills that have been shown to be good barometers of the overall health of a skill. Because the number of items is small, it does not take a lot of time to do this kind of screening. The results, however, are inconclusive: they do not diagnose the learner's academic strengths and weaknesses in each skill area, but only give a rough estimate of the learner's overall skill levels. Screening instruments, including those for learning disabilities, have most or all of the following characteristics. They are:

- helpful in determining the need for future testing,
- inexpensive,
- quick to administer, score, and interpret,
- appropriate for large numbers of persons, and may sometime be administered in group settings,
- narrow in focus,
- able to provide a superficial assessment of several areas, such as language, motor, or social skills, and
- usable without extensive training of staff.

2. Progress Monitoring

Educators use progress monitoring to document student growth over time to determine if the students are learning critical skills at an adequate rate. Curriculum Based Measurements (CBMs) are primarily used as a method for progress monitoring because they are brief, easy to administer and score, and are good predictors of student ability.

Progress monitoring data provide a picture of the student’s performance and rate of growth to guide instructional and curricular changes so that every student reaches proficiency on targeted skills.

Progress monitoring may also be used to assess a student’s academic performance, to quantify the rate of improvement or responsiveness to instruction, and to evaluate the effectiveness of the instruction.
According to the National Research Center on Learning Disabilities (NRCLD) progress monitoring should do the following:

- Assess the specific skills embodied in state and local academic standards;
- Assess marker variables that have been demonstrated to lead to the ultimate instructional target;
- Be sensitive to small increments of growth over time;
- Be administered efficiently over short periods;
- Be administered repeatedly (using multiple forms), so that scores over time may be compared;
- Result in data that can be summarized in teacher-friendly data displays;
- Be comparable across students;
- Be applicable for monitoring an individual student’s progress over time;
- Inform development of instructional strategies and use of appropriate curriculum that addresses the area of need.  

As related to successful identification of Dyslexia, educators are recommended to monitor the following:

<table>
<thead>
<tr>
<th><strong>Academic Skills</strong></th>
<th><strong>Definition</strong></th>
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<tbody>
<tr>
<td>Word Reading (real and nonsense)</td>
<td>The ability to read phonetically regular and irregular words</td>
</tr>
<tr>
<td>Letter-Sound Associations</td>
<td>The knowledge of letters and their corresponding sounds</td>
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<tr>
<td>Reading Comprehension</td>
<td>The ability to understand what one reads</td>
</tr>
<tr>
<td>Reading Fluency</td>
<td>The ability to read passages quickly, accurately, and with proper expression</td>
</tr>
<tr>
<td>Spelling</td>
<td>The ability to spell phonetically regular and irregular words</td>
</tr>
<tr>
<td>Handwriting/Written Expression</td>
<td>The ability to organize and form letters, words and numbers on paper</td>
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3. Diagnostic Assessment

In the context of RtI, *diagnostic assessment* refers to specific tests, procedures or instruments (diagnostic tools) selected to measure areas of concern. In this context, diagnostic testing does not lead to a *diagnosis* (the identification of a disorder); rather it identifies skill and/or developmental areas to be addressed through differentiated instruction. Diagnostic assessments may occur at all levels of instruction under RtI.

The following defined cognitive processes may be evaluated in a diagnostic assessment.

<table>
<thead>
<tr>
<th>Cognitive Processes</th>
<th>Definition</th>
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<tbody>
<tr>
<td>General Verbal Ability</td>
<td>The overall ability to comprehend and use words</td>
</tr>
<tr>
<td>Phonological Awareness</td>
<td>The ability to perceive and “play with” sounds within words</td>
</tr>
<tr>
<td>Phonological Memory</td>
<td>The ability to store auditory information, especially phonological in nature</td>
</tr>
<tr>
<td>Rapid Automatic Naming</td>
<td>The ability to retrieve linguistic information from long-term memory quickly and efficiently</td>
</tr>
<tr>
<td>Receptive/Expressive Orthographic Coding</td>
<td>The ability to recognize and retrieve from memory letters and letter sequences</td>
</tr>
<tr>
<td>Graphomotor Functions</td>
<td>The ability to physically form letters, words, and numbers</td>
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**Interpretation**

In relation to the listed above, students with dyslexia typically display the following profile:

- The student has **good general verbal ability**.
- The student is **underachieving** in the areas of word reading (especially nonsense word reading), spelling, and/or reading fluency. Dyslexia may also hinder development of reading comprehension, written expression, and math skills.
- The student demonstrates **cognitive processing weaknesses** related to phonological processing (awareness and/or memory). In addition, individuals with dyslexia may also demonstrate weaknesses related to orthographic coding and rapid naming.
• **Atypical error patterns** are present in the student’s academic products. For instance, a student with phonological processing weaknesses may make a sound-based spelling error (e.g., *firt* instead of *third*), whereas a student with orthographic coding weaknesses may make errors related to the retrieval of specific letters and letter sequences from memory (e.g., *foolr* instead of *floor*).

Should results signal a concern in any of these areas, it is suggested a careful and thorough review of the student’s developmental and educational histories should be completed. A **differential diagnosis** is also encouraged. A differential diagnosis refers to ruling out other possible reasons for the student's challenges, as well as considering other co-occurring factors such as dysgraphia and Attention Deficit Hyperactivity Disorder (ADHD).

### 4. Summative Assessment

Following instruction and/or intervention, teachers measure student performance relative to national grade level peers, using tests such as the Washington’s State-led assessment Measure of Student Progress (MSP), High School Proficiency Exam (HSPE), norm-referenced tests, and/or other criterion referenced measures. These tests are assessments of learning outcomes. They aim to summarize progress and may be used to identify any weaknesses. Summative assessments are cumulative in nature and are used to determine whether a student has met goals or learning outcomes at the end of a program.