School-based Audiology Advocacy Series
Response To Intervention

(Approved by the Board of Directors of the Educational Audiology Association June 2012)

Response To Intervention[1]

Response to Intervention (RTI) is a model to improve classroom instruction with roots in No Child Left Behind (NCLB). The core features of the RTI model are intended to increase performance of all students, including those with learning disabilities and behavior problems, and address over referral for special education services caused by inappropriate or poor quality instruction. The core components are: (1) providing high quality research-based instruction and/or intervention in the general education classroom, (2) continuous monitoring of student progress, (3) screening for academic and behavioral problems, and (4) using multiple levels or tiers of instruction that progressively increase in intensity based on the individual's response to instruction (OSEP, 2011). RTI is not special education. This intervention model is not designed for students with sensory, cognitive, or physical disabilities and it cannot be used to delay or deny a special education eligibility evaluation for any student suspected of having a disability (OSEP, 2011).

Although RTI does not apply directly to special education students with hearing disabilities, the model employs strategies such as high quality instruction, use of accommodations, and progress monitoring that improves instruction for all students. Students with hearing loss on 504 Plans and those who are fully included in general education without accommodations similarly benefit from the core components of RTI.

In addition, RTI affects students with diagnosed or suspected central auditory processing deficits (CAPD). As a component of a learning disability or a speech-language disorder, students with behaviors potentially indicative of a CAPD are generally treated through the tiers of RTI prior to making a special education referral. This process may alleviate some special education referrals when the listening and learning behaviors are understood and managed effectively in the classroom.

RTI is a three tier system where, if a child does not improve, more help is given at each higher tier. Tier 1 is considered a preventative, proactive level where universal interventions are implemented. Audiological interventions for this stage may include, but are not limited to, improving classroom acoustics, reducing auditory distractions, and/or increasing the use of visual stimuli.

Curriculum-based measures are completed several times throughout the year to monitor development and insure students are progressing adequately. If a student is not keeping up with his/her peers, the school instructional support team or the parents can refer the child for additional instruction through Tier 2. Audiological support for this level involves targeted group interventions for the individual student. Examples may include the development of self-advocacy skills, auditory skill training, and/or phonemic awareness training.

If additional individualized intervention is needed, it is necessary to move to Tier 3 (more intensive, individual intervention). When children are in Tier 3, they may also require special education services. Tier 3 and special education services may overlap, but not all students in Tier 3 may be receiving special education services. The audiologist's role will be intensified with services that may involve interventions that are more deficit-specific for an individual child. Working with individualized amplification and assistive listening devices, along with specialized instruction for the development of compensatory strategies are examples of Tier 3 interventions.

School-based audiologists play a pivotal role in the determination and implementation of accommodations and intervention strategies for students with hearing and auditory processing deficits in the RTI model. The effectiveness of the RTI strategies is based on the appropriateness of the recommendations and the fidelity of implementation, therefore the school-based audiologist is able to apply his/her knowledge of hearing and listening to guide management of these students through consultation with school personnel. Support for services to non-special education students may also be justified under IDEA's early intervening services which allow up to 15% of a state's Part B funds to help struggling students succeed in general education.

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1 This document is part of the School-Based Audiology Advocacy Series. Please see additional statements on School-based Audiology Services, Auditory (Re)Habilitation, Assessment, Classroom Acoustics, Classroom Audio Distribution Systems, Counseling, Educational Audiology Services Under IDEA: Pertinent Regulations, Educational Audiology Services Under 504, Educational and Clinical Audiology Partnership, Hearing Assistance Technology, Hearing Screening, Noise and Hearing Loss Prevention, Role in EHDI and On-Going Hearing Loss Surveillance in Young Children, and References and Resource Materials.

The multi-tiered RTI model should integrate the resources of general education, special education, as well as any other school student support programs. For school-based audiologists, RTI provides a framework to serve students at all tiers of intervention regardless of whether they have an IEP, a 504 Plan or neither. There are a growing number of children with auditory disorders who are not eligible for special education due to adequate school performance. The RTI model provides a mechanism to support access and learning needs outside of special education.

References

Office of Special Education Programs (January 21, 2011). Memorandum 11-07: A Response to Intervention (RTI) process cannot be used to delay-deny an evaluation for eligibility under the Individuals with Disabilities Education Act (IDEA). Available from http://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/osep11-07RTImemo.pdf