



Roadmap to Pre-K RTI:

*Applying Response to Intervention
in Preschool Settings*

Our Mission

The National Center for Learning Disabilities works to ensure that the nation's 15 million children, adolescents and adults with learning disabilities have every opportunity to succeed in school, work and life. NCLD provides essential information to parents, professionals and individuals with learning disabilities, promotes research and programs to foster effective learning and advocates for policies to protect and strengthen educational rights and opportunities.



381 Park Avenue South, Suite 1401, New York, NY 10016-8806

Telephone 212.545.7510 Facsimile 212.545.9665

www.LD.org

Roadmap to Pre-K RTI:

Applying Response to Intervention in Preschool Settings

A publication of the National Center for Learning Disabilities, Inc. made possible by the Emily Hall Tremaine Foundation.

Authors: Mary Ruth Coleman, Ph.D., Froma P. Roth, Ph.D., & Tracey West, Ph.D.

Project Director: Karen Golembeski, National Center for Learning Disabilities

Publication Design: Deb Tanner

This report is available at www.RTINetwork.org/PreKRTIRoadmap

©National Center for Learning Disabilities, Inc. 2009. All rights reserved. This publication is provided free of charge by the National Center for Learning Disabilities. Wide dissemination is encouraged! Copies may be made and distributed in keeping with the following guidelines: The publication must be reproduced in its entirety, including pages containing information about the National Center for Learning Disabilities. Copies of the publication may not be sold.



Foreword

by James H. Wendorf

For the past ten years, the National Center for Learning Disabilities (NCLD) has shaped policies and developed resources and tools to strengthen early childhood programs. Working in partnership with practitioners and researchers, we have sought to increase the capacity of teachers and parents to understand young children's learning strengths and needs, and to take action to support their readiness for instruction as they enter school. We believe that early recognition of learning problems, combined with timely, effective intervening services to address such problems, is a mission-critical component of any successful early childhood program.

In 2007, NCLD launched a new initiative to advance a comprehensive framework — Response to Intervention (RTI) — through which to deliver the kind of evidence-based screening, interventions, progress monitoring and tiered instruction that decades of research has shown to be effective with children who struggle to learn. We developed the RTI Action Network as a way to connect practitioners, researchers and policymakers with the information needed to implement Response to Intervention frameworks in kindergarten through high school.

While RTI was designed for K-12, there exists research to suggest that an RTI approach can be beneficial in the years before kindergarten. By co-developing the Recognition and Response Observation Rating Scale (RRORS), supporting Pre-K RTI through our RTINetwork.org website and now developing and launching the Roadmap to Pre-K RTI, we are providing the field with the most recent data and resources to explore this exciting frontier in early education.

This Roadmap provides educators, researchers and policymakers with a balanced resource that explains Pre-K RTI and provides practical information to guide the development of a Pre-K RTI model, as well as policy recommendations to help build the state and local support needed to implement a successful model.

A handwritten signature in black ink that reads "J. Wendorf". The signature is fluid and cursive.



Introduction

by Charles R. Greenwood, Ph.D.

For a variety of reasons, young children entering preschool may not have had the opportunities needed at home or in childcare to learn the language, early literacy, and social-emotional regulation skills expected. Preschool RTI promises a means of preventing these early delays from becoming learning disabilities. Consider Tyshawn, whose progress learning language and early literacy skills was the typical pattern until 50 months of age, when suddenly he slowed down compared to other children his age. Because Tyshawn's progress was frequently monitored, that information alerted his teacher that he was falling behind and could benefit right away from an extra level of intensive, early literacy intervention. Based on these results and discussion with the school's early literacy team, his daily schedule was changed to include the instruction he was receiving in the general curriculum plus an additional 30-minute session (Tier 2 instruction) focused on building his phonemic awareness skills. Additionally, probes reporting his progress learning the weekly content were added to his progress monitoring to assess Tyshawn's response to this intervention. After 10 weeks, he had made sufficient, measurable progress toward benchmarks that the decision was made that he no longer needed this extra level of service.

The National Center for Learning Disabilities (NCLD) has provided this report to share that Pre-K RTI is grounded in our greater knowledge from brain science and early childhood research that early learning in young children sets the path toward readiness for kindergarten and subsequent school success. RTI enables elementary education to intervene earlier than ever to prevent initial delays from becoming disabilities starting as early as kindergarten. This stands in comparison to the past practice of waiting for children to fail second or third grade before intervening with special education.

Reading this report we see how existing programs are considering Pre-K RTI and how they are adapting RTI principles to work in early education programs. We also learn that Pre-K RTI is about adults learning what each child needs to learn and providing needed experiences in a manner that maximizes success and that prevents delays from waiting too long to receive the level of support each child needs to learn.

Reading this report we learn that there are issues in the language we use to talk about RTI and the need to keep the language in the "positive." The key issue is not using failure to respond to intervention as a label for the child, similar to past practices with disability labels. When a child fails to respond to an intervention, it simply means that "the intervention used has failed to achieve its intended goal", and needs to be changed. The field is challenged by and needs to make progress in how we talk about RTI with reference to children and students.

The RTI approach has its roots in prevention science and use of evidence-based practice. RTI embraces both general and special education by focusing on:

- (a) enabling the majority of children to make expected rates of progress by providing them a curriculum supported by evidence of effectiveness (Tier 1),
- (b) universal screening that identifies children not learning as expected and providing additional, focused, intensive instruction and monitoring their progress (Tier 2), and
- (c) supporting the learning of students who have the greatest challenges learning the subject matter (e.g., those for whom Tier 2 instruction has failed, and who need an even more intensive intervention [Tier 3]).

To assume that Tier 3 is only for special education is a myth. In RTI, children with disabilities of all kinds are expected to be represented in all tiers of intervention as are children without Individualized Education Programs (IEPs) — depending on universal screening of the particular skill domain, behavior, and outcome of interest. Prevention in RTI is the idea that early delays may become learning disabilities if not addressed at the age when a child should be proficient with particular skills. Prevention in RTI seeks to assure that children lacking exposure to key experiences receive that exposure, as soon as possible, so that lack of sufficient opportunity to learn is addressed.

We are just learning about the preschool programs and early childhood systems that are implementing RTI, and this report advances our knowledge. We will need not only RTI approaches that fit early childhood but also a greater number of evidence-based practices appropriate for use in each and every tier to be successful. This report documents these initial preschool efforts where local programs are pioneering translation of this vision into practice. We are just beginning; many important lessons wait to be learned.

