

And Now...

Response to Intervention

Using research-based interventions
to help determine if a child has
a specific learning disability.

No clicks necessary.
Slide self-presents.

CLICK to advance to next slide.

Slide 23 provides the segue into the next section of this module and the indepth exploration of Response to Intervention, RTI.

Before launching into the slides, however, we provide the following background discussion of RTI both within IDEA and in practice. Additional information is given in the background text of upcoming slides as well. This discussion is provided as a foundation for information you may impart to the audience as you progress through the slides. At this point, in this opening slide, you wouldn't need to share all this! Wait until the appropriate slide comes up.

The Roots of RTI

Response to intervention—hereafter referred to as RTI—is a new component within IDEA

2004 and the final Part B regulations and represents a process that schools may use to help children who are struggling. One of its underlying premises is the possibility that a child's struggles may be due to inadequacies in instruction or in the curriculum either in use at the moment or in the child's past.

Optimal learning outcomes occur when the curriculum and instruction within the classroom are closely compatible with children's skills and abilities. When there is a poor fit, child outcomes and learning suffer. Quality classroom instruction usually is a good fit for meeting the needs of most children. But for other children, success is not easy. The hypothesis is that, with RTI, these struggling children can be identified early and provided appropriate instruction, thus increasing the likelihood that

they can be successful and maintain their class placement.

Describing RTI

The National Joint Committee on Learning Disabilities (2005) sums up the core concepts of RTI in the following way:

Core concepts of an RTI approach are the systematic (1) application of scientific, research-based interventions in general education; (2) measurement of a child's response to these interventions; and (3) use of the RTI data to inform instruction.

How these concepts play out in reality can readily be observed in almost any RTI implementation. Typically, struggling children are identified through a

poor performance on a classwide, schoolwide, or districtwide screening process intended to indicate which children are at risk of academic or behavioral problems. A child may also be identified through other means, such as teacher observation. The school may then ensure that an RTI process is faithfully implemented and provides the child with research-based interventions while the child is still in the general education environment.

RTI typically has different levels of intensity. At the first level, interventions focus more on helping struggling children in a group. A certain amount of time is allotted to see if the child responds to the intervention—hence, the name RTI. Progress is monitored closely. If the child does, indeed, respond to the research-based intervention, then this indicates that perhaps his or her difficulties have resulted from less appropriate or insufficiently targeted instruction.

If, however, the child does not respond to the first level of group-oriented interventions, he or she typically moves to the next RTI level, which is more targeted and intensive. Again, child progress is closely monitored. The time allotted to see if the child responds to interventions in this more intensive level may be longer than in the first level—a marking period, for instance, rather than six weeks—but the overall process is much the same. If the child shows adequate progress, then the intervention has been successful and a “match” has been found to what type of instruction works with that child. It is quite

possible that, if the problem is caught early enough and addressed via appropriate instruction, the child learns the skills necessary to continue in general education without further intervention.

On the other hand, if the child does not respond adequately to the intervention, then a third level becomes an option for continued and yet more intensive intervention. This third level is typically more individualized as well.

Important Note: It is worthwhile saying that, regardless of RTI as an option for struggling children or its potential use in diagnosing learning disabilities, at any point in its multileveled process a child may be referred for evaluation under IDEA to determine if he or she is a “child with a disability” as IDEA 2004’s regulation defines that term at §300.8. Becoming involved in RTI does not mean that a child has to complete a level, or all levels, of an RTI approach before he or she may be evaluated for eligibility for special education and related services. The IDEA 2004’s regulation is very clear about this. Similar to EIS, RTI may not be used as a means of delaying or refusing to conduct such an evaluation if the LEA suspects that the child has a disability or if the parents request that the school system evaluate the child.



RTI in General Education Classrooms

The National Research Center on Learning Disabilities, NRCLD, has been focusing closely on RTI as an approach since its funding began in 2003. Its work will be very useful to stakeholders wanting to know more about RTI, how RTI fits into the bigger picture of the general education classroom, and what it means for children generally and for those with learning disabilities in particular. We’ve included in the box on the next page the “Core Concepts of RTI” according to NRCLD. These core concepts illustrate the importance of high-quality, research-based instruction in general education.

What About RTI for Children with Disabilities in Special Education?

The use of an RTI process with children who are struggling in school naturally raises questions regarding its use with children with disabilities who are receiving special education and related services. When asked if children with disabilities would be eligible to receive services using RTI strategies, the Department responded:

Response to intervention (RTI) strategies are tools that enable educators to target instructional interventions to children’s areas of specific need as soon as those needs become apparent. There is nothing in IDEA that prohibits children with disabilities who are receiving special education and related services under IDEA from receiving instruction using RTI

strategies unless the use of such strategies is inconsistent with their... IEPs....(U.S. Department of Education, 2007, p. 2).

The Department *does* note an exception, however—a child with a disability who is currently receiving special education and related services “may not receive

RTI services that are funded with IDEA funds used for EIS pursuant to 34 CFR §300.226” (*Id.*).

Why this restriction? If the audience considers the intent and scope of EIS, they should be able to guess the answer. As the Department explains, this restriction exists:

...because EIS is... “for students in kindergarten through grade 12 (with a particular emphasis on students in kindergarten through grade three) who are not currently identified as needing special

education or related services, but who need additional academic and behavioral support to succeed in a general education environment.” (*Id.*)

The Intersection of RTI and LD

The role of RTI is to address the needs of children who are not succeeding within the general instructional approach by identifying and implementing other research-based interventions that will work with those children. The probability exists that some of those children will have learning disabilities and will not respond in the same way to these interventions as children without LD. This is where the intersection of RTI and LD occurs and why RTI is seen as a promising component in identifying LD.

How Does RTI Relate to LD Determinations?

The information gleaned from a child’s performance while implementing a specific intervention can now be considered important in distinguishing children with LD. IDEA’s regulations now specifically allow an LEA to include a child’s response to scientific, research-based intervention as part of determining whether or not that child has a specific learning disability (SLD). Not responding or making sufficient progress within that intervention is an indication that learning disabilities may lie at the root of the child’s academic difficulties.



Core Concepts of RTI

- Children receive high quality instruction in their general education setting
- General education instruction is research-based
- General education instructors and staff assume an active role in children's assessment in that curriculum
- School staff conduct universal screening of academics and behavior
- Continuous progress monitoring of child performance occurs
- Continuous progress monitoring pinpoints children's specific difficulties
- School staff implement specific, research-based interventions to address the child's difficulties
- School staff use progress-monitoring data to determine interventions' effectiveness and to make any modifications as needed
- Systematic assessment is completed of the fidelity or integrity with which instruction and interventions are implemented

Excerpted from National Research Center on Learning Disabilities (2006). *Core concepts of RtI*. Nashville, TN: Author. (Available online at: www.nrclid.org/research/rti/concepts.shtml)

The Department provides an interesting background discussion on RTI in its Analysis of Comments and Changes to the final Part B regulations; these serve to further illuminate the connection between RTI and LD determination. We've excerpted relevant remarks in the box on the right. (Note: The acronym SLD is used for specific learning disabilities.)

