A Perspective on Response to Intervention

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Response to Intervention (RtI) has been and is a general education initiative. According to the National Association of State Directors of Special Education (NASDSE), RtI "is the practice of (1) providing high-quality instruction/intervention matched to student needs and (2) using learning rate over time and level of performance to (3) make important educational decisions" (NASDSE, 2006, p. 1). RtI practices and activities vary from state to state, but all share the core features of systematically looking at children's responses to the education (intervention) that they are receiving.

The 2004 reauthorization of the Individuals with Disabilities Education Act (IDEA; Public Law 108–446) continued efforts to align special education as part of general education, rather than a separate entity. This reauthorization contains provisions that provide an opportunity for occupational therapy practitioners to use knowledge, skills, and abilities in unique and expanded ways that facilitate student learning and achievement. IDEA contains a provision that allows school districts to use up to 15% of their federal IDEA funds to provide early intervening services (EIS) to students in kindergarten through 12th grade who are at risk for school failure due to learning or behavioral concerns (IDEA, 2004). EIS should not be confused with Early Intervention (EI) services, which are provided under Part C of IDEA to infants and toddlers (birth to 3 years of age) and their families. School districts whose special education population includes an overrepresentation ("disproportionality" in legislative terms) of minority students related to district population composition must use 15% of their federal IDEA funds to provide academic and behavioral support to general education students through third grade specifically [IDEA, 2004]). This provision meets the academic, social, emotional, behavioral, and functional needs of students who currently do not receive special education or related services but who present with difficulties that affect their social functioning or academic achievement.

EIS and RtI services are allowed but not mandated by IDEA (unless the local educational agency [LEA] is identified as having a disproportionate number of minority students in special education). EIS is a school-wide initiative for the general education curriculum and constitutes the programs, services, and supports that drive the RtI process. Initially explored as a model for children with specific learning disabilities, the RtI process has since been expanded to provide supports to all students within the general education curriculum who are at risk for school failure.

Early Intervening Services

EIS are expected to assist struggling students and reduce the number of referrals to special education, although students already identified could also receive EIS for issues not included in the individualized education program (IEP). EIS focuses on the instruction and the student rather than looking solely at the student as the reason for difficulty in school achievement. The congressional intent of EIS and RtI is to "reduce the number of students who experience academic frustration and failure, many of whom end up in special education programs" (NASDSE, 2006, p. 18). General education should provide a scientifically validated curriculum and promote differentiated instruction for all students' learning. EIS provides intensive services to support at-risk or struggling students in general education in order to identify these students early and so that interventions can be provided to enhance their rate of learning.

EIS or RtI should not be viewed as a pre-referral effort, but rather as an enhancement of general education curricular efforts and an increased

use of scientifically based instructional strategies. Intervening early on behalf of students who are struggling but are not yet identified for special education services may support these students within the general education curriculum and potentially reduce the number of referrals to special education. EIS and RtI can take on a number of different forms, and it is up to the LEA or school district to decide how the funds will be used to best meet the unique needs of its student populations.

EIS funds can be used to accomplish numerous improvements that are associated with increased student participation and achievement. Improvements can target students directly, such as teaching a

group of kindergarten students with decreased fine motor skills a new method of tying shoes, or facilitating the play skills of a group of students who demonstrate decreased communication and interaction. In addition, EIS funds can be used in professional development activities to support educators, paraprofessionals, and other staff whom students encounter during their school day. Examples of this type of support include providing professional development training for educators and school personnel on evidence-based intervention methods; strategies to address learning and behavioral needs; and additional services, accommodations, or modifications to support students' success in general education (IDEA 2004).

Response to Intervention

RtI is a multitiered model that seeks to empower school personnel and facilitates support to students who are at risk for academic failure due to learning or behavioral difficulties (Vaughn & Fuchs, 2003). Instructional interventions are provided at three different tiers:

1. Tier 1—The entire school or classroom
2. Tier 2—Small groups of students with similar needs
3. Tier 3—Individually (VanDerHeyden, Witt, & Barnett, 2005)

Through continuous monitoring of progress through data collection, the intensity of interventions increases or alternative instructional methodologies are provided as an individual student's level of progress demonstrates a need to advance on the continuum from school- or classroom-wide interventions (Tier 1) toward more concentrated or individualized levels of support (Tier 2 and Tier 3). On the other hand, if a student is responsive to the interventions, and school personnel and educators can document progress, more intensive interventions may not be warranted.

Several RtI models exist, such as the University of Texas and University of Pittsburgh models and the Iowa and Minneapolis models (Wedl, 2005). Although RtI models and implementation methods vary among LEAs, several key features are common among them, such as universal screenings to identify at-risk students, high-quality evidence-based interventions at all tiers, and continuous progress monitoring (Bradley, Danielson, & Doolittle, 2005). Depending on the tier of intervention, the implementation of RtI will vary. RtI at the third tier might begin with identifying and defining a student's strengths and challenges; developing a hypothesis regarding the student's needs; setting goals; developing an intervention plan; and, finally, evaluating the student's response or progress based on the interventions (Wedl, 2005).

RtI and Student Support Teams

Decisions made through the use of RtI are based on instructional screening of a student. Children who demonstrate continued difficulty, as evidenced by progress monitoring at the school-wide intervention level, will begin to receive more targeted interventions in a small group. If they continue to demonstrate a lack of progress, they will begin to receive individualized intervention. If interventions have been proven unsuccessful across all three tiers, children who continue to have difficulty with academic or behavioral issues often are referred for special education. NASDSE encourages State Education Agencies (SEAs) and LEAs "to develop a single, well-integrated system that connects general, remedial and special education" (p. 3).

School districts' use of RtI changes the way that educational teams approach the special education referral process and potentially view the expertise of occupational therapists. Literature supporting RtI (Ardon, Witt, Connell, & Koenig, 2005; VanDerHeyden et al., 2005) emphasizes the emerging roles of teachers and school psychologists before special education referral. These professionals contribute to RtI by recommending environmental adjustments to promote students' success at school. Occupational therapists are in the unique position to expand their role on student support teams as well as to provide much-needed services to at-risk students who may not typically be a part of their caseloads.

Student support teams (SSTs)—also called teacher assistance teams (Bangert & Cooch, 2001), child study teams, and school-based intervention teams (Truscott, Cohen, Sams, Sanborn, & Frank, 2005)—generally attempt to address the needs of at-risk students at the second and third tiers of RtI. However, this team also may make recommendations for school-wide interventions, and teachers hoping to implement classroom-wide interventions at the first tier may seek the team's support for recommendations regarding universal access to the curriculum, classroom management programs, and the appropriate use of physical space. SSTs use a collaborative problem-solving model to identify a student's or group of students' needs and to monitor progress. Additionally, SSTs engage in activities that include the identification of problems, analysis of problems' causes and effects, development of intervention plans, and evaluation of interventions' success (Bangert & Cooch, 2001; Truscott et al., 2005).

Flexibility

As related service personnel, occupational therapists and occupational therapy assistants are expected to support students' participation and academic achievement by assisting them in accessing and making progress in the curriculum. This support may involve enhancing a student's skills and abilities, altering the environment to be more supportive, providing assistive technology, adapting or modifying the curricular instructional strategies and expected methods of demonstrating competence, and consulting with educators through collaborative problem solving. Occupational therapy services within the context of RtI and EIS in general education are similar; however, therapists have the opportunity to affect the occupational performance of all the students in a school, not just those students who have IEPs.

Occupational therapists may be instrumental in recommending Tier 1 interventions designed to meet the needs of the entire student body of a school or all the students in a particular classroom by addressing context and activity demands. Depending on the state's occupational therapy regulatory and licensure laws, occupational therapists may make recommendations that support at-risk students across several contexts, such as social, temporal, or physical. Examples of occupational therapy contributions to Tier 1 interventions that emphasize context and activity demands include assisting in the development of school-wide incentive programs, school-wide positive behavioral support programs, classroom management systems, and professional development training (see Table 1).

Occupational therapists are well equipped to assist teams in developing targeted group and individualized intervention plans. Tier 2 continues instructional interventions and addresses the needs of students in small groups before the possible delivery of more individualized, Tier 3 interventions. Depending on the state, both Tier 2 and Tier 3 interventions are based on students' specific needs and, in this way, resemble traditional occupational therapy interventions. By developing an occupational profile and analyzing a student's occupational performance, occupational therapists can assist teams in implementing interventions to address performance skills (i.e., motor, process, communication, interaction skills), performance patterns (i.e., habits, roles, routines), and client factors (i.e., strength, endurance, dexterity), leading to increased performance in edu-

cation and social participation at school (American Occupational Therapy Association, 2002). Occupational therapists can participate in determining whether student needs would best be met in a group situation or individually (see Table 2).

Case Example

Judy is an occupational therapist and SST member at an elementary school in a large urban school district that applies EIS as a means of providing RtI to students at risk for academic or social failure. In her district, SST team members historically only included general education teachers, special education resource teachers, school psychologists, and school social workers. Judy knew that occupational therapy colleagues in other states had been members of their SSTs for years and took the initiative to join the SST in the district where she worked. Judy approached the team's coordinator and advocated to become a member of the team.

In the beginning, the team requested that Judy intervene when a specific child required assistance to learn skills related to organization, handwriting, or physically accessing the school environment. As Judy became more familiar with RtI (and with encouragement from her colleagues), she started to attend weekly team meetings and participated in the group's problem-solving process. Her involvement at this level had many benefits. First, she was able to provide more suggestions to teachers and reach a greater number of students than she had in the past. Second, the other team members gained a deeper understanding of the scope of occupational therapy services and started asking for her assistance on cases, and for matters in which they typically would not have included her.

As a result, Judy began providing Tier 2 services for students who were having difficulties related to behavior, attention, and learning. For example, she started a social skills group and provided an in-service to teachers on accommodations and modifications for literacy-based instruction for students struggling with maintaining attention. In addition, Judy was recently invited to be part of the committee that designed a school-wide incentive plan in keeping with the district's philosophy of providing positive behavioral interventions for all students. She was influential in the school's adoption of a character edu-

cation curriculum and has been asked to lead in-service trainings for teachers and support staff on the implementation of this curriculum across grade levels.

Conclusion

IDEA requires that EIS be documented and reported to the state. Judy documented the services she provided, which included professional development to teachers and team members, in addition to the specific students that she served. This information was shared with the district, which then reported the data to the state. Judy was careful not to use more than the time allowed by her agency for EIS. These provisions relate to the source of funding for the occupational therapy position. If the entire position is funded with IDEA funds and her LEA allocates up to 15% of IDEA funding to EIS, then Judy must be careful that no more than 15% of her time is spent in EIS. If, however, her state uses state or local general education funds to support a portion of her position, she may be able to use more of her time in EIS activities.

Occupational therapists understand that a child's success in his or her role of student depends on many factors. We possess the knowledge and expertise to support the occupational participation of all students. All students are general education students first. Some students may be at risk for school failure because of academic, social, emotional, or behavioral issues and might require more intensive or specialized instruction through RtI and EIS. By becoming a member of the SST and participating in RtI, occupational therapists can use the occupational therapy process to provide EIS to general education students who are at risk for occupational performance difficulties and poor occupational engagement in school. ■

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Table 1. Tier 1 (School- or Classroom-Wide) Occupational Therapy Interventions Based on the *Occupational Therapy Practice Framework*

Domain	Intervention Approach	Example
Context	Create/promote	Promote healthy lifestyles by creating a school-wide initiative to increase fitness levels and useful nutrition habits.
	Maintain	Maintain access to sensory equipment to continue to allow students to take breaks.
	Modify	Modify classroom rules to afford students the opportunity to use self-monitoring skills.
	Prevent	Prevent social isolation by organizing large group games and activities during recess.
Activity demands	Create/promote	Promote the use of developmentally appropriate tools by recommending child-size scissors and writing utensils.
	Maintain	Maintain the use of student mailboxes to foster independence and organizational skills.
	Modify	Modify steps required for successful completion of an art project or science experiment.
	Prevent	Prevent poor grades on assignments by sharing grading rubrics, or expectations, with students.

Table 2. Tier 2 and Tier 3 (Group and Individual) Occupational Therapy Interventions Based on the *Occupational Therapy Practice Framework*

Domain	Intervention Approach	Example
Performance skills	Create/promote	Promote handwriting skills by inviting children to participate in a handwriting club.
	Establish/restore	Establish assertive communication skills by teaching students to directly express needs or make requests.
	Maintain	Maintain students' ability to follow sequence of daily schedule by continuing to write it on the chalkboard.
	Prevent	Prevent fatigue by allowing students to take breaks during long writing assignments.
Performance patterns	Create/promote	Create new roles for students by organizing out-of-school-time clubs and activities.
	Establish/restore	Establish routines for cleaning out lockers and desks.
	Modify	Modify classroom routines so students have time to "check out" with teachers at the end of the day.
	Prevent	Prevent the development of dominating habits, such as those associated with bullying, by teaching students social skills.
Client factors	Create/promote	Promote higher level cognitive functions by encouraging students to manage time and solve problems using specific strategies.
	Establish/restore	Establish muscle strength by providing home exercise programs.
	Maintain	Maintain copying skills by reminding students to use line guides.
	Prevent	Prevent loss of self-control by teaching students anger management techniques.

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