Charles Greenwood is the Director of the Juniper Gardens Children's Project and Professor of Applied Behavioral Science at the University of Kansas. He is the author of progress monitoring measures for infants and toddlers and editor of *School-wide prevention models: Lessons learned in elementary schools* (Guilford Press, 2008). He is co-principal investigator of the Center for Response to Intervention in Early Childhood (CRTIEC).



Roadmap to Pre-K RTI

Mary Ruth Coleman, Ph.D, Froma P. Roth, Ph.D,
& Tracey West, Ph.D

Introduction

Response to Intervention, RTI, is sweeping the country as educators look for effective ways to meet the increasing range and intensity of the needs of today's students. Currently, most states are engaged in some level of implementation of RTI. While the status of practice varies from emerging to fully developed, depending on regions, districts, and sites, state leadership for RTI seems strong and is growing stronger. In addition to state leadership, the RTI movement has benefited from intense interest at the local school district and program levels. This grassroots interest in RTI implementation has led to innovative practices in most states and across multiple educational settings. RTI is a collaborative initiative focused on meeting the needs of *all* children. RTI provides comprehensive supports and services for children, bridging special and general education.

The current focus of RTI in most states and across most districts is with school-aged children. There is, however, growing awareness that RTI approaches can and should be applied to younger children, in the pre-k years: Pre-K RTI. Using RTI with preschool children is important to help all children be successful. Early intervention support can prevent or mitigate the occurrence of language, literacy, and academic learning difficulties. A compelling body of evidence affirms that early intervention is key to children's success representing best practice in early child development and education. Thus, to place children on a trajectory for success, RTI is best-positioned to begin at the pre-k level.

The purpose of this report is to: (a) describe five projects that demonstrate how RTI is being adapted for pre-k children; (b) identify the critical elements of RTI needed to ensure fidelity of implementation with young children; (c) provide guiding questions to help policy makers/program directors assess their readiness to implement RTI as a framework for organizing pre-k supports and services; and (d) offer policy recommendations for Pre-K RTI initiatives.

Pre-K RTI draws on RTI approaches for school age children

In order for Pre-K RTI to work it must be implemented rigorously and with integrity. Only then will parents and school staff know the type and intensity of intervention needed for each student to succeed. The features of Pre-K RTI that are shared with RTI for school aged children include:

- Tiered instruction and intervention
- High quality classroom instruction
- Ongoing student assessment and progress monitoring
- Family involvement

Each of these RTI features must be adapted for Pre-K settings.

Pre-K RTI

The overriding structure of Pre-K RTI is a tiered approach to meeting the needs of children. Tiered approaches allow the intensity of supports and services to increase as the intensity of the child's needs increases. Tiered approaches are strategic because the intensity of time, effort, and resources matches the intensity of specific needs shown by the child. The most widely used RTI model for supports and services includes three tiers. Each tier is briefly described below.

Tier 1. Tier 1 provides a foundation of high quality early childhood programming for all children. Elements include a comprehensive, evidence-based curriculum and intentional teaching. Universal screening, assessment, and progress monitoring are used to obtain baseline information about each child and to determine whether a child would benefit from additional support.

Tier 2. Tier 2 consists of more intensive learning opportunities that are provided to large or small groups of children who have been found to need additional support. Progress monitoring is conducted more frequently and is used in conjunction with the collaborative problem-solving process to guide and refine interventions. Parents and family members are included as part of the collaborative problem-solving team.

Tier 3. Tier 3 focuses on the children who do not make expected progress through the support of Tier 2 interventions. In Tier 3, interventions are more intensive and individualized and may be conducted one-on-one with the child. Progress monitoring and the collaborative problem-solving processes are used to guide decisions about the child's program.

RTI for Pre-K

The downward extension of RTI from school-age to pre-k is a logical step given the fundamental importance of early intervention and prevention for young children who face developmental learning challenges. Given the natural fit between RTI and early childhood practices and the importance of early intervention to place the child on a trajectory for success, it is essential that we expand our use of RTI to pre-k settings and programs. RTI approaches designed for school-aged children, however, cannot simply be lifted and applied to younger children without modifications. While the critical features of RTI and Pre-K RTI remain similar, the specific applications of RTI must be adapted to fit within the early childhood culture and must address the developmental needs of young children.

The early childhood culture embraces a positive view of the child and the belief that adults must take an active role in helping children reach their potential. In keeping with this positive view, we will need to be careful of the language we use as we move to an RTI approach. The language used with school-aged RTI often carries negative messages about children with words like "non-responder" and "inferior responses." As we use RTI with young children we must frame our language around positive messages by looking at how the child's response indicates a need for additional support and by sharing our responsive education plans to ensure the child is placed on a trajectory for success.

Early childhood culture, beliefs, and practices focus on the importance of supporting the family as well as the child. These beliefs and practices must be honored as RTI is applied to preschool children. Core early childhood beliefs that shape the application of RTI in pre-k settings include:

- the holistic view of child development (i.e., cognitive, communicative, social-emotional, motor, and language)
- the importance of early intervention to enhance the child's success;
- the importance of providing supports and services in naturalistic settings;
- the critical contributions of parents and families to the success of the child; and
- the need for multi-dimensional authentic assessments that can identify the child's strengths and needs over time.

Several existing early childhood practices are a good fit with Pre-K RTI and can provide a foundation for its implementation. The early childhood practices that provide starting points for Pre-K RTI include:

- a focus on quality child care settings;
- the use of tiered service delivery models;
- learning standards that guide instruction;
- the use of intentional teaching methods that include embedded and explicit instruction; and
- the emerging use of progress monitoring measures and data driven decision making models.

The major components of Pre-K RTI are described below.

■ Learning About the Child's Strengths and Needs: Screening, Assessment, and Progress Monitoring

Universal screening, conducted with all children, provides a quick check-point to determine if the child's development is on target. Screening permits the early identification of children who may require additional supports and services. Screening also helps determine when additional assessments are required to plan the appropriate supports and services.

Assessments in early childhood must yield a clear understanding of a child's strengths and needs within his or her everyday learning experiences and environments. The use of authentic assessments (e.g., observation rating scales, work samples, and curriculum probes) provides insights into how the child thinks, functions, and responds to learning opportunities within the context of authentic settings and routines. New screening tools are being developed to support the implementation of Pre-K RTI. One of these the *Recognition and Response Observation and Rating Scale* (RRORS), co-developed by the National Center for Learning Disabilities and the Frank Porter Graham (FPG) Child Development Institute, is currently being field tested for release in the Fall of 2009. The RRORS is designed to help teachers and parents recognize early signs of learning problems across the child's development in perceptual motor, self-management, social and emotional, early math, early literacy, receptive language, and expressive language.

