



FAQ on Response to Intervention

for School-Based Occupational Therapists and Occupational Therapy Assistants

Response to Intervention (RtI) is the practice of (a) providing high-quality instruction/ intervention matched to student needs and (b) using learning rate over time and level of performance to make important educational decisions (National Association of State Directors of Special Education [NASDSE], 2005). It is a multi-tiered approach to general education that focuses on scientific-based research. It is an outgrowth of the evidence on how to deal with learning disorders (NASDSE, 2005).

What is so unique about RtI?

Unlike traditional special education interventions that assume learning or behavioral problems lie within the student, RtI looks first at the curriculum and how it is being taught for remediation. Before a special education referral, strategies such as differentiated instruction or tutoring are used to assist students who are not performing as expected. “The main objective of RtI is not to identify students for special education, but rather to help all students achieve at a proficient level and ultimately [schools] make adequate yearly progress” (Nebraska Department of Education, 2005, p. 7).



What prompted educators' interest in RtI?

The RtI approach to problem solving has emerged at the forefront of a national effort to provide immediate intervention for any child having difficulty with general education instruction or behavior skills. Originally explored as a methodology for assisting children with possible specific learning disabilities (SLD), evidence has supported its effectiveness as an intervention approach for *any* student experiencing problems with the general education curriculum and/or with behavioral self-management. Although some students may need more intensive services (such as special education and related services), many students are helped without needing a referral to special education.

What does RtI look like?

Many states and local districts use a three-tiered model (see Figure 1). In a three-tiered model, the first tier would be high quality instructional, behavioral, and social-emotional supports for *all* students in general education. This tier is sometimes called universal interventions or core

instruction. Schools use whole-class screening to determine whether students are learning the curriculum content and/or whether behavioral performance is appropriate for the age/grade of the students. Research has demonstrated that for both learning and behavior, 80% or more of students should be performing at expectations. If the number is less than 80%, general education leadership looks first to the quality of the instruction. The teacher is provided with any needed mentoring or coaching regarding instructional methodologies or behavioral management.

After a period of time, students are screened again. It would be expected that 20% or less of the students would still be having difficulty. Targeted intensive prevention or remediation for some students may be initiated if their performance or rate of progress is behind the norm for their grade and educational program. School-based problem-solving teams may convene to develop strategies for addressing the needs of these students. Interventions may include the implementation of alternative instructional methodologies, or more intensive instruction such as tutoring sessions for the problematic content area. Once these interventions are implemented, the students are screened again. Based on evidence in the education literature (Reschly, 2005), it would be expected that Tier 2 interventions would be effective for another 15%, leaving no more than 5% of the students needing more specialized general education services (e.g., Title 1), or a special education referral. Tier 3 is intensive 1:1 interventions for students who did not respond sufficiently to Tier 1 and Tier 2.