The RTI language, while new to the statute and its implementing regulations, has been conceptually connected to the determination of LD in the past. IDEA '97 specifically included a provision (maintained in IDEA 2004) that, in evaluating children to determine eligibility for special education, the child must not be determined to be a "child with a disability" if the determining factor is a lack of appropriate instruction in reading or math [§300.306(b)]. The responsiveness-to-intervention concept in IDEA 2004 is an elaboration or greater specification on this basic concept.

LD Determinations in the Past

To date, the "severe discrepancy" model has been the prevailing tool for determining LD. This is because many children with LD manifest a "severe discrepancy" between intellectual ability and academic achievement. This approach has been faulted in several areas, including the lack of agreement on how severe a discrepancy has to be in order for an LD to be determined. Another genuine concern has been the amount of time needed to establish the "discrepancy" between achievement and ability. A child might literally fail

year after year before a disability determination would be made.

Still another criticism of LD identification practices has been that children were diagnosed with LD without assessing the benefits of general education interventions that have proven effective for youngsters presenting similar behaviors of concern

(e.g., limited reading acquisition). One could not be confident that the achievement and behavior problems that a child presented were inherent to the child or to shortcomings in the instructional settings. This lack is at the very heart of what RTI is expected to address.

Excerpted Remarks from the Analysis of Comments and Changes to the Final Part B Regulations

The Act requires that LEAs be permitted to use a process that determines if a child responds to research-based interventions. Further, there is an evidence base to support the use of RTI models to identify children with SLD on a wide scale, including young children and children from minority backgrounds. These include several large-scale implementations in Iowa (the Heartland model; Tilly, 2002); the Minneapolis public schools (Marston, 2003); applications of the Screening to Enhance Equitable Placement (STEEP) model in Mississippi, Louisiana, and Arizona (VanDerHeyden, Witt, & Gilbertson, in press); and other examples (NASDE, 2005).¹ While it is true that much of the research on RTI models has been conducted in the area of reading, 80 to 90 percent of children with SLD experience reading problems. The implementation of RTI in practice, however, has included other domains. RTI is only one component of the process to identify children in need of special education and related services. Determining why a child has not responded to research-based interventions requires a comprehensive evaluation.

(71 Fed. Reg. 46647)

¹ Tilly III, W. D. (2002). School psychology as a problem solving enterprise. In A. Thomas & J. Grimes (Eds.), *Best Practices in School Psychology IV*. Washington D.C.: National Association of School Psychologists; VanDerHeyden, A.M, Witt, J.C, & Gilbertson, D. (in press). Effect of a problem solving intervention on the accurate identification of children. *Journal of School Psychology*; Marston, D., Muyskens, P., Lau, M., & Canter, A. (2003). Problem-solving model for decision making with high incidence disabilities: The Minneapolis experience. *Learning Disabilities Research and Practice*, 18, 187-200; Gresham, F., VanDerHeyden, A.M, & Witt, J.C. (in press). Response to intervention in the identification of learning disabilities: Empirical support and future challenges. *School Psychology Review*; National Association of State Directors of Special Education (2005). Response to intervention: policy considerations and implementations. Alexandria VA: Author.

Other Contributions of RTI

The RTI component focuses on developing a profile of a child's in-class performance over a designated time interval rather than just cognitive and achievement measures that represent one point in time performance and are less tied to in-class performance. So RTI is considered as yielding more ecologically or socially accurate information. Additionally, information about a child's response should be helpful in designating the features of instruction, curriculum, goals, and placement considerations that are beneficial regardless of the child's disability determination. When RTI is incorporated into the LD determination process, instructional staff will likely emerge with a clearer framework for evaluating the child's performance and setting targets for successful outcomes.

What RTI is, and how it intersects in IDEA with LD determination, will be the main focus of the upcoming slides.

Using the Introductory Slide

Having brought the slide up and clearly indicated where the training is going now, you may wish to take a moment to revisit Handout B-7 and the questions about RTI that participants generated and recorded there. Reiterate them, or ask participants to recall what they can, as the springboard to diving into this topic.



References

National Joint Committee on Learning Disabilities. (2005, June). *Responsiveness to intervention and learning disabilities*. Austin, TX: Pro-Ed. (Available online at: www.nclcd.org/index.php?option=content&task=view&id=497)

National Research Center on Learning Disabilities (2006). *Core concepts of RTI*. Nashville, TN: Author. (Available online at: www.nrcld.org/research/rTI/concepts.shtml)

View 1

What is RTI?

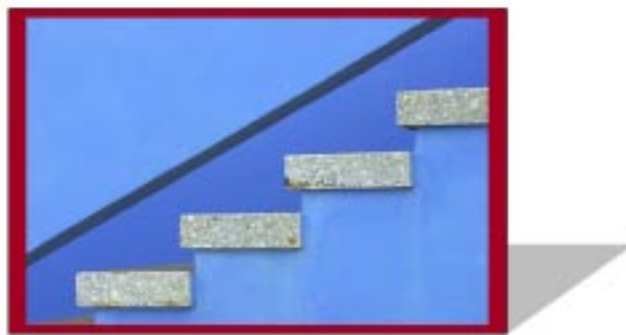
Research-based approach to helping children who are struggling



Slide loads with this view.

What is RTI?

Click 1

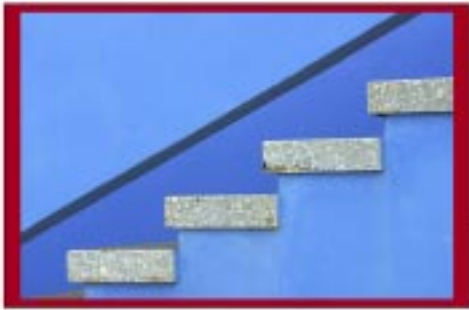


Typically involves 3 levels of assistance that increase in intensity

Click 1: Picture changes, summary text appears.

(continued on next page) 

What is RTI?



Typically involves 3 levels of assistance that increase in intensity

1. Screening and classwide interventions
2. Targeted, small-group interventions
3. Intensive interventions

Click 2

Click 2:
The 3 typical levels of intervention appear.

CLICK AGAIN to advance to next slide.

Slide 24: Background and Discussion

Slide 24 provides an introductory summary of RTI in answer to the question at the top of the slide, “What is RTI?”

As the slide shows, and as described in the background text of the last slide, RTI typically involves 3 levels of assistance that increase in intensity.