Progress monitoring, also used within Pre-K RTI, tracks the child's responsiveness over time as he or she approaches mastery of important learning outcomes. Progress monitoring measures are essential to Pre-K RTI because they provide ongoing information about the intensity of supports and services each child needs to be successful. The Center for Response to Intervention in Early Childhood, described later in this paper, is developing new and improving existing measures for the *Individual Growth and Development Indicators* (IGDIs) to support teachers ability to monitor the progress of their children.

■ Evidence-Based Practices and Standard Protocols*

Evidence-based practices and standard protocols increase the likelihood that the supports and services provided will benefit the child. Within early childhood education, there is a solid foundation of evidence-based curricula, instructional methods, and service delivery models that can be used to respond to the academic, social, and behavioral needs of young children (see resources at the end of this paper). Standard protocols still need to be identified for use with young children. The Pre-K RTI approach provides the framework for linking evidence-based practices and standard protocols with assessments and progress monitoring data. In this way, Pre-K RTI promotes the use of data driven decision making to determine the level and intensity of supports for each child.

■ Fidelity of Implementation

Fidelity of implementation, or the degree to which a practice is used as it was intended, is fundamental to any new educational initiative. Fidelity clearly outlines expectations by defining what a practice should look like when it is being implemented.

*The phrase “**evidence-based practices**” is used throughout this paper to explain practices that reflect a research-base; are supported by practitioner wisdom; and are respectful of family values. The term “**standard protocol**” is used for specific research-based interventions that can be used to support children's learning.

■ Collaborative Problem-Solving

The problem solving method for decision making fits well with early childhood educational philosophies. Problem solving methods move through several phases that typically include: defining the problem (e.g., the child is struggling with letter naming); analyzing the problem to determine why it is occurring (e.g., too few opportunities for letter recognition have been provided); developing a support plan (e.g., designing specific embedded opportunities for practicing letter names); and implementing the support plan while monitoring its effectiveness so that adjustments can be made.

Collaboration between teachers, related service providers, and parents is critical to the success of the problem solving process because each team member contributes a unique view of the child's strengths and needs and is critical to the successful implementation of the support plan.

■ Parental and Family Engagement*

The engagement of parents as partners must begin at the earliest possible point because parents are essential to the success of children. Parents know their child's strengths and needs within a broader context of home, neighborhood, and community, and this understanding is central for planning and providing appropriate supports. Further, family-centered approaches emphasize the importance of supporting the entire family as a unit. Parental participation in the collaborative problem solving process also allows other team members to learn about the child from the parents perspective. Understanding the family's values, beliefs, and desires allows educators to shape the supports and services appropriately.



Putting Ideas into Practice: Examples of RTI Approaches for Pre-K

Each of the elements described above play a critical role in the use of RTI within pre-k, and are reflected in the five examples presented in this report.

The application of RTI within pre-k settings is a relatively new phenomenon. The following examples have been selected because they represent Pre-K RTI approaches as they are emerging from theoretical designs to implementation. The examples chosen also reflect the multiple pathways currently being used to bring RTI to pre-k settings. These pathways include leadership from the university and/or research community, a state department of education, and a local school district. The examples also show the widespread interest in RTI for pre-k across the country including: Maryland, Washington DC, Florida, Illinois, and Colorado. The synergy found across these innovations illustrate the features that are critical to the ultimate success and wide-spread use of RTI in pre-k settings.

*Throughout this paper we use parent and family to mean those individuals who provide the primary support for the child's well-being.



Recognition & Response (R&R) Implementation sites in Florida and Maryland

Submitted by:

Virginia Buysse, Ph.D. & Ellen Peisner-Feinberg, Ph.D.

Brief Description of Recognition & Response

Recognition and Response (R&R) is a tiered model for providing high quality instruction and targeted interventions that are matched to the learning needs of 3-5 year-old children. The model was developed by a research team at the Frank Porter Graham Child Development Institute (University of North Carolina at Chapel Hill), with funding from a private foundation and the federal government. The idea behind R&R is that early education programs should provide core, strategic, and sometimes intensive supports to help all young children learn, and that decisions about instructional supports are based on children's level and rate of progress. R&R is designed to help early childhood teachers gauge the effectiveness of their instruction for all children as well as to recognize individual children who show signs of early learning difficulty and respond in ways that help them experience early school success. R&R is based closely on the principles of RTI, but adapted for a younger population of children prior to kindergarten entry. The instructional principles that serve as the foundation for R&R and RTI are consistent with the current emphasis in early childhood on high quality curriculum and instruction, the importance of intervening early using research-based approaches, and the need to connect teaching and learning processes to positive child and family outcomes.

Key Components of Recognition & Response

R&R is a tiered instructional framework specifically designed for use in pre-k. The three components include: (1) recognition which involves screening all children and periodically monitoring the progress of some who require targeted interventions in early language, literacy, or math; (2) response which provides an effective core curriculum and instruction and the use of targeted interventions linked to assessment to support children's learning; and (3) collaborative problem-solving which offers a process for teachers, parents, specialists, and others to make informed decisions based on assessment results to plan and evaluate instruction/interventions at all tiers.

Unique Features of Recognition & Response

The R&R model encompasses three layered tiers of increasing intensity, with different aspects of recognition and response at each tier, guided by the collaborative problem-solving process. R&R is a framework for linking assessment to instruction as part of an integrated system, and as such, is designed to be used with a variety of curricular and assessment approaches that have been validated through research and found to be effective with pre-k children. R&R is designed to ensure that all children receive appropriate and beneficial early education, especially children who may need additional supports for learning. Further, R&R may be a promising approach for instruction with young Dual Language Learners (DLLs), as the model provides a means for discriminating between more generalized learning difficulties and issues surrounding second language learning. Future

research is needed to determine whether it may be possible to differentiate DLLs in pre-k who might benefit from additional instructional supports in language and literacy from those who may be at risk for a specific reading disability that could require more intensive interventions.

Evidence of Success for Recognition & Response

A study has been conducted to evaluate the first implementation of R&R in community-based early childhood programs serving 4-year-old children in Florida and Maryland. This multi-site study involving 24 teachers and more than 300 children was designed to evaluate whether teachers find the R&R system useful and are able to implement it with fidelity. It also evaluated the preliminary effectiveness of R&R on classroom practices and children's outcomes in language and literacy. Components of the study included: (1) professional development, including weekly consultation sessions, biweekly community of practice meetings, and collaborative problem-solving; (2) universal screening for all children and progress monitoring for target and comparison children; (3) Tier 2 small group language and literacy interventions for

targeted children; and (4) evaluation data, including social validation, implementation fidelity, and child and classroom outcomes.

