A Critical Analysis Of Response To Intervention:
The Arguments, Implementation, and Future Impact On Special Education

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Response to Intervention refers to identifying at risk students who have difficulty in a subject area and then providing them with more intensive instruction. The method used to identify at risk students varies by school; some schools identify students based on lowest grades or test scores (Fuchs & Fuchs, 2006). After identification, students receive individualized instruction. Instruction is traditionally organized like a pyramid (Samuels, 2009). The first tier consists of the services available to all students. The second tier includes more specific, short term services. The third tier provides the most intensive services for students with the greatest difficulties (Samuels, 2009). Another component of RTI is consistent monitoring. Monitoring also varies by school; some techniques include regular testing or completing weekly goals (Fuchs & Fuchs, 2006). Although the implementation of this method varies, the key components are consistent: at risk students are identified, appropriate instruction is given, and the students’ progress is consistently monitored.

The concept of Response to Intervention originates from the 1960s. However, it remains a new concept for many in the field of education (Berkeley, Bender, Peaster, & Saunders, 2009). In 2004, the Individuals with Disabilities Education Act (IDEA) was reauthorized; it included RTI as an alternative diagnostic method for disabilities. Specifically, RTI could replace the criteria that a discrepancy must be found between one’s IQ and his performance in the classroom (Fuchs & Fuchs, 2006). This law also allowed schools to use a percentage of their special education funds for its implementation (Fuchs & Fuchs, 2006). Since the reauthorization of IDEA, RTI has received much attention.
I first learned about Response to Intervention in several undergraduate psychology and education courses. Many compelling arguments for the use of RTI exist. Having only learned of the supporting arguments, I became curious. I wanted to learn about the opposing arguments and understand why RTI is not consistently implemented in schools. Also, I wanted to explore how this method may impact the future of special education. The purpose of this analysis is to explore the arguments for and against RTI, the current implementation of RTI, and its future impact on special education.

Supporting Arguments

Several compelling arguments have been made in support of RTI. Three will be explored in this analysis. The first is that RTI may reduce the number of students who receive a diagnosis (Grigorenko, 2009). Many feel that learning disabilities are over diagnosed in the US. Five percent of all students or 4.6 million children have a LD diagnosis (Pastor & Reuben, 2008). The concern of over diagnosis has led researchers, practitioners, and educators to explore alternative diagnostic methods. Many feel that RTI is an effective alternative. If a student responds well to RTI, then it can be assumed that he only needed more intensive instruction and monitoring (Grigorenko, 2009). With this method, educators are better able to assess individual student needs in an actual classroom environment, a limitation that most diagnostic tests have. Further, we avoid referring students for diagnostic testing and special education when they are not necessary. Another argument for the use of RTI is that it can be used for prevention (Grigorenko, 2009). If a student shows difficulty in a subject area and it is addressed early with RTI, then it may prevent that student from requiring special education services later (Grigorenko, 2009). For example, RTI has primarily been used for early reading intervention. Many
educators feel that the success of RTI has prevented more complex reading difficulties in older grade levels (Gersten & Dimino, 2006). In addition to the benefits for students, RTI as a preventative method may save money for school systems. The third argument for the use of RTI is that it improves the quality of teaching. In addition to examining the student’s individual needs, RTI teachers also examine the quality of teaching that the student has been exposed to (Grigorenko, 2009). This is an issue that many other diagnostic methods do not examine. By using RTI in this way, we can also ensure that teachers are held accountable and learn more effective techniques. Addressing instructional issues in a classroom may then benefit other students. In summary, the three arguments supporting RTI are that it may reduce over diagnosis, it may be used for prevention, and it may improve the quality of teaching.

**Opposing Arguments**

The greatest opposing argument for RTI is the lack of knowledge that we have about this method. Aside from promising testimonials and case studies, little long term research has been conducted on RTI programs; the supporting research that is available has several limitations. Three areas for future research will be discussed in this analysis. First, RTI has primarily been studied on the elementary school level. Little is known about how middle and high school students will respond to this intervention or if it is feasible in those environments (Grigorenko, 2009). One recent study examined the use of RTI in a Colorado High School. The greatest difficulty reported by the teaching staff was the inflexibility of student schedules. It was difficult to schedule additional instruction and times to assess the students’ progress (Samuels, 2009). The high school teachers in this study also reported having difficulty using RTI in science and social studies courses (Samuels, 2009). This is another area that lacks research. RTI has
traditionally been used for reading. Many want to know if this method would be effective for other subjects (Grigorenko, 2009). Finally, the research has primarily focused on native English speakers. Future research should test this method among English Language Learners (Grigorenko, 2009). RTI may not be as effective for ELL students, especially if the RTI teacher is not knowledgeable about the students’ primary languages or cultures. In conclusion, the current research on Response to Intervention has several limitations. We need to know if this method is effective for middle and high school students, in all subject areas, and for English Language Learners. If it is not effective in these situations, then it would violate standards of best practice to implement RTI in them.

Implementation and What RTI Could Mean For The Future Of Special Education

According to Berkeley et al. the implementation of RTI in schools across the country varies (2009). Fifteen states have fully implemented this model and twenty two states are in the process of doing so. Little research has been conducted on independent schools (Berkeley et al., 2009). If RTI is consistently implemented, I believe it could greatly change special education. Over diagnosis or misdiagnosis of learning disabilities would decrease. This would mean that fewer students would be exposed to the harmful effects of labeling. Also with more emphasis on individual student needs, special education services would be more individualized and therefore more effective. The result is that fewer students would have long term diagnoses or require long term resources. In turn, greater attention and resources could then be given to students with more pervasive or severe needs. Ultimately, I believe that schools could better meet the needs of their students by using RTI.

Conclusions
This analysis began with a description of Response to Intervention. RTI has three components. At risk students are identified, they receive more intensive instruction, and they receive consistent monitoring (Fuchs & Fuchs, 2006). Although these components are consistent, the methods used are not. Future research should examine which methods are most effective. Next, a description of the supporting arguments for RTI was provided. RTI may reduce over diagnosis, it may be used for prevention, and it may improve the quality of teaching (Grigorenko, 2009). The consensus amongst educators is that this method is effective in these ways. However, little long term research has been collected. The research that is available has several limitations. We are unsure how RTI will work in middle and high school, in subject areas other than reading, and for English Language Learners (Grigorenko, 2009). Educators need to be hesitant about using this method when the effectiveness for all levels, subjects, and groups is still unknown. Despite these limitations, many feel that RTI shows promise. I agree. I concluded the analysis with my thoughts on how Response to Intervention could positively improve special education. RTI allows educators to focus on the student’s individual needs, making diagnosis more accurate and services more individualized. By promoting accurate diagnosis and individualized services, we uphold the fundamental goals of special education.
References