Figure 1.
Tiers of Intervention

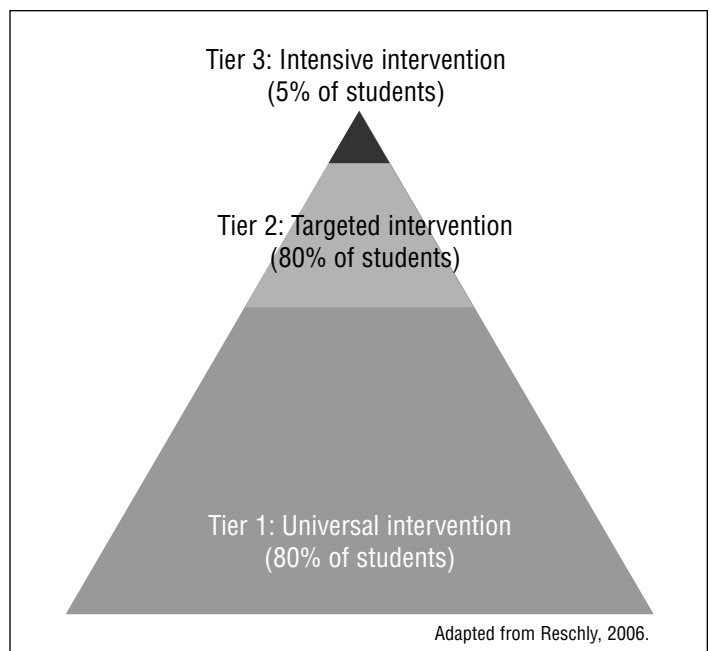


Table 1.
Sample of Activities Provided by Occupational Therapy Under RtI

Professional Development	Evaluation, Services, and Supports
<ul style="list-style-type: none"> • Create a handout for teachers that contains strategies based on scientifically-based evidence to use with various fine motor problems • Provide an in-service to teachers on classroom strategies to enhance alertness for learning • Provide the teacher with suggestions for positioning students for fine motor activities • Join the curriculum committee and provide suggestions for handwriting programs to enhance writing skills for all students. 	<ul style="list-style-type: none"> • Observe a student’s access and use of the computer and provide suggestions that the staff carries out • Provide suggestions for strategies that often help children enhance peer relationships. • Participate in team brainstorming for strategies/techniques that might improve instructional outcomes • (If your state allows screening or pre-referral activities): Screen a student’s visual-perceptual skills and provide suggestions for the family/school to use

Is RtI mandated by IDEA or NCLB?

Although the term *response to intervention* is not included within the law or regulations, language about a process like RtI was included in the 2004 reauthorization of IDEA as an alternative method of determining whether a student has a specific learning disability (SLD). RtI is also clearly implied in sections 300.307(a) (2), 300.309(a) (2) (i), 300.311(a) (7) of the IDEA 2004 regulations. Although not a mandate, states are being encouraged by the U.S. Department of Education (U.S. DOE) to adopt RtI. The U.S. DOE is also promoting RtI through the IDEA Partnership Project, which includes the American Occupational Therapy Association.

How does occupational therapy fit into RtI?

Occupational therapists and occupational therapy assistants provide services to enhance children’s engagement in occupation and to support their participation within various contexts. The areas of occupation that we focus on include: activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation. When working within an educational setting, the occupational therapist analyzes barriers and facilitators to performance of these occupations within the context of the educational environment.

During RtI, the occupational therapist or occupational therapy assistant may be asked to assist the general education team in some of these areas of occupation. Occupational therapists and occupational therapy assistants can be involved at several levels within an RtI approach. IDEA (2004) supports our involvement at §614(a)(1)(E), which states: “The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curricu-

lum implementation shall not be considered to be an evaluation for eligibility for special education and related services.” Additionally, related services are specifically included in 300.208 of the regulations as possible early intervening services which can occur at all levels of RtI. Up to 15% of federal funding to a local education agency can be used for early intervening services. Most states are developing guidance for what constitutes early intervening services from an educational standpoint. Occupational therapy practitioners also need to have a strong knowledge of their state practice act (licensure) and regulations regarding evaluation, screening, and providing interventions before an evaluation for occupational therapy/special education. Typically, activities are provided as professional development or evaluation, services, and supports (34 CFR Part 300.226 (b); (see Table 1). These activities should be based on scientifically-based evidence to the degree possible.■

*Developed for AOTA by
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Related Reading

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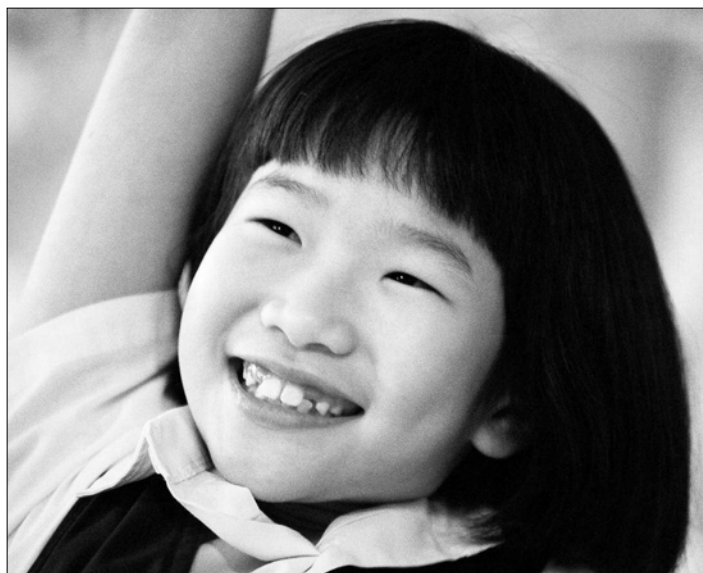
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