A second study is underway to evaluate the additive effects of a Tier 3 intervention focused on providing children with more intensive and individualized supports and to compare various assessment approaches used in universal screening and progress monitoring. A third study will be launched later this year to develop and evaluate adaptations of R&R for Latino DLLs.

Remaining Challenges for Recognition & Response

Additional research is needed to evaluate issues around the implementation and effectiveness of R&R in a wider range of early childhood programs. Research-based small-group interventions for use at Tier 2 need to be developed and evaluated, as do valid assessments for screening and progress monitoring that adhere to an RTI/R&R logic for assessing level and rate of growth across various domains.





The Literacy Partnership Implementation site Washington, D.C.

Submitted by:

Froma P. Roth, Ph.D., Pat Rogers, Jay Michney & Nancy Mahon

Brief Description of the Literacy Partnership

The Literacy Partnership is a three-year program funded by the U.S Department of Education as an Early Reading First project. It is now in its third year of implementation at three public charter schools in a mid-Atlantic urban area which serves 3- and 4-year-old children from low-income families. A significant number of the children in the project are English language learners.

Project goals are accomplished by: (1) providing theoretically sound and scientifically motivated classroom-based literacy instruction, (2) conducting baseline assessments and on-going progress monitoring activities to identify and track students at risk for language and literacy problems, (3) providing innovative professional development through a coaching-mentoring model which emphasizes a collaborative problem-solving team approach among classroom teachers, teaching assistants, speech-language pathologists, and literacy mentors, (4) implementing measures of fidelity; and (5) aligning the four key emergent literacy skills with the standards of the local educational district for grades K-3. The team consists of a childhood language researcher (Froma P. Roth, Ph.D. University of Maryland, College Park), learning environment coordinator (Patricia Rogers), professional development coordinator (Jay Michney), administrative project manager (Nancy Mahon), speech-language pathologists, and literacy mentors.

Key Components of the Literacy Partnership

The Literacy Partnership utilizes a three-tiered Response to Intervention (RTI) problem-solving model, which focuses primarily on the prevention of language and learning difficulties and therefore does not directly

target children with identified disabilities (although this model can be used with this group).

■ Tier 1

In Tier 1, speech-language pathologists and literacy mentors assess student and teacher performance at the beginning and end of each school year to obtain individualized skill levels and to guide classroom instruction and professional development activities. The measures used to track student progress include the *Peabody Picture Vocabulary Test (PPVT-III)*, the *Expressive Vocabulary Test (EVT)*, and the *Phonological Awareness Literacy Scales (PALS Pre-K)*. In addition, student learning is systematically monitored at 6-week intervals using the *Individual Growth Developmental Indicators (IGDIs)*. The measures to track educator performance include the *Early Language and Literacy Classroom Observation (ELLCO)*, *Classroom Assessment Scoring System (CLASS)* and other curriculum-based measures (e.g., *Student-Teacher Relationship Scale*).

The Literacy Partnership uses *Creative Curriculum-Preschool* and developed their own Instructional Supplement Manual to provide detailed and explicit instructional guidance for teachers. To increase family involvement, the Literacy Partnership developed their own parent/caregiver involvement components which include semi-annual family workshops that focus on how to use home literacy activities to promote children's oral language and print literacy development in family and community settings.

■ Tier 2

In Tier 2, children with known risk factors or those who indicate, through the assessment measures used in Tier 1, the need for additional supports to Tier 1 activities participate in small group instruction in vocabulary enhancement (*Receptive and Expressive*

Approach to Language and Learning, REALL) and/or phonological awareness (*Promoting Awareness of Sounds in Speech, PASS*) which have been conducted by the speech-language pathologists.

■ Tier 3

Students who show continued need for additional support receive intensive services from the literacy mentors or speech-language pathologists in Tier 3 and/or are referred for evaluation by a multi-disciplinary team to determine eligibility for special education services. Assessment results (*IGDIs*) for each class are discussed at the bi-weekly Collaborative Team Meetings with the classroom teachers and are used to refine and develop new goals for emergent literacy instruction in the classroom.

Unique Features of the Literacy Partnership

The Literacy Partnership has several unique features, including two innovative Tier 2 programs: (1) *Promoting Awareness in Speech Sounds (PASS)*: a phonological awareness intervention program designed for preschool children at risk for literacy learning difficulties; (2) *Receptive and Expressive Approach to Language Learning (REALL)*, a receptive and expressive vocabulary enhancement curriculum for preschool children and children in the early primary grades. Another unique feature of the Literacy Partnership is its emphasis on teacher-child discourse, through implementation of an adapted version of the *Classroom Assessment Scoring System (CLASS)*, which involves a videotaping assessment component and a one-on-one coaching component. In addition, the Literacy Partnership has also offered a nine-session course for teachers, teaching assistants, and school administrators that focuses on language and emergent literacy development, creation of a literacy-rich and welcoming learning environment, and best practices for developmentally supportive instruction in these areas.

A main priority for the Literacy Partnership is to assist the schools with sustainability. Project staff has initiated a year-long process of training school staff on the Literacy Partnership components. A gradual transfer of responsibility for implementation of project activities (e.g., assessment tools, instructional lessons, etc.) is underway.

Evidence of Success for the Literacy Partnership

Throughout the implementation period, data have been collected and analyzed to document both changes in child and teacher performance. Initial results indicate that both Tier 1 and Tier 2 activities have been successful in improving children's performance to meet pre-determined Spring benchmarks on both norm-referenced and criterion-referenced measures of language and emergent literacy. In addition, in comparison to a group of non-participating children within the same schools, the Literacy Partnership child participants showed markedly greater improvements on several measures of emergent literacy and receptive vocabulary. On measures of teacher performance, significant improvement was observed on the Early Language and Literacy Classroom Observation (ELLCO) between pre-test and posttest administrations, however, it should be noted that a control group is not available for teacher measures comparisons.

Teacher feedback on the professional development has been positive. Many teachers have also commented on their appreciation of the ongoing in-class support provided by the literacy mentors and the speech-language pathologists.

Remaining Challenges for the Literacy Partnership

The Literacy Partnership faces a number of challenges in its attempt to implement an RTI model in the general educational preschool setting, among which are: (1) The high rate of teacher attrition from one year to another and, to a lesser extent, within the same academic year; (2) Most of the teachers in the project have not received prior training on basic aspects of oral language and emergent literacy development, or developmentally-supportive teacher-children interaction styles; (3) Issues over usable data collection, especially those collected in the classroom by teaching staff; (4) Effective methods for attaining acceptable levels of treatment fidelity for certain project components (e.g., CLASS) remain a work in progress; (5) Efforts to ensure long-term sustainability of the project (or specific aspects of the Literacy Partnership) are welcomed by the school administrators; yet, in the absence of additional resources for dedicated staff time and fiscal support, sustainability may likely be limited.



Center for Response to Intervention in Early Childhood (CRTIEC)

Consortium partner states: Kansas, Minnesota, Ohio and Oregon

Submitted by:

Charles Greenwood, Judith Carta, Howard Goldstien, Ruth Kaminski, & Scott McConnell

Brief Description of the Center

Center for Response to Intervention in Early Childhood (CRTIEC) is a research center funded in 2008 by the U.S. Department of Education's Institute for Education Sciences, National Center for Special Education Research. The long-term goal of the Center is reduction in the prevalence of children not ready for kindergarten in language, communication, and literacy skills using a Response to Intervention (RTI) instructional approach to language and early literacy in the preschool years. Specific outcomes of interest include: vocabulary, phonological awareness, print awareness and alphabet knowledge, and comprehension. Developing the tools needed to implement an RTI approach with pre-k children will help to ensure that all children have the support they need for success in learning.

CRTIEC is a consortium effort of four partners: Judith Carta and Charles Greenwood at the University of Kansas (the lead institution); Scott McConnell, Tracy Bradfield, and Michael Rodriguez at the University of Minnesota; Howard Goldstein and Robyn Ziolkowski at The Ohio State University; and Ruth Kaminski and Annie Hommel at the Dynamic Measurement Group in Eugene, Oregon. The Center is in its first of five years. The work will be implemented in at least four states (KS, MN, OH, OR) enrolling Head Start, Head Start Childcare, and public Pre-Kindergarten programs.

The main goals of the Center are to: (a) improve existing and develop new assessment tools in support of RTI with language and early literacy goals, and (b) develop and evaluate the efficacy of language and early literacy interventions designed for multiple tiers, specifically Tier 2 and Tier 3. The Center also is conducting a study of Tier 1 intervention as a means

of better understanding the quality and fidelity of Tier 1 instruction, including the prevalence of preschool children in programs needing Tier 2 and Tier 3 interventions.

Within these specific aims, development research is underway. Studies using single-case designs are building promising techniques/instructional components for Tier 2 and 3 interventions. Assessments are being developed for screening, progress monitoring, instructional planning, and fidelity of implementation purposes. These studies involve multiple phases to identify measures that will be used in subsequent validation studies. Multi-site evaluation studies of the developed interventions and assessment system are planned for the last half of the Center's five-year plan.

The Center has two additional aims: providing *Leadership* in the field of early childhood RTI, and *Dissemination* of best practices and resources to the great education community. With respect to leadership and dissemination, several efforts are underway. One is to develop a national RTI early childhood network of professionals with strong interests in the topic. Second is an annual national meeting of interested professionals to present and discuss developments in early childhood RTI and to learn from each other. Third, is maintaining a website providing a range of information on the topic, including reporting of the Center's research plans and findings. Plans include development of an annual state-by-state update on early childhood RTI developments. The Center plans to disseminate its tools, products and research via the website and a variety of publication outlets.

Key Components of Center's Work

CRTIEC is not fielding a complete RTI model, but rather components needed for the success of early childhood RTI models. Relevant RTI components being developed by the Center for early childhood settings include multiple tiers of intervention; a supporting assessment architecture; a framework for problem solving/educational decision making; and evidenced-based curriculum components.

Unique Features of the Center's Work

Early *Literacy Individual Growth and Development Indicators (IGDIs)* lie at the heart of the assessment architecture being developed by the Center. Using the *IGDIs*, teachers can monitor the progress of their children to determine when additional support is needed to help each child succeed. Although in the early phases, the Center plans to use the General Outcome Measurement approach to progress monitoring throughout the project to develop new and improve upon existing *IGDIs**. The Center plans to include quarterly screening of all Tier 1 students to identify those in need of Tier 2 or Tier 3 interventions, and biweekly assessment of progress for children in Tier 2 or Tier 3 intervention to determine the most effective intensity of service for these students.

At the heart of Tier 2 and 3 intervention development is a focus on using strong instructional design principles and components known to impact short-term child growth and development. Several instructional design principles are unique to the Center's approach. First, differentiated instruction with a focus on fewer high priority skills using explicit, systematic instruction in Tiers 2 and 3 will be employed. Second, the Center will insure increased opportunities for child engagement during instruction. Third, individualization and accommodations will be used for children with identified disabilities.

The Center's Tier 2 intervention development approach is an innovative way to use the educational media and materials platform of *Skill-Focused Listening Centers*.

*Development of measures is based on several standards, including American Educational Research Association's 1999 educational testing standards, the National Center on Progress Monitoring's standards, and Division of Early Childhood's Recommended Assessment Practices.

These listening centers will allow for implementation of Tier 2 interventions with monitoring by paraprofessionals. Similarly innovative, Tier 3 teacher-led interventions have been developed. These activities referred to as *BRIEF (Brief, Reading-related, Intensive, Engaging, and Focused)* target a restricted number of evidence-based skills in the four content areas using games, movement, and song to increase engagement and opportunities to respond.

Evidence of Success for the Approaches Used by the Center

The Center's research program is just underway; however, substantial preliminary research evidence by this team and others support current plans and studies. For example, the technical soundness of the *IGDIs* for preschool language and early literacy; as well as other outcomes for younger and older children is reported in the literature. And, the effectiveness of some of the components used in the proposed instructional interventions, such as the *Skill Focused Listen Center* activities (e.g., embedding phonological awareness) is based on completed preliminary research.

Remaining Challenges for the Center

Major work remains to be completed by the Center to provide evidence to support the RTI in preschool components now in development. A tenet of RTI and tiers of intervention is that evidence-based practices be used. The development of assessment and intervention procedures will proceed in an iterative fashion that allows for refinement in the effectiveness and usability of our products. Thus, a series of development studies will create, evaluate, and refine the planned tools and products; and thereafter, larger, multi-site replication will evaluate the products to provide the needed supporting evidence. The final outcomes will be the products, their supporting evidence, the website, and other dissemination activities to make them widely available. A critical aspect of the success of the RTI approach in early childhood will be reasonable cost and feasibility given available staff, limited professional development, and sparse resources to implement and manage the program.



Rockford Early Childhood Program

Rockford Public Schools #205, Rockford, IL

Submitted by:

Margaret Gillis & Susan Busker

Brief Description of Rockford Early Childhood RTI Program

The mission of the Early Childhood Program in Rockford Public Schools in Rockford, Illinois, is “to empower all young children to become effective, enthusiastic, and socially competent learners by creating a bond among children, their families, the school and community”. The Early Childhood Program offers pre-Kindergarten classes to children ages 3 to 5. These pre-K classes are housed in 9 public elementary schools, Roosevelt Community Education Center, Dennis Early Education Center, Fairview Early Childhood Center, two local childcare centers, and one Head Start center.

Rockford Public Schools Early Childhood Program has been working to integrate RTI approaches in preschool settings for approximately one year in order to provide a comprehensive framework for supports and services for all children. The Rockford Early Childhood Program RTI committee includes an administrator, the early childhood special education supervisor, curriculum implementers, a social worker, classroom teachers (including a bilingual teacher), and a special education resource teacher. At this point, the district’s Early Childhood Program RTI plan is still emerging; however, many of the components of RTI are already in place in the program (e.g., research-based curriculum and instruction, research-based assessment including on-going progress monitoring, and a system for problem-solving regarding both behavioral concerns and academic concerns).

In preparation for a full implementation of RTI, the district is concentrating on overall program quality as a starting place for Tier 1. The Early Childhood Program is currently focusing on implementation fidelity of the curriculum and assessment in an effort to make a stronger Tier 1.

Key Components of Rockford Early Childhood RTI Program

The Rockford Early Childhood Program model of Pre-K RTI addresses key components of RTI including research-based curriculum, screening, assessment, progress monitoring, data-driven problem solving, tiered interventions, and parental involvement.

The Rockford model includes use of three research-based curricula to support academic and behavioral goals. These curricula are: High/Scope Preschool Curriculum, Second Step Violence Prevention Curriculum, and Woven Word dialogic reading and social-emotional development program.

All children in the pre-K program are screened prior to program entry using the Early Screening Inventory-Revised and the Ages and Stages Questionnaire: Social-Emotional. On-going screening occurs four times per year using Work Sampling Illinois and on-going behavioral data are collected as needed.

Problem solving involves the use of data teams and educational teams. Data teams and educational teams meet monthly or more frequently as needed. Data teams consisting of the teacher, paraprofessionals, resource teacher, speech-language pathologist, curriculum implementer, and administrator collaborate to review goals and make decisions about academic concerns, including the area of social/emotional development, for groups of students. Educational teams consisting of teacher, paraprofessionals, resource teacher, family support staff, parents, social worker, psychologist, and administrator collaborate to make decisions about academic and/or behavioral concerns for individual students.

Rockford Early Childhood Program plans to implement a three-tiered model of increasingly intensive instruction and interventions. Tier 1 involves the use of research-based core academic and behavioral practices for all children. While still in development, Tier 2 involves supplemental instruction for some children in addition to core curriculum and Tier 3 involves intensive instruction and interventions for individual children in addition to core curriculum.

Family involvement is an integral aspect of Rockford's program, including home visits, conferences, weekly standards-based handouts, family events and parent education. The district believes that families play an important role in the child's education and development and make efforts to involve them in all aspects of the program.

Unique Features of Rockford Early Childhood RTI Program

The Rockford model of Pre-K RTI is unique in that it addresses both academic and social-emotional aspects of learning. The use of data teams and educational teams for decision-making around learning and behavioral needs and goals ensures that children's needs will be met across domains of learning and development.

Rockford is currently in the process of piloting the assessment tool and the Work Sampling Illinois with their students. All children are being monitored 4 times each year for areas in need of development. The committee selected 12 Performance Indicators from the Work Sampling Illinois Checklist to serve as key points to monitor student development. Eight of these points correlated with IDEA Regulations regarding the areas used for determining the Identification of Specific Learning Disabilities, and four additional Performance Indicators were selected from the area of Social/Emotional Development.

Evidence of Success for Rockford Early Childhood RTI Program

The program has found success in implementation of the Tier 1 strategies of research-based curriculum and assessment. Rockford student achievement data show proficient ratings ranging from 86 to 93% across the Learning Areas of the Illinois Early Learning Standards.

The data team problem-solving process is showing signs of success in supporting student progress by providing educators with specific areas in need of improvement, helping to focus their planning and problem-solving discussions.

Another sign of progress and positive change is that one elementary school site that has successfully integrated 38 children from a self-contained special education classroom into the general pre-kindergarten classes. During the 2007-2008 school year, the resource teacher, speech-language pathologist, and special education paraprofessionals provided additional instructional, including small group and/or individual activities.

Results of this pilot showed that only 3 of the 38 students required an evaluation by the diagnostic team and received special education eligibilities during that school year. Of the 8 children who went on to kindergarten at the same site, one student received special education eligibility during the kindergarten year.

Remaining Challenges for Rockford Early Childhood Pre-K RTI Program

Many challenges and questions remain as Rockford continues to develop their Pre-K RTI plan. One challenge is the lack of resources at the pre-k level. While Rockford Early Childhood staff were included in the district and state RTI training, the presentations focused on strategies appropriate for K to 12 education.

Another area the committee is beginning to focus on is the involvement of parents in a Pre-K RTI model including how to provide information and how to engage parents and families in the process at every level. The program plans to examine options for how to include parent education groups and workshops on academics and behavior identified within the RTI process for K-12.



Colorado State Department of Education

Submitted by:
Froma P. Roth & Susan Smith

Brief Description of Colorado's Pre-K RTI Model

RTI at the pre-k level is consistent with the state's core principles: (1) that all students must have access to a rigorous, standards-based curriculum and research-based instruction; (2) that early intervention is essential; (3) that a comprehensive system of tiered interventions is necessary to address the full range of student needs; (4) that students improve when ongoing performance data inform instructional decisions; and (5) when there is ongoing and meaningful collaboration among all professionals and families for problem-solving and decision-making.

Key Components of Colorado's Pre-K RTI Model

Colorado's Pre-K RTI model has adopted the three-tiered RTI problem-solving model that has been implemented in K-12 education since the late 1990s. Its goal is to provide a continuum of evidence-based tiered instruction and intervention with increasing levels of intensity and duration to improve the educational outcomes of all students. Systematic measurement of overall program quality is another critical goal.

Preschool education is provided through local school districts, Head Start programs, and Child Care programs. All public school pre-k programs use an inclusion model with related services and supports provided on an as needed basis. The state at-risk preschool includes an emphasis on the large proportion of the pre-k population who are English language learners. Classrooms are staffed by a variety of professionals including general education teachers, early childhood special educators, and teachers with child care licenses in consultation with early childhood special educators if there are children with identified disabilities in their classrooms.

Parental involvement in all tiers is viewed as key at the statewide and local levels. While there is no initiative specific to the Pre-K RTI process, parents are included in planning and program design efforts at the local level and are invited to problem-solving meetings and RTI workshops. Parents were also part of the state-wide task force for planning RTI from pre-k through high school.

■ Tier 1

In Tier 1, all children receive a high-quality research based curriculum which comprises the core instruction. Universal screening and progress-monitoring measures are administered to each child and are used as baselines to guide instruction, provide information about children who begin the school year at-risk for language and emergent literacy difficulties, and permit an ongoing review of children's learning to support their further development.

■ Tier 2

In Tier 2, more individualized and intensive instruction is provided to children whose performance data indicate the need for additional support. Multiple school personnel can provide Tier 2 instruction including the classroom teacher, special educators, related service providers, or other staff. Data are collected on a regular basis to monitor children's progress and may be geared to examine specific skill areas.

■ Tier 3

Tier 3 instructional supports are provided to children who show the need for more intensive and targeted supports and adaptations than afforded by Tier 2 services. Tier 3 interventions are more individualized than Tier 2 services, are generally of greater frequency, and like Tier 2, the interventions can be provided by a variety of providers. At the present time, most pre-k programs do not have the infrastructure or resources to

provide Tier 3 services, and therefore, Tier 3 services vary greatly across schools. Children's progress is monitored more often, and based on decision-making determinations of the problem-solving team, may involve the administration of diagnostic assessments to carefully examine a child's specific strengths and areas of need. Special education referral occurs after interventions at all three levels or upon request.

Unique Features of Colorado's Pre-K RTI

Colorado is a home-rule state which affords local school districts substantial flexibility and discretion over types of partnerships that can be established to meet the needs of individual communities. In addition, a foundation has been established for adoption of Pre-K RTI since the 3-tiered model is already used in K-12 education as is a tiered approach to behavioral supports (i.e., Positive Behavioral Supports program). Further, an initiative is underway to help Child Find teams* more accurately distinguish between English language learners who exhibit language differences and language disabilities.

Evidence of Success for Colorado's Pre-K RTI

Currently, there are three main groupings of Pre-K RTI implementation, all of which aim toward a clearly articulated connection between RTI and Child Find. These three groupings reflect an emerging stage of systematic statewide preschool RTI implementation of with pockets of fuller implementation.

RTI is implemented through local partnerships between schools, Head Start programs, and Child Care programs in approximately 10-15 of the 178 districts or groups of large and small school districts. Approximately half have been engaged in implementation for 5-7 years, with the remaining half for about 3-5 years. With respect to stage of implementation, consensus has been reached regarding a problem-solving process for meeting the needs of individual learners with identified steps to be taken at different stages, the individuals involved at different points in time, and the information to be shared with parents at specific points in time.

In Tier 1, all districts use one of three statewide-approved measures: (a) Creative Curriculum Developmental Continuum, (b) CORE of High Scope

Curriculum, or (3) Work Sampling, with most using (a) or (b). Documentation of the state-required ongoing assessment information is required at three points during the year. Also in place are individual child progress monitoring protocols, procedures, and timelines which vary across districts.

Systematic use of universal assessment data and progress monitoring data to inform decision-making is at an emergent stage, varying between agencies and problem-solving teams.

Pre-K RTI implementation is in an early developmental phase in an additional 20-30 districts. These districts are collecting information about Pre-K RTI models, attending meetings about Pre-K RTI and RTI, and reviewing documentation and literature regarding application of RTI at the pre-k level. In addition to these sites, there are some program specific initiatives across the state.

Remaining Challenges for Colorado's Pre-K RTI Implementation

The main challenges for full-scale implementation of Pre-K RTI are projected to be resources for sufficient personnel, time, and funding, to build the necessary infrastructure, particularly at the local level. This includes the need for professional development (from pre-service through in-service) related to the provision of high quality evidence-based instruction, the full implementation of universal assessment systems, and availability of educational and related service professionals (e.g., speech-language pathologists) to successfully operationalize Pre-K RTI. Another projected challenge is recognizing that a Pre-K RTI model must be geared specifically for the developmental stages and needs of young children rather than adopting the same model already in use at the K-12 levels.

Finally, state-adopted preschool standards are currently under State Board of Education and legislative review and are to be formalized and aligned with K-12 standards which are already in place. Once standards are in place, a realistic timeline for statewide implementation of Pre-K RTI is 3-5 years. While the existing 3-tier model will likely be used, specific implementation practices are may vary considerably across districts and regions.

*(mandated by Section 619 of Part B of IDEA to guarantee a free appropriate public education to children with disabilities age three through five)



Implementation Considerations for Bringing Pre-K RTI Practices to Scale

Bringing any practice to scale requires clearly defining what the “practice” is. In this paper, we have identified the following key components of Pre-K RTI: a tiered framework for supports and services; screening, assessment, and progress monitoring; evidence-based practices and standard protocols; collaborative problem solving approaches to determining children’s needs; and parent — family partnerships. These components are essential to any Pre-K RTI model and form the basis for determining fidelity of implementation. Reflecting on fidelity helps us determine the extent to which our implementation has been faithful to our model or original design. Fidelity of implementation further helps us assess the quality of our work so that we can plan for improvements. More information on fidelity and a sample “Fidelity of Implementation Rubric for Pre-K RTI” can be found at the following website www.RTINetwork.org/PreKRTIRoadmap.

Planning for the Implementation of a Pre-K RTI Model

To begin planning for Pre-K RTI, the first step is to set up a planning/implementation team. This team seeks to arrive at a consensus regarding the philosophy and framework of the Pre-K RTI program that will be

adopted and how this approach will align with current supports and services. While keeping the team to a workable size is important, it is also essential to include representatives of all key stakeholders. As reflected in the examples provided, each setting included development teams with multiple points of view. Once the planning/implementation team is in place, a series of steps can be followed to begin the implementation process (see page 21).

The initial planning stage will involve seeking answers to a variety of questions (see page 22). In addition to these questions, several challenges must be addressed for Pre-K RTI models to be successful, including: (a) the lack of a unified funding source(s); (b) multiple agencies responsible for early childhood care and education; (c) multiple preschool service delivery settings; and (d) high teacher turnover at the preschool level. The complex nature of early child care and education makes answering these questions more difficult; the answers to these questions may differ across early child care and education settings (e.g., public school, Head Start, center-based, and family-based) and may change depending on the specific configuration of funding and agency oversight. The critical consideration in all initial planning, however, is to consider the capacity building needed to create an infrastructure that will support and sustain the changes made. In this way improvements can become systemic and sustainable.

Steps to Implementing a Program-wide Model of RTI in Early Childhood Settings*

- 1 Ensure Administrative Support and Commitment** — Every program will need a “champion” to make this work. It is important to recognize that across different types of pre-k settings, administrators will have differing levels of training and experience related to the educational and social/emotional needs of young children.
- 2 Establish an RTI Team** — The team should include classroom teachers, administrators, family members, related service providers, and behavior support specialists. This team will be responsible for guiding the adoption and implementation of the program-wide model. Many pre-k programs will not have behavior support staff available. As part of this process, the programs will need to identify a consultant or staff member who can serve in this role. This person may need significant training prior to beginning implementation.
- 3 Develop a Plan for Getting Commitment from Program Stakeholders** — Support of all individuals involved in the initiative should be garnered, including administrators, general and special education teachers, related services professionals (e.g., speech-language pathologists), paraprofessionals, and others related to the program.
- 4 Develop Opportunities for Family Involvement in All Aspects of the Initiative** — Ensure that families are involved in the plan for adopting the model, identifying strategies for sharing the information with families, and evaluating the success of the model. When working with families of young children, it is important to recognize that this may be the family’s first experience with the educational system and therefore may need more information on the team’s role.
- 5 Identify Program-wide Learning and Behavior Expectations for Children** — Identify a small set of realistic expectations that can be implemented across settings within the school. Ensure that they are appropriate for the developmental levels of the children in the program. These expectations should be understandable for teachers, staff, parents, and children.
- 6 Develops Instructional Strategies for Achieving Learning Expectations** — Select strategies that are developmentally appropriate and that can be used throughout the program. Strategies should be embedded into ongoing classroom activities such as circle time and centers.
- 7 Develop a Process for Addressing the Needs of Children** — Develop a problem-solving process that is efficient, effective, and accessible to teachers and others actively involved in the children’s learning. Consider who will facilitate this process and the training needed to develop the expertise of this individual(s).
- 8 Design a Plan for Professional Development and Supporting Faculty/Staff/Families** — This effort should include strategic start-up and ongoing professional development and technical assistance in the classroom that is based on an understanding of participants’ prior training and expertise. Sustained and continued professional development is essential for successful Pre-K RTI implementation and collaboration.
- 9 Collect and Use Data for Decision Making** — The RTI team should identify how and when data will be collected to guide implementation efforts, make decisions about child and program needs, effectiveness, and outcomes (i.e., what has happened based on expectations) associated with the model. This process may be complex given the extent to which data are generally collected in early childhood settings. Further, most pre-k settings do not have a common measure that can be used as a gauge of overall program success.

*Adapted with permission from Hemmeter, Ostrosky, & Fox (2006). Social and emotional foundations for early learning: A conceptual model for intervention. *School Psychology Review*, 35(4), 583-601.

Guiding Questions for Self-Assessment of Readiness to Implement RTI in Pre-K

The following questions can be used to guide the initial process of planning and determining “readiness” for implementing Pre-K RTI.

I. Finding the “Goodness-of-Fit” for Pre-K RTI with Existing Programs and Policies

- A. What is your philosophy or vision for Pre-K RTI and how does this fit with existing philosophies for early childhood, school-aged RTI approaches, and special education services?
- B. What are your goals for Pre-K RTI and how will these goals fit with other program goals already in place? Are there points of synergy across programs (e.g., parental involvement; enhancing student success; existing school performance standards/benchmarks) that can connect the work?
- C. How can the Pre-K RTI approach be integrated into existing structures and policies, what existing structures and policies will have to be modified, and what new structures and policies will need to be created to support Pre-K RTI ?
- D. How will your Pre-K RTI approach fit with existing special education services? What circumstances will determine the child’s need for comprehensive evaluation?
- E. What funding sources will be used to support Pre-K RTI initiatives? How can existing funds be leveraged (e.g., professional development funds, parent support funds) and what new funds can be secured?
- F. What is the overall quality of pre-k services and how is this quality measured and monitored? Will this overall quality need to be improved as part of strengthening Tier 1 supports?
- G. What kinds of professional development will be needed to help ensure that all teachers, staff, and related services professionals have the knowledge and skills to implement your Pre-K RTI model? How will information be shared with parents?

II. Questions to Consider While Designing the Pre-K RTI Model to Meet Your Needs

- A. How many tiers will your approach have and how will supports and services be arranged across these tiers?
- B. What screening, assessment, and progress monitoring measures do you currently use and what do you view as the strengths and weaknesses of each?
- C. What type of collaborative problem-solving process will be used and who will serve on the problem-solving team?
- D. What record keeping procedures will be needed to document the process for the child, family, program, and for overall accountability?
- E. What standards-based and evidence-based curricula will be used?
- F. What instructional strategies are being used and are these strategies evidence-based?
- G. Have responses been identified/developed for children who need additional support to achieve success at each tier?
- H. How will parents and families be involved and supported at each tier?
- I. How will technical assistance and support be provided to teachers to assist their implementation of Pre-K RTI approaches?
- J. Have you developed a strategic plan for this project which includes a focus on sustainability and securing adequate financial and programmatic resources?
- K. What evaluation measures will be used to monitor effectiveness and ensure continuous improvement of the program?



NCLD's Policy Recommendations Related to Pre-K RTI

NCLD has led national efforts to advocate for increasing screening and progress-monitoring in the early childhood years to improve the identification of struggling and at-risk preschoolers. NCLD believes a

clear focus on improving access and quality to early childhood education and early intervention is the best way to help all children build the skills and confidence they need to be successful throughout their lives.

- Promote and enhance national adoption of universal developmental screening of young children's early literacy and other cognitive skills (e.g. Pre-K RTI)
- Support policies that intensify professional development on early behavior and signs of learning difficulty
- Authorize and appropriate necessary funding to demonstrate and evaluