

An Overview of RTI and SLD Evaluation

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The purpose of this book is to help school multidisciplinary teams improve the way in which students with learning disabilities (LD) are identified. The procedures described within the following chapters have been developed based on more than 17 years of research and clinical and school experience in the field of learning disabilities. We have three main goals in writing this book:

1. Improve the accuracy with which students with LD are identified
2. Ensure that students who struggle to learn are provided with the most appropriate and effective instructional services
3. Support school multidisciplinary teams in their efforts to carry out our previous two goals

The Current State of LD Identification

Learning disabilities are a neurological condition manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical skills (National Joint Committee on Learning Disabilities [NJCLD], 1990). Learning disabilities are heterogeneous, both within and across individuals (NJCLD, 1990). A learning disability is a very complex condition that is both real and permanent (Cortiella, 2011). However, for each individual, a learning disability may present in different ways, in different contexts, at different

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points in time, and in different academic areas. Additionally, although estimated prevalence rates of LD are thought to be about 5% of the population, an additional 15% to 20% of students will experience general learning challenges in reading, writing, and math. These general learning challenges can be difficult to distinguish from LD, and some have argued that LD simply reflects the very low end of the distribution of academic ability (Hallahan, Keller, Martinez, Byrd, Gelman & Fan, 2007). Finally, LD are just one type of learning disorder in a broader set that includes attention-deficit/hyperactivity disorder, autism spectrum disorder, intellectual disability, and language impairments that sometimes occur concomitantly or manifest in similar learning challenges (Pennington, 2009). The complexity of LD combined with the existence of other learning disorders and difficulties makes the accurate diagnosis of LD challenging at best, as evidenced by the varying rates of identification since LD first were identified in schools in 1977, and by the current variability across states, from a low of 2% in Kentucky to a high of 7% in Iowa (National Center for Education Statistics [NCES], 2012).

The diagnosis of a learning disability usually begins with a teacher referral indicating that a student is unable to make progress in the general education classroom. Evidence suggests that once a teacher refers a child for evaluation, that child is highly likely to be identified as having an LD (Ysseldyke, Algozzine, Richey & Graden, 1982). Evidence also suggests, however, that there are differences between clinically identified and school identified students with LD (MacMillan & Siperstein, 2002). Within a school setting, students may be referred for a variety of reasons unrelated to LD, as opposed to being referred according to a common set of diagnostic markers. For example, it has been our experience in working with schools with constrained resources that when a school does not have a system in place for providing intervention for students with learning difficulties, students are referred for special education services at rates much higher than is warranted. Schools are not behaving in a malicious way; rather, they want to ensure that a student who requires additional resources receives them, and in many schools, special education is the only mechanism by which to accomplish this. However, when an effective intervention system is in place, schools can preserve their special education resources for those students who truly require specially designed instruction, and the needs of all students are much better met (Johnson & Boyd, 2013; Johnson, Carter, & Pool, 2013). In summary, there is substantial room for improving the accuracy with which LD identification decisions are made, and it is important to do so to ensure that all students with learning challenges receive appropriate services.

The accurate identification of a learning disability is important for several reasons. First and foremost, labeling a child as disabled is a high-stakes decision with implications for the child and the child's family throughout their life span. According to labeling theory, when individuals are labeled as different, they are assigned a new identity with new expectations by their social group (Hebding & Glick, 1987). Ample research evidence indicates that being identified as learning disabled can generate negative expectations, negative stereotypes, and negative attitudes; that children designated as learning disabled experience physical and emotional isolation at an increased rate; and that teachers lower their expectations of students with learning disabilities (Osterholm, Nash, & Kritsonis, 2007). Additionally, when a child accepts the label of learning disabled, they may have reduced expectations of themselves and lowered self-esteem (McGrew & Evans, 2003; Rosenthal, 2002).

The accurate identification of a learning disability is also important for the education system more generally—the cost of providing special education services is estimated to be 1.6 times the cost of educating a child in general education (Cortiella, 2011). A significant portion of this cost is due to the increased personnel needed to provide effective, individualized, specially designed instruction. However, special education is an underfunded federal mandate; adding students to the system does not result in receipt of the full funding resources needed to provide services. As a result, schools with large special education caseloads struggle to provide optimal instructional services to students with disabilities. A significant amount of research suggests that most children with LD require small group, intensive instruction to make sufficient gains (Vaughn, Wanzek, Murray, & Roberts, 2012). If students are misdiagnosed or overidentified as learning disabled, schools will not have adequate resources to provide the intensive, highly individualized, specially designed instruction that students with learning disabilities require.

