Response to Intervention (RTI) is a prevention approach used to avoid academic failure in the early elementary years. Before students only received specialized service delivery methods, RTI introduced a tiered model designed to meet each student’s individual needs. This study examines how kindergarten children’s performance at one Title I school using RTI was affected by the intensive classroom support of a traditional service delivery model by advocating for new forms of involvement, including: 1) classroom collaboration with teachers and staff to provide support, 2) instruction to better organize and structure information for whole class instruction as well as for individual students, and 3) the provision of classroom-based services as part of the restructured service delivery model.

Examination of the ISF scores of the students who received the intensive RTI intervention, in comparison to those who did not receive that type of support, indicate an average score gain of 4.55 in the high risk group receiving RTI intervention had an average score gain of 5.1 and 2.63 in some risk and low risk categories, respectively. The LNF scores of the RTI intervention students, in comparison to those students who did not receive that type of support, reflect an average score gain of 10.11, 12.5, 12.02 in high risk, some risk, and low risk categories, respectively. These data indicate an increase in performance for students receiving the intensive RTI intervention. Finally, a comparison of the PSF scores for the RTI intervention and non-RTI intervention student groups demonstrate an average score gain of 12.0, 22.0 and 2.44 in high risk, some risk, and low risk categories, respectively. These data indicate a greater increase in performance for students receiving RTI.

The teachers, principal, clinical supervisors, and the speech pathologist at the participating RTI school were interviewed to determine overall views regarding how RTI interventions have influenced their classroom instruction, children’s literacy performance, and case load changes over the past 3 years. Teachers and clinical supervisors were asked about which aspects of the intervention were most effective in their classrooms; teachers reported that clinic models influenced their ability to provide better phonemic cues. The principal’s explanations for the children’s improved literacy performance were that RTI interventions had a significant positive influence. Finally, the speech pathologist was asked questions regarding her level of involvement with RTI, as well as the impact of RTI on her caseload. Her responses indicated that the majority of her responsibilities with RTI include collaboration with classroom teachers. She further stated she has seen a notable decrease in language referrals for kindergarten at risk for academic failure.

The results of this study demonstrate that RTI can be an effective method of intervention in promoting early literacy skills and identifying children at risk for reading failure. Scores on both the LNF and PSF indicate noticeable gains between the beginning and end-of-the-year performance scores of students in all three risk categories. In the ISF subtest, non-RTI intervention school students in the “low risk” and “some risk” categories scored higher than their RTI counterparts. In an attempt to explain the aforementioned outcomes, interviewed teachers and the clinical supervisor proposed several factors which could contribute to those outcomes, including, but not limited to: quality of classroom instruction, time dedicated to specific literacy activities, extra classroom support such as teacher assistants, parents and volunteers, home support as well as additional literacy intervention. Importantly, those students identified as high risk (those of greatest concern) demonstrated significant gains on all three subtests given their responsiveness to intervention (RTI).

Conclusions

RTI can be an effective prevention approach for literacy failure when employed with intensive and individually tailored instructional methods in combination with high quality instruction. At the RTI designated school in this study, increases in average performance gains on LNF and PSF subtests demonstrate that tailoring intervention to each student’s needs is essential in implementing effective instruction.

The goal of RTI is to target literacy and academic development before language and literacy failure occurs. Uniquely qualified SLPs with a desire to implement an RTI model will need to reinvent their traditional service delivery model by advocating for new forms of intervention, including: 1) classroom collaboration with teachers and staff to provide support, 2) instruction to better organize and structure information for whole class instruction as well as for individual students, and 3) the provision of classroom-based services as part of the restructured service delivery model.

Clinical Application

Many school-based SLPs expected to implement an RTI model in their school, may initially feel overwhelmed when that expectation is added to their already extensive list of responsibilities. While SLPs’ concerns may be valid, information gathered during interviews with school personnel indicated that the time invested in establishing an RTI model is worthwhile. To that end and in an effort to encourage SLPs anxiously considering RTI model implementation, the following first-hand experiences were derived from the school personnel interviews. First, recruit principal support and that of fellow teachers so the SLP can restructure his/her schedule to provide nontraditional, RTI classroom-based instruction. Second, classroom collaboration and in-service trainings will educate key school personnel on the importance of language as the basis for the entire curriculum and literacy instruction. Third, enlist help to implement RTI interventions by taking the time to train teachers, aides and volunteers on high quality, research-based literacy intervention instruction. Finally, keep in mind the purpose of RTI is the prevention of language and literacy problems by providing early intervention, thereby reducing the number of language referrals. Consequently the time invested in establishing an RTI model is worthwhile for the cautious SLP. In fact, the SLP’s involvement in RTI implementation will ultimately reduce the number of language referrals and hence reduce the SLP’s caseload.

References

Ehren, Barbara J. RTI: An Opportunity to Reduce Language and Hearing Services in Schools. The ASHA Leader, 12, 10-12
J. Cimino (personal communication, October 3, 2007)

Acknowledgements

Special thanks to the faculty, students, and staff at Thomas Q. Elementary and Kinsey Elementary schools in the Flagstaff Unified School District.