1. Classwide interventions
2. Targeted, small-group interventions
3. Intensive interventions

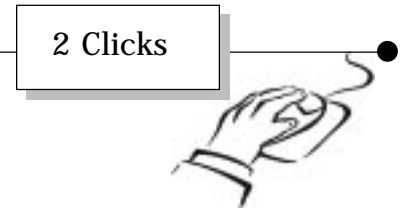
There may be more levels than three in a local implementation of RTI, or levels within levels, but the central elements will be the same:

- Research-based interventions are delivered for a specified period of time.

- Child progress is continuously monitored.
- Children move on to the next level and a more targeted intervention if, at the end of the current intervention, they have not made adequate progress.

Upcoming slides will provide more detail about what each level in an RTI approach might involve, so there’s no need to go into that here.

The final regulations do not provide a definition of RTI. In fact, the regulations don’t really even mention it directly or call it by name. The closest the law or regulations come to using the term RTI is to permit the use of “a process based on the child’s response to scientific, research-based intervention” in making a determination as to whether a



child has a learning disability or not [§300.307(a)(2)].

As part of this slide’s introduction to RTI and a swift summary of its features, you may wish to share with the audience some of the background material on RTI provided under Slide 23, including the core concepts as described by the National Joint Committee on Learning Disabilities or those concepts identified by NRCLD as excerpted in the box. It may be useful as well to plant the seed regarding RTI’s emergence as a tool in diagnosing learning disabilities. The next slide in this module will take up that topic directly.

View 1

§300.307 Specific learning disabilities

State must adopt criteria for determining if a child has a specific learning disability

Slide loads with this view.

Click 1

§300.307 Specific learning disabilities

State must adopt criteria for determining if a child has a specific learning disability

More about the Criteria
Among other things—

Click 1:
"More about the Criteria" appears.

Click 2

§300.307 Specific learning disabilities

State must adopt criteria for determining if a child has a specific learning disability

More about the Criteria
Among other things—

- Must permit use of a process based on the child's response to scientific, research-based intervention
- May permit use of other alternative research-based procedures for determining whether a child has LD

Click 2:
Both bullets load slowly and automatically.

(discussion on next page) 

CLICK AGAIN to advance to next slide.



Slide 25 folds in the issue of specific learning disabilities to this training on RTI by looking at specific aspects of the regulatory LD provisions. These are drawn from §300.307, which appears under the broad heading of “Additional Procedures for Identifying Children with Specific Learning Disabilities.”

The introductory paragraph represents a longstanding requirement of IDEA’s regulations—that States must adopt criteria for determining if a child has a specific learning disability. It is within this context that the discussion should begin, then move on to introduce the new provisions for LD determination that the IDEA 2004 regulations bring.

What, precisely, are these new provisions for LD determination? As the slide indicates, the IDEA regulation now stipulates that the criteria adopted by the State for determining whether a child has LD:

- must permit the use of a process based on the child’s response to scientific, research-based intervention; and
- may permit the use of other alternative research-based procedures for determining whether a child has a specific learning disability.

You can see the precise language of the regulations in the box on the right—specifically, items (2) and (3)—and on **Handout B-10**.

Although not identified on the slide, you’ll also see that the IDEA regulation now states outright that the criteria adopted by the State “*must not require* the use of severe discrepancy between intellectual ability and achievement” (emphasis added), which is also a significant change in the law. In the prior regulations [at §300.541(a)(2) (1999)], a team could determine that a child had a specific learning disability if, among other things, the team found that the child had a “severe discrepancy between achievement and intellectual ability” in one or more listed areas (e.g., oral expression, basic reading skill). While a team may still do so under the revised



regulations if the State’s criteria includes that option, no longer may the State require the use of the severe discrepancy formula.

So IDEA 2004 opens the door to a new element in making determinations of specific learning disabilities. While it does not specifically mention RTI, it does require that States permit the use of a process based on a child’s “response to scientific, research-based intervention.” Similarly, the State may permit—note the word “may” instead of “must”—the use of other alternative research-based

§300.307 Specific learning disabilities.

(a) *General.* A State must adopt, consistent with §300.309, criteria for determining whether a child has a specific learning disability as defined in §300.8(c)(10). In addition, the criteria adopted by the State—

(1) Must not require the use of a severe discrepancy between intellectual ability and achievement for determining whether a child has a specific learning disability, as defined in §300.8(c)(10);

(2) Must permit the use of a process based on the child’s response to scientific, research-based intervention; and

(3) May permit the use of other alternative research-based procedures for determining whether a child has a specific learning disability, as defined in §300.8(c)(10).

(b) *Consistency with State criteria.* A public agency must use the State criteria adopted pursuant to paragraph (a) of this section in determining whether a child has a specific learning disability.

procedures in making an LD determination. This wording gives States latitude in the response-to-intervention or alternative research-based procedures they might develop and implement, as the Department points out in its Analysis of Comments and Changes to the final regulations. Relevant remarks of the Department are excerpted at the right, including a Department response (2007) in its *Questions and Answers on Response to Intervention and Early Intervening Services* that has implications for SEAs and LEAs that require the use of an RTI process in identifying children with SLD. While providing RTI with legitimacy as a tool for States to use in determining LD, the law clearly does not endorse or require any specific approach to, or model of, RTI.

It is not the purpose of this module to delve into the details of identifying specific learning disabilities. That will occur in a separate module called—surprise!— *Identifying Children with Specific Learning Disabilities*, which is part of the **Evaluating Children for Disability** topic area. You may wish to explicitly limit the amount of discussion (or expectation of discussion) regarding identification of LD, pointing out the later module on the subject. What is salient here is that IDEA 2004 now includes a child’s response to RTI-like approaches as a potential source of valuable information when determining if a child has a specific learning disability. The next slide sums this up, so that the focus can move back to RTI and what it is.

Excerpted Remarks
from the Analysis of Comments and Changes
to the Final Regulations

New §300.307(a)(3)...recognizes that there are alternative models to identify children with SLD that are based on sound scientific research and gives States flexibility to use these models. For example, a State could choose to identify children based on absolute low achievement and consideration of exclusionary factors as one criterion for eligibility. Other alternatives might combine features of different models for identification. We believe the evaluation procedures in section 614(b)(2) and (b)(3) of the Act give the Department the flexibility to allow States to use alternative, research based procedures for determining whether a child has an SLD and is eligible for special education and related services.

(71 Fed. Reg. 46648)

Excerpted Remarks
from the Department’s *Questions and Answers on
Response to Intervention and Early Intervening Services*¹

Question F-4: When an RTI model is implemented, can an incremental process be used to train individual schools so that over time the entire LEA is implementing the model or must all the schools in the entire LEA be trained simultaneously?

Answer: If the State or LEA requires the use of a process based on the child’s response to scientific, research-based intervention, in identifying children with SLD, then all children suspected of having a SLD, in all schools in the LEA, would be required to be involved in the process. However, research indicates that implementation of any process, across any system, is most effective when accomplished systematically in an incremental manner over time. If the LEA chose to “scale up” the implementation of the RTI model gradually over time, as would be reasonable, the LEA could not use RTI for purposes of identifying children with SLD until RTI was fully implemented in the LEA. Therefore, it is unwise for a State to require the use of a process based on the child’s response to scientific, research-based intervention before it has successfully scaled up implementation. (pp. 13-14)

¹ U.S. Department of Education. (2007, January). *Questions and answers on response to intervention (RTI) and early intervening services (EIS)*. Washington, DC: Author. Available online at: <http://idea.ed.gov/explore/view/p/%2Croot%2Cdynamic%2CQaCorner%2C8%2C>

View 1

RTI and IDEA

Thus, IDEA 2004 gives LEAs the option of including a child's response to scientific, research-based intervention as part of process used to determine LD

Slide loads with this view, summarizing.

RTI and IDEA

Thus, IDEA 2004 gives LEAs the option of including a child's response to scientific, research-based intervention as part of process used to determine LD

Click 1

Three ✓s Needed to Determine LD

§300.309(a)(1)		
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Click 1:
Bottom part of slide appears, with the first element in determining LD visible on the far left.

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RTI and IDEA

Click 2

Thus, IDEA 2004 gives LEAs the option of including a child's response to scientific, research-based intervention as part of process used to determine LD

Three ✓s Needed to Determine LD

§300.309(a)(1)	§300.309(a)(2) (i) or (ii)	
✓	and	

Click 2: 2nd element in making an LD determination appears in the center box, with relevant provision circled.

RTI and IDEA

Click 3

Thus, IDEA 2004 gives LEAs the option of including a child's response to scientific, research-based intervention as part of process used to determine LD

Three ✓s Needed to Determine LD

§300.309(a)(1)	§300.309(a)(2) (i) or (ii)	§300.309(a)(3)
✓	and	✓
	and	✓

Click 3: 3rd element in making an LD determination appears in the far right box.

(discussion on next page) 

CLICK AGAIN to advance to next slide.



The top part of Slide 26, which loads automatically, summarizes the significant new provision of IDEA that permits a child’s response to intervention to be considered as part of determining whether or not he or she has a specific learning disability. How does this actually work in practice? The bottom part of the slide shows how IDEA’s criteria for determining an SLD is organized.

Section 300.309(a) states that “The group described in §300.306 may determine that a child has a specific learning disability, as defined in §300.8(c)(10), if—” and then come three items, not surprisingly numbered as (1), (2), and (3). As the table below shows,

the item at (a)(2), however, has two parts, with an OR between [to be read as: (i) or (ii)], which means that either one of these two conditions is sufficient to find that the child has met the criteria at (a)(2). The part of (a)(2) that relates to RTI is the first one: (i)—or, to give its full address, §300.309(a)(2)(i). It reads:

(2)(i) The child does not make sufficient progress to meet age or State-approved grade-level standards in one or more of the areas identified in paragraph (a)(1) of this section when using a process based on the child’s response to scientific, research-based intervention; or

And this is how RTI weaves itself into the decision-making process for determining SLD. Let’s take a look at IDEA’s provisions, match them to the organization of the slide, and how this works will be clear.

As the chart shows, to make a determination of SLD, the group must find that the statement in the first column [(a)(1)] is true about the child, the statement in the last column [(a)(3)] is also true about the child, and that *one* of the two statements in the middle column [(i) or (ii)] is also true about the

(a) The group described in §300.306 may determine that a child has a specific learning disability, as defined in §300.8(c)(10), if—			
Yes	Yes to One of These		Yes
(a)(1)	(a)(2)(i)	OR (a)(2)(ii)	(a)(3)
(1) The child does not achieve adequately for the child’s age or to meet State-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the child’s age or State-approved grade-level standards: (i) Oral expression. (ii) Listening comprehension. (iii) Written expression. (iv) Basic reading skill. (v) Reading fluency skills. (vi) Reading comprehension. (vii) Mathematics calculation. (viii) Mathematics problem solving.	(2)(i) The child does not make sufficient progress to meet age or State approved grade-level standards in one or more of the areas identified in paragraph (a)(1) of this section when using a process based on the child’s response to scientific, research-based intervention...	(ii) The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments, consistent with §§300.304 and 300.305...	(3) The group determines that its findings under paragraphs (a)(1) and (2) of this section are not primarily the result of— (i) A visual, hearing, or motor disability; (ii) Mental retardation; (iii) Emotional disturbance; (iv) Cultural factors; (v) Environmental or economic disadvantage; or (vi) Limited English proficiency.

child. The slide shows this as three check marks, corresponding to the three columns.

Thus, whether or not the child makes sufficient progress under an RTI approach is only one element of determining whether or not that child has an SLD. The child's response to a research-based intervention can only form *part* of the picture the group must examine in making its determination. Given that, how a child responds to RTI can never be the sole basis for a determination of SLD.

The process by which a child is evaluated for and/or determined to have a specific learning disability is addressed in detail in the separate module *Identification of Children with Specific Learning Disabilities*. This slide is not intended to delve into SLD determination but, rather, to show how IDEA's provisions intersect with RTI and the determination of LD, adding a new element to that process.

—Space for Notes—

View 1

Level 1: Screening and Interventions



← Slide loads with this view.

Clicks 1-4

Level 1: Screening and Interventions

- Screenings identify “at-risk” children
- Children receive specific research-based instruction, usually in small groups
- Progress is closely monitored
- This step usually doesn’t last longer than 8 weeks

Click 1:
The picture disappears on Click 1, and Bullet 1 appears.

Clicks 2, 3, and 4:
Bullets 2, 3, and 4 appear one by one.

(continued on next page) 

Level 1: Screening and Interventions

- Screenings identify “at-risk” children
- Children receive specific research-based instruction, usually in small groups
- Progress is closely monitored
- This step usually doesn’t last longer than 8 weeks

Is student progress sufficient?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child goes back to regular instruction	Child moves to Level 2


Click 5

Click 5:
The box at the bottom appears, “Is child progress sufficient?” and the possible answers and actions.

CLICK AGAIN to advance to next slide.

Slide 27: Background and Discussion

5 Clicks



Slide 27 returns to the mechanics of RTI as a process for addressing the needs of struggling children and zooms in to take a closer look at the first level: Screening and Interventions.

Screening

Screening begins the process and is intended to identify children who are at risk of academic or behavioral difficulties and failure. Screening is not generally limited to RTI approaches; we are all familiar with the routine screenings that schools conduct for a variety of reasons, including the one mentioned here. What’s important in RTI, however, is the diligence with which the school

system includes progress monitoring as a component of instruction and decision making. Speece (2006), writing for the National Center on Child Progress Monitoring (an OSEP-funded project), summarizes the role of progress monitoring within RTI as follows:

Progress monitoring is a method of keeping track of children’s academic development. Progress monitoring requires frequent data collection (i.e., weekly) with technically adequate measures, interpretation of the data at regular intervals, and changes to instruction based on the interpretation of child progress....The approach

requires a different way of thinking about children’s learning but is a powerful method of judging responsiveness. (p. 3)

The National Center on Child Progress Monitoring makes available a great deal of useful information about progress monitoring and RTI on its Web site, at: www.studentprogress.org

Level 1 Intervention

As the slide indicates, at-risk children who have been identified through the screening

process receive research-based instruction, sometimes in small groups, sometimes as part of a classwide intervention. Models of RTI vary, as has been repeatedly said, so the delivery of research-based instruction might be part of a whole-class approach or some other arrangement. The point here is that the school addresses the evidence it's collected that specific children are having difficulties—and does something about it, using methods and techniques found through research to be effective in helping children learn.

This description is necessarily general, because the range of skills in which children may be having difficulties is large. In the early grades, RTI approaches tend to focus on reading and math and the early building of these critical school skills.

Progress Monitoring

RTI is very dependent upon continual monitoring of progress, which serves multiple purposes but is especially critical for (a) identifying where there are skill deficits or where difficulties are occurring; and (b) tracking how children are responding to the instructional interventions.

Length of Time for Level 1

As the National Center on Learning Disabilities states in its *Parent's Guide to Response-to-Intervention*: "The length of time for this step can vary, but it generally should not exceed eight weeks" (Cortiella, 2006, p. 3). That is sufficient time to provide whatever research-based interventions the school system has chosen as appropriate for children's needs and to monitor their responsiveness to the instruction.

At the end of the allotted time, a decision must be made as to what to do next. As the bottom of the slide indicates, the decision revolves around the adequacy of student progress. If the child has made sufficient progress, then he or she will likely return to more general instruction. However, lacking sufficient progress, the child would move to the second level of interventions (covered in the next slide), which are more intensive and targeted.



References

Cortiella, C. (2006). *A parent's guide to response-to-intervention*. New York: National Center on Learning Disabilities. (Available online at: www.nclld.org/images/stories/downloads/parent_center/rti_final.pdf)

Speece, D. (2006). *How progress monitoring assists decision making in a response-to-instruction framework*. Washington, DC: National Center on Child Progress Monitoring. (Available online at: www.studentprogress.org/library/decisionmaking.pdf)

View 1

Level 2: Targeted Interventions



← Slide loads with this view.

Level 2: Targeted Interventions

- Child receives more intensive services and intervention, usually in small groups
- In K-3 these services are usually in reading and math
- Progress is closely monitored
- Level 2 usually doesn't last more than a marking period

Clicks 1-4

Click 1:
The picture disappears on Click 1, and Bullet 1 appears.

With Clicks 2, 3, and 4, Bullets 2, 3, and 4 appear one by one.

(continued on next page) 

Level 2: Targeted Interventions

- Child receives more intensive services and intervention, usually in small groups
- In K-3 these services are usually in reading and math
- Progress is closely monitored
- Level 2 usually doesn't last more than a marking period

Is student progress adequate?

<input type="checkbox"/> Yes Child goes back to regular instruction	<input type="checkbox"/> No Child moves to Level 3
--	---

Click 5

Click 5:
The box at the bottom appears, "Is child progress adequate?" and the possible answers and actions.

CLICK AGAIN to advance to next slide.

Slide 28: Background and Discussion

5 Clicks



Slide 28 takes a look at Level 2, where more targeted interventions are provided to children who have not made adequate progress in Level 1 intervention. The design of this slide is the same as the previous one; the notable differences are in the description of Level 2. The length of time in this secondary level of intervention is generally a bit longer than in Level 1, and the level of intensity of the interventions is greater. They may also be more closely targeted to the areas in which the child is having difficulty.

View 1

Level 3: Intensive Interventions



Slide loads with this view.

Clicks 1-2

Level 3: Intensive Interventions

- Child receives individualized intensive interventions targeting his or her skill deficits
- Progress is closely monitored

Click 1:
The picture disappears, and Bullet 1 appears.

Click 2:
With Click 2,
Bullet 2 appears.

(continued on next page) 

Level 3: Intensive Interventions

- Child receives individualized intensive interventions targeting his or her skill deficits
- Progress is closely monitored

If child does not respond to Level 3 interventions:

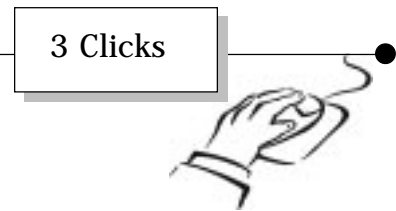
Child is considered for evaluation under IDEA	Data gathered in Levels 1, 2, and 3 help to inform the evaluation
---	---

Click 3

Click 3:
The box at the bottom appears and the likely actions.

CLICK AGAIN to advance to next slide.

Slide 29: Background and Discussion



Slide 29 finishes this look at the different levels of instruction in many RTI approaches. Again, the slide operates as the last two slides did, although there are fewer bullets in the top section (only two). This also typically marks a turning point in the decision-making process. If the child has not responded to the intensive and more individualized research-based instruction in this level, then he or she is likely to be referred for a full and individual evaluation under IDEA. The data gathered on the child's response to interventions in Levels 1, 2, and 3 become part of the information available during the evaluation process and afterwards, when a determination must be made as to

disability and the child's possible eligibility for special education and related services. Considering the amount of data typically collected in an RTI approach, thanks to its reliance upon progress monitoring all along the way, the information that will now be available should be very helpful to the team of individuals involved in evaluating the child and determining his or her eligibility for special education services.

View 1

Parent Participation



When? How?

Slide loads with this view. The questions "When? How?" refer to the issue of parent participation.

Parent Participation

Click 1

Can you say §300.311(a)(7)(ii)?



Another question appears, referring to §300.311(a)(7)(ii).

CLICK AGAIN to advance to next slide.

(discussion on next page)





Slide 30 addresses a topic that has probably come up in this training session—parent involvement. What is the parent’s role in RTI, what does the law require regarding their notification and consent, and how does RTI affect parents’ right to request their child be evaluated under IDEA?

The next slide deals with the parents’ right to request an evaluation of their child under IDEA at any time, as well as what the law requires if the child has not made adequate progress after spending an appropriate amount of time in an RTI approach. Here, let’s look at parent notification and involvement when the child is actually involved in the RTI approach.

Informing Parents Along the Way

There are several issues associated with parent involvement in RTI and the question of when they should be made aware that the public agency has involved their child in an RTI approach to see how well he or she responds. Among these is that parents should expect to be informed when their child is not making expected academic or behavioral progress, the very reasons that a public agency might involve a child in an RTI approach. The use of RTI acknowledges that whatever academic or behavioral difficulties the child has had to this point may be attributable to inappropriate instruction or a



mismatch between instruction and the child’s needs and skills. The sticky issue is that RTI is typically used *before* a child is evaluated under IDEA, before the public agency is even proposing to evaluate the child, so many of IDEA’s provisions for parent notification have not yet come into play.

What’s clear from practice in the field—and, indeed, from the longtime underpinnings of IDEA—is that informing parents along the way is important, valuable, and good policy. In practice, parents are generally informed when the child is unsuccessful in Level 1 and moves on to Level 2 (Cortiella, 2006; National Joint Committee on Learning Disabilities, 2005). The National Association of School Psychologists (NASP) provides parents with the comments we’ve excerpted in the box on the next page.

As you might expect, many people and organizations expressed concern about parent involvement in RTI during the public comment period following publication of IDEA’s regulations in draft (proposed) form. As a result of their suggestions and recommendations, the Department added another provision to the Part B regulations that has relevance to this discussion.

We will also add a new §300.311(a)(7)(ii) to ensure that the parents of a child suspected of having an SLD who has participated in a process that evaluates the child’s

response to scientific, research-based intervention, are notified about the State’s policies regarding collection of child performance data and the general education services that will be provided; strategies to increase their child’s rate of learning; and their right to request an evaluation at any time. (71 Fed. Reg. at 46658)

Thus, as a part of the new provisions regarding RTI, the IDEA regulations include specific provisions designed to ensure that parents are informed and aware of both what is going on (e.g., the general education services that will be provided, the strategies to be used to increase their child’s rate of learning) and what other options they have (e.g., the right to request an evaluation of their child under IDEA at any time).

The Regulation at §300.311(a)(7)(ii)

The provisions at §300.311 are entitled: **Specific documentation for the eligibility determination**. Refer participants to page 3 of **Handout C-7**, where these provisions appear (the handouts for Theme C, Evaluation, are provided in that theme’s section). The provisions require that “if the child has participated in a process that assesses the child’s response to scientific, research-based intervention,” the documentation of

the determination of eligibility must contain a statement of the documentation—and here comes (a)(7)(ii)—that the parents were notified about:

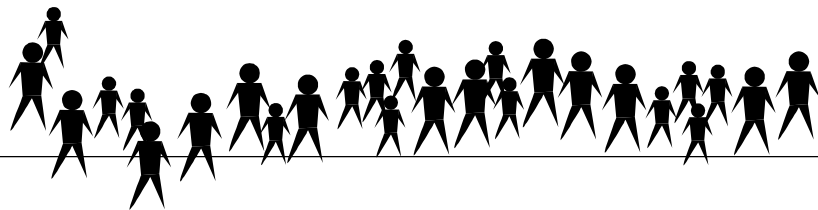
(A) The State’s policies regarding the amount and nature of child performance data that would be collected and the general education services that would be provided;

(B) Strategies for increasing the child’s rate of learning; and

(C) The parents’ right to request an evaluation. [§300.311(a)(7)(ii)]

So this answers several questions, including what the parents must be told about the RTI process (at a minimum) and when they must be told. The Department (2007) also sheds light on this issue in its *Questions and Answers on Response to Intervention and Early Intervening Services*. We’ve excerpted the Department’s relevant comments on the next page.

Practice in the field indicates that a child's lack of progress in RTI's Level 1 (where research-based instruction is delivered in the regular classroom) typically results in a movement to Level 2 interventions for that child. These latter interventions typically are more intensive, with the instructional intervention delivered to small groups of children, not the entire class. It is at this point that parents are generally informed, perhaps meeting with school staff to discuss their child's lack of progress and—as stated above—hear what the school has in mind. This would include:



How Can Parents Be Involved in the RTI Process?

The hallmarks of effective home-school collaboration include open communication and involvement of parents in all stages of the learning process. Being informed about your school’s RTI process is the first step to becoming an active partner. Both the National Center for Learning Disabilities and the National Joint Committee on Learning Disabilities advise parents to ask the following questions:

- Does our school use an RTI process? (Be aware that your child’s school may call their procedures a “problem solving process,” or may have a unique title for their procedures, e.g., Instructional Support Team, and not use the specific RTI terminology.)
- Are there written materials for parents explaining the RTI process? How can parents be involved in the various phases of the RTI process?
- What interventions are being used, and are these scientifically based as supported by research?
- What length of time is recommended for an intervention before determining if the child is making adequate progress?
- How do school personnel check to be sure that the interventions were carried out as planned?
- What techniques are being used to monitor progress and the effectiveness of the interventions? Does the school provide parents with regular progress monitoring reports?
- At what point in the RTI process are parents informed of their due process rights under IDEA 2004, including the right to request an evaluation for special education eligibility?
- When is informed parental consent obtained and when do the special education evaluation timelines officially commence under the district’s RTI plan?

Klotz, M.B., & Canter, A. (2006). *Response to intervention (RTI): A primer for parents*. Washington, DC: National Association of School Psychologists. (Available online at: http://bsnpta.org/geeklog/public_html//article.php?story=RTI_Primer)

- What type of performance data will be collected, and how much;
- What general education services are planned; and
- What strategies the school will use to increase the child's rate of learning.

Parents would also be informed that they have the right to request that their child be evaluated under IDEA—a full and individual evaluation. This is the subject of the next slide. If they do request such an evaluation, the public agency must promptly ask for their written consent and conduct the evaluation in keeping with IDEA's timeframe requirements.

References for this section are provided on the next page.

Excerpted Remarks

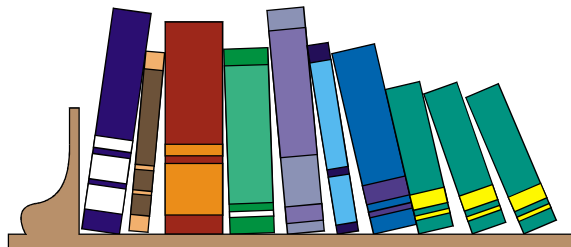
from the Department's *Questions and Answers on Response to Intervention and Early Intervening Services*¹

Question C-5: When implementing an evaluation process based on a child's response to scientific, research-based intervention, the regulations require that a "public agency must promptly request parental consent to evaluate a child (34 CFR §300.309(c))" if the "child has not made adequate progress after an appropriate period of time (34 CFR §300.309(c)(1))." Please define "promptly" and "adequate" in this context.

Answer: The Federal regulations under 34 CFR §300.309(c) require that if a child has not made adequate progress after an appropriate period of time, a referral for an evaluation must be made. However, the regulations do not specify a timeline for using RTI or define "adequate progress." As required in 34 CFR §300.301(c), an initial evaluation must be conducted within 60 days of receiving consent for an evaluation (or if the State establishes a timeframe within which the evaluation must be completed, within that timeframe). Models based on RTI typically evaluate a child's response to instruction prior to the onset of the 60-day period, and generally do not require as long a time to complete an evaluation because of the amount of data already collected on the child's achievement, including observation data. A State may choose to establish a specific timeline that would require an LEA to seek parental consent for an evaluation if a student has not made progress that the district deemed adequate.

We do not believe it is necessary to define the phrase "promptly" because the meaning will vary depending on the specific circumstances in each case. There may be legitimate reasons for varying timeframes for seeking parental consent to conduct an evaluation. However, the child find requirements in 34 CFR §300.111 and section 612(a)(3)(A) of the Act require that all children with disabilities in the State who are in need of special education and related services be identified, located, and evaluated. Therefore, it generally would not be acceptable for an LEA to wait several months to conduct an evaluation or to seek parental consent for an initial evaluation if the public agency suspects the child to be a child with a disability. If it is determined through the monitoring efforts of the Department or a State that there is a pattern or practice within a particular State or LEA of not conducting evaluations and making eligibility determinations in a timely manner, this could raise questions as to whether the State or LEA is in compliance with the Act.

¹ U.S. Department of Education. (2007, January). *Questions and answers on response to intervention (RTI) and early intervening services (EIS)*. Washington, DC: Author. (Available online at: <http://idea.ed.gov/explore/view/p/%2Croot%2Cdynamic%2CQaCorner%2C8%2C>)



References

Cortiella, C. (2006). *A parent's guide to response-to-intervention*. New York: National Center on Learning Disabilities. (Available online at: www.nclد.org/images/stories/downloads/parent_center/rti_final.pdf)

Klotz, M.B., & Canter, A. (2006). *Response to intervention (RTI): A primer for parents*. Washington, DC: National Association of School Psychologists. (Available online at: http://bsnpta.org/geeklog/public_html/article.php?story=RTI_Primer)

National Joint Committee on Learning Disabilities. (2005, June). *Responsiveness to intervention and learning disabilities*. Austin, TX: Pro-Ed. (Available online at: www.nclد.org/index.php?option=content&task=view&id=497)

U.S. Department of Education. (2007, January). *Questions and answers on response to intervention (RTI) and early intervening services (EIS)*. Washington, DC: Author. (Available online at: <http://idea.ed.gov/explore/view/p/%2Croot%2Cdynamic%2CQaCorner%2C8%2C>)

View 1

Parent Participation

Parents may request that their child be evaluated under IDEA at any time



Slide loads with this view.

Parent Participation

Parents may request that their child be evaluated under IDEA at any time

When child is provided appropriate instruction...

...and does not make adequate progress after appropriate period of time...

Public agency must:

- promptly request parent consent to evaluate child

Click 1

Click 1: The middle part of the slide loads, tracking the "if-then" and ending at Bullet 1 of what the public agency must do.

(continued on next page) 

Parent Participation

Parents may request that their child be evaluated under IDEA at any time

When child is provided appropriate instruction...

...and does not make adequate progress after appropriate period of time...

Public agency must:

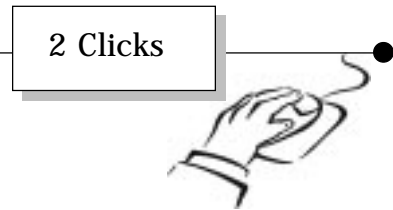
- promptly request parent consent to evaluate child
- adhere to evaluation timelines (unless extended by mutual written agreement with child's parents)

Click 2

Click 2: Bullet 2 loads.

CLICK AGAIN to advance to next slide.

Slide 31: Background and Discussion



As the slide summarizes: *Parents may request that their child be evaluated under IDEA at any time.*

Using an RTI approach to see how a child responds to research-based interventions before evaluating that child under IDEA is one option school systems may choose. As has been explained, RTI acknowledges the possibility that a child's difficulties may result from inappropriate or insufficient instruction to date. However, RTI may not be used to delay or deny a child's evaluation. And parents may always request one.

The second part of the slide is derived directly from pertinent regulatory provisions that we've cited verbatim in the box on the

next page. These touch again on the possibility that underachievement in a child suspected of having LD may be "due to lack of appropriate instruction in reading or math" [§300.309(b)]. This possibility must be considered as part of determining the existence of such a disability. This is more than a judgment call, however. The consideration must be data-driven, as (b)(1) and (b)(2) make clear.

What is crucial to point out about these provisions is that they apply regardless of whether the LEA is using an RTI approach to identification or some other process that is permitted under State criteria. And, as you can see in §300.309(b)(2), IDEA requires that parents be informed about the child's progress during

instruction, as measured by repeated assessments at reasonable intervals.

In the event that the child has not made adequate progress, as the slide states and as described in §300.309(c)(1)—and here comes the slide's conclusion—then the public agency must:

- promptly request parent consent to evaluate the child; and

- adhere to the timelines established within IDEA (unless extended through the mutual written agreement IDEA describes).

What are the Regulations' Timelines for Evaluation?

The timelines for evaluation under IDEA are covered in detail in the *Initial Evaluation and Reevaluation* module. As described there:

The initial evaluation—

(1)(i) Must be conducted within 60 days of receiving parental consent for the evaluation; or

(ii) If the State establishes a timeframe within which the evaluation must be conducted, within that timeframe...[§300.301(c)(1)]

Under prior law, public agencies were required to conduct initial evaluations within a “reasonable period of time” after receiving parental consent, so the specification of a 60-day timeframe in IDEA 2004 represents a significant change that should be identified as such to your audience. Do note, however, any timeframe established by the State for this initial evaluation takes precedence over IDEA’s new 60-day period, regardless of whether that timeframe is longer or shorter than IDEA’s.



Putting this information together with the slide and the regulations’ provisions in the box above, then, the public

IDEA 2004’s Regulations at §300.309(b) and (c): Two Elements in Determining the Existence of a Specific Learning Disability

(b) To ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the group must consider, as part of the evaluation described in §§300.304 through 300.306—

(1) Data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and

(2) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of child progress during instruction, which was provided to the child’s parents.

(c) The public agency must promptly request parental consent to evaluate the child to determine if the child needs special education and related services, and must adhere to the timeframes described in §§300.301 and 300.303, unless extended by mutual written agreement of the child’s parents and a group of qualified professionals, as described in §300.306(a)(1)—

(1) If, prior to a referral, a child has not made adequate progress after an appropriate period of time when provided instruction, as described in paragraphs (b)(1) and (b)(2) of this section; and

(2) Whenever a child is referred for an evaluation.

§300.309(b) and (c)

agency must adhere to established timeframes in seeing that the child’s evaluation is conducted. That is, unless those timelines are “extended by mutual written agreement of the child’s parents and a group of qualified professionals, as described in §300.306(a)(1)” [§300.309(c)].

View 1

RTI in Practice

- There are many RTI models in use*

* The Department does **not** mandate or endorse any particular RTI model

Slide loads top bullet and the bottom disclaimer.

RTI in Practice

- There are many RTI models in use*
- In RTI, progress monitoring is critical to:
 - ✓ Pinpoint child's areas of difficulty
 - ✓ Keep close track of child's progress

* The Department does **not** mandate or endorse any particular RTI model

Click 1

Click 1:
The 2nd bullet loads fully, including the sub-bullets.

(continued on next page) 

RTI in Practice

- There are many RTI models in use*
- In RTI, progress monitoring is critical to:
 - ✓ Pinpoint child's areas of difficulty
 - ✓ Keep close track of child's progress
- Staff use formal guidelines to decide which children are not making adequate progress or responding to the intervention

* The Department does **not** mandate or endorse any particular RTI model

Click 2

Click 2:
Bullet 3 loads.

CLICK AGAIN to advance to next slide.

Slide 32: Background and Discussion

2 Clicks



Slide 32 begins the wind-down of training by looking at RTI in practice. Emphasized on this slide are the following points:

- There are many RTI models in use. *The U.S. Department of Education does not mandate, recommend, or endorse any one specific model.*
- In RTI, progress monitoring is critical to:
 - Pinpoint child's area(s) of difficulty
 - Keep close track of child's progress.
- Staff use formal guidelines to decide which children are not

making adequate progress or responding to the intervention.

The first two points should have been made clear during the training proper, so mentioning them now can serve as a reminder. The third, however, has only been alluded to and is the field's answer and recommendation to those interested in developing or implementing RTI. Intrinsic to RTI is the question, "Has the child made sufficient progress?"

Answering that question "yes" versus "no" leads in two distinct directions—one, back to regular instruction, and the other, on to a more intensive level of intervention or to com-

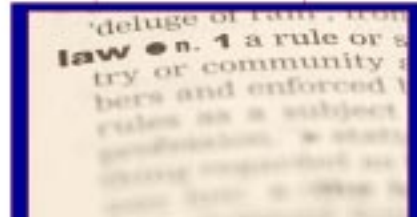
prehensive evaluation under IDEA 2004. So—what is adequate progress, significant progress? How much progress is enough? Are there guidelines for making these decisions? Formal guidelines? Written down. Understood by practitioners. Implemented. Monitored to make sure they are consistently applied. Documented.

Obviously, a great deal could be said about the benefits of implementing RTI with formal guidelines that spell out where performance cutoffs will be for children—and more.

View 1

IDEA and RTI

- IDEA 2004 regulations do not define RTI
- Regulations are written to accommodate different models of RTI

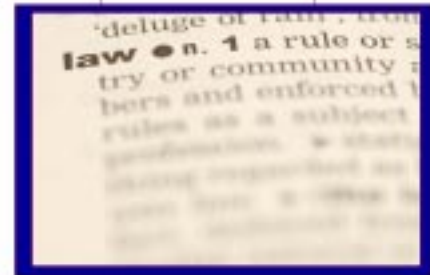


Slide loads with this view, Bullets 1 and 2 showing.

Clicks 1-3


IDEA and RTI

- IDEA 2004 regulations do not define RTI
- Regulations are written to accommodate different models of RTI
- RTI does not replace a comprehensive evaluation
- Evaluation teams must use a variety of tools and strategies, even if RTI is used
- Results of RTI may be one part of information reviewed



Click 1, 2, and 3: Each click brings up a different bullet.

CLICK AGAIN to advance to next slide.

(discussion on next page) 



Slide 33...Almost done...The top half of the slide loads with these two bulleted items:

- IDEA 2004's regulations do not define RTI.
- Regulations are written to accommodate different models of RTI.

Both of these items may already be apparent to some who are reading between the lines of what IDEA 2004 does state about RTI, but it is worthwhile to explicitly draw audience attention to these two points.

The bottom half of the slide puts RTI within the broader context of IDEA-required evaluation. One disadvantage of focusing narrowly upon a given provision of IDEA is that the big picture and other requirements of law fall out of focus. Here, to bring that bigger picture back into view, are three points to emphasize:

- RTI does not replace a comprehensive evaluation.
- Evaluation teams must use a variety of tools and strategies, even if RTI is used.
- Results of RTI may be one part of information reviewed.

RTI is not intended to replace comprehensive evaluation in IDEA, as the Department discusses in the Analysis of Comments and Changes to the final Part B regulations (see excerpted remarks in the box on the right). It's meant to intervene in a research-based and hopefully effective way to address

difficulties children are having, either academically or behaviorally. It rests on the possibility that prior instruction, not disability, might be at the root of the problem. It's meant for all children, even as it may also be used as part of making LD determinations. IDEA 2004 requires that evaluation teams gather a wide range of information about a child suspected of having a disability, any disability. This evaluation must involve a variety of tools and strategies, as explored in *Introduction to Evaluation*. The part that RTI results can play in diagnosing a specific learning disability has been summarized in this training, so

that participants see the connections between this approach and the identification of LD. The details of IDEA 2004's regulations for identifying LD will be thoroughly examined in their own right, in the module on *Identification of Children with Specific Learning Disabilities*. Make it clear to your audience that there is more involved than the summary presented here.

Excerpted Remarks from the Analysis of Comments and Changes to the Final Regulations

An RTI process does not replace the need for a comprehensive evaluation. A public agency must use a variety of data gathering tools and strategies even if an RTI process is used. The results of an RTI process may be one component of the information reviewed as part of the evaluation procedures required under §§300.304 and 300.305. As required in §300.304(b)...an evaluation must include a variety of assessment tools and strategies and cannot rely on any single procedure as the sole criterion for determining eligibility for special education and related services.

It is up to each State to develop criteria to determine whether a child has a disability, including whether a particular child has an SLD. In developing their criteria, States may wish to consider how the criteria will be implemented with a child for whom systematic data on the child's response to appropriate instruction is not available. ...However, under §300.306(b), a public agency may not identify any public or private school child as a child with a disability if the determinant factor is lack of appropriate instruction in reading or math.)

(71 Fed. Reg. 46648)

Roundup Time!



Slide loads fully. No clicks are necessary except to END the slide show.

CLICK to END the slide show.

Use this slide for a review and recap of your own devising, or open the floor up for a question and answer period. Depending on how much time you have available for this training session, you can have participants work in small groups on an EIS or RTI objective; make a quick list of what information they've gleaned from this session; or once again revising the opening

activity and run through the initial list of "I-need-to-know" questions they generated, making the participants answer them themselves, correcting misinformation as necessary. Emphasize the local or personal application of the information presented here.