The long-term impact of inaccurate LD diagnosis is the overtaxing of the special education system, causing it to become less effective at supporting the needs of students with learning disabilities. This is evidenced in multiple reports and longitudinal studies that indicate less than optimal outcomes for students with learning disabilities. For example, students with LD drop out at a rate much higher than their non-disabled peers, pursue postsecondary education at a much lower rate, and have higher rates of unemployment as adults (Cortiella, 2011). Accurate identification can help reduce these negative outcomes by ensuring appropriate services are provided to students based on their specific needs. Over the last four decades, we have learned a great deal

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about what interventions work for students with LD (Swanson, Harris, & Graham, 2013; Vaughn et al., 2012). Although the specifics of intervention vary depending on the grade and subject area, common features across interventions include having sufficient intensity (e.g., low student to teacher ratios and focused intervention) and frequency (e.g., both duration of a session and number of hours of intervention). Achieving these ideal instructional conditions is difficult under the best of circumstances, but it becomes near impossible when students are not accurately identified.

Increasing the Accuracy of LD Identification

As a starting point toward achieving greater accuracy in LD identification, it is helpful to begin with an examination of the definition of learning disabilities. Numerous definitions of LD are available; however, because the focus of this book is on improving LD identification within a school identification model, we focus on the federal definition of SLD, which is included in Textbox 1.1. The definition has not changed significantly in the last 40 years, yet consensus on how best to operationalize the definition into a workable identification model remains elusive. Operational definitions provide a blueprint for constructing an identification process in a manner that results in reliable (consistent) and valid (accurate) diagnosis. Coming to consensus on an operational definition of LD, however, has been contentious.

The most recent reauthorization of the Individuals With Disabilities Education Act (IDEA, 2004) readily exemplifies the lack of consensus in the field. The IDEA specifies that the criteria for determining whether a child has a specific learning disability

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 34 CFR 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 34 CFR 300.8(c)(10). [34 CFR 300.307] [20 U.S.C. 1221e-3; 1401(30); 1414(b)(6)]

As a result, states have adopted various approaches to SLD identification, which fall into four main categories: (1) states have mirrored

the federal regulations and allowed for numerous approaches to LD identification, (2) states have adopted an RTI only approach to identification, (3) states have adopted a combined RTI and comprehensive evaluation approach, or (4) states are using a pattern of strengths and weaknesses model (Zirkel & Thomas, 2010). It is ironic that in an attempt to reduce the variability with which the aptitude/achievement discrepancy model had been applied, the revised federal regulations seem even more variable. A fair question to ask is why, if the goal is to increase the accuracy of LD identification, are numerous models allowed under federal regulations?

Leading up to the IDEA 2004 reauthorization, there was sufficient evidence questioning the validity of the aptitude/achievement discrepancy. For example, one of the primary criticisms of the IQ-achievement discrepancy formula was that it resulted in a “wait to fail” model of LD identification that required a student’s learning difficulties to become so significant that they were often near intractable (Siegel, 2003; Stanovich, 1993). Additionally, critics of the discrepancy model argued that the approach lacked treatment validity because studies of reading disabilities indicate that there is no differential effect for many standard protocol reading interventions for students with reading difficulties based on IQ (Shaywitz, Morris, & Shaywitz, 2008; Stage, Abbott, Jenkins, & Berninger, 2003; Vellutino, Scanlon, & Lyon, 2000). Other criticisms of the model were that clear guidance on the nature and size of the discrepancy was lacking, resulting in different guidelines depending on where the child lived. The variability of the guidelines threw the LD construct into question, leading some researchers to pose the question, “Are learning disabilities real?”

In acknowledgment of the limitations of the discrepancy model, the federal regulations were changed. However, at the time of reauthorization, there was no clearly defined, empirically based alternative, although RTI was emerging as one possibility (Johnson, Byrd, & Mellard, 2005). Sufficient concern over the limits of an RTI-only approach to LD identification was raised and persists today. These concerns include the following issues. First, there is not enough information about what constitutes an adequate response to a number of programs across grade levels and content areas to have an RTI only identification model that adequately identifies students with LD across the K–12 spectrum (Fuchs & Deshler, 2007). Second, empirically derived expectations for growth on progress monitoring measures are limited to very few studies in early reading and math (Fuchs & Fuchs, 1993). Although large-scale curriculum-based measurement (CBM) data systems provide benchmarks that provide a means by which weekly growth rates can be interpolated, the

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data collected within these systems are aggregated from a population that is not well defined and for whom very little information about the instructional program is included. This limits our ability to know how much growth we should anticipate from students within specific sub-populations who are provided with effective intervention programs. Third, RTI relies on the use of a highly prescriptive implementation system (e.g., standard protocol approach and progress monitoring systems) and ways to determine fidelity of implementation are neither well established nor easily put into practice in research studies, let alone in school systems (Mellard & Johnson, 2008). Fourth, most RTI models assume a narrow definition of LD—one in which a basic skill deficit should be remediated by direct instruction focused on a foundational academic skill to support a student's ability to meet grade-level performance targets in the general classroom. Most RTI models do not include a focus on more complex tasks such as reading comprehension, specifically in terms of how to best monitor progress of interventions or accommodations designed to support students in these areas. Finally, even if all of these concerns were sufficiently addressed—and that is a very significant condition, especially with the current climate of reduced school budgets and the new demands of the Common Core Standards—what remains missing from RTI models of LD identification is the explanatory component (e.g., what is the underlying cause of the child's learning difficulty) of the diagnostic classification procedure (Johnson, Humphrey, Mellard, Woods, & Swanson, 2010).

During the time of the IDEA 2004 reauthorization, these concerns were voiced by a number of researchers, LD advocacy organizations and other stakeholders. Therefore, rather than committing to an under-researched, underdeveloped model, the federal regulations were crafted to permit flexibility in an effort to allow the research to evolve and to inform LD identification policy.

Where Does this Leave us Today?

The changes in federal regulations to LD identification have resulted in increased variability in the approaches adopted by states for LD identification. From a policy and practice perspective, we are arguably no closer to achieving accurate and consistent LD determination. Throughout this book, we argue that accurate LD determination is the most important outcome in improving LD identification and subsequent service delivery. To achieve accuracy, an identification model must reliably distinguish students who have a learning disability from those who do not. But a primary difficulty in accurate classification is that some

conditions are neither clearly defined nor easily categorized. LD is an example of such a classification, due in large part to the heterogeneity of the disability. Not only is this heterogeneity demonstrated in the differences between clinical versus school-based approaches to identification, but also within school-based systems, where there is a wide variety of operational definitions in use.

The accuracy of LD identification can be improved by focusing on two main areas:

1. Ensuring that school systems have a responsive instructional system that can meet the needs of struggling learners
2. Creating a classification model that contains a common set of characteristics and associated evidence that define learning disabilities

In subsequent chapters of this book, we guide readers through a process that can help accomplish both of these goals. We provide information about the response to intervention (RTI) framework, with a particular focus on its use as an early intervention system to meet the needs of struggling learners, as well as on the specific data collection that can help distinguish between students with general learning difficulties and those with more persistent learning difficulties that may be indicative of a learning disability. Additionally, we present and explain a model of learning disability that includes common characteristics of LD and the type of evidence and criteria that should be collected to determine when those characteristics are present.

Throughout this book, we follow what has been termed a “combined approach” to LD identification that includes a student’s response to instruction and intervention followed by a comprehensive evaluation to determine the nature of the child’s learning disability. The combined approach is favored by numerous stakeholders (Flanagan & Alfonso, 2011) and is in use in several states because it addresses the three salient characteristics that have long been part of the federal definition of LD (see Textbox 1.1)—that (1) the child has a disorder in a basic psychological process, (2) which manifests itself in an inability to learn, and the learning disability (3) is not primarily caused by other factors such as vision, hearing, language, cultural economic disadvantage or a lack of appropriate instruction. Because LD are heterogeneous, complex, and manifest uniquely for different children, a hypothesis testing model that relies on the collection of multiple data sources is recommended. Figure 1.1 provides a visual overview of a hypothesis testing approach that relies on the collection of data aligned with the characteristics of the LD definition.

TEXTBOX 1.1

Federal Definition of Specific Learning Disability (SLD)

SPECIFIC LEARNING DISABILITY—20 U.S.C. § 1401(26)(A); 34 C.F.R. § 300.7(c)(10)

- (A) GENERAL—The term means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.
- (B) DISORDERS INCLUDED—The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia.
- (C) DISORDERS NOT INCLUDED—The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural or economic disadvantage.

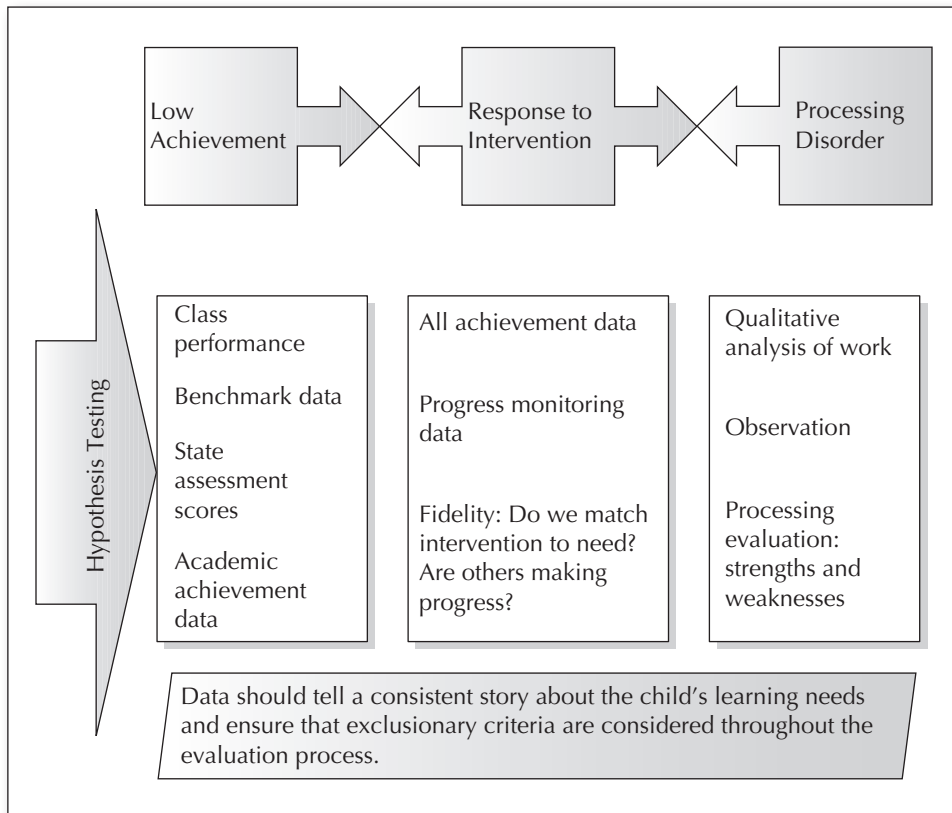
This approach to LD identification is not based on any single data point, but rather on the preponderance of evidence regarding the child's instructional program and the response to it, followed by a focused, comprehensive evaluation to identify the nature of the child's learning disability. In this book, we walk readers through these various components and provide case examples to help illustrate how these procedures can be implemented at the school level. Our goal is to provide a straightforward but comprehensive overview of how LD identification procedures can be implemented within a school.

How This Book Is Organized

This book is organized into seven chapters, designed to support school-based multidisciplinary teams in their efforts to implement a combined approach to LD identification. In this first chapter, we have provided a brief review of the LD construct and its definition and established the rationale for the use of a combined RTI and comprehensive evaluation approach to LD identification.

Chapter 2 reviews the challenges of LD identification and discusses the importance of accurate diagnoses. This chapter goes into more detail about the salient characteristics of the LD definition and how

Figure 1.1



different sources of evidence (data) from the RTI process and from the evaluation can be used to identify a student as having LD.

Chapter 3 provides an overview of the RTI framework, the type of data that should be collected within that framework, and explains how the RTI data informs LD eligibility decisions.

Chapter 4 begins a case-study description of school-based RTI implementation and describes how RTI data can help provide more objective ways of ruling out competing factors as primary causes of the child's learning difficulties. The chapter includes a case study description of a school that has an RTI framework in place, and describes the data collected through Tier 1, with a focus on three students who are struggling. These three students serve as case studies throughout to elaborate how students are served at various tiers within the RTI framework.

Chapter 5 presents the complex learner profile model in use at our learning center. This model includes executive functions, information

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processes, and academic skills. Reference lists of academic achievement assessments and summaries of the relationships of information processes to academic areas are provided.

Chapter 6 is a continuation of our case study from Chapter 4. In this chapter, we revisit individual students to demonstrate how students who are served through the RTI framework are referred for a comprehensive evaluation. Forms that capture student data and allow for the collection of test scores and other information are included.

Chapter 7 details the roles and responsibilities of each of the team members within a school to ensure that the processes described throughout the book can be effectively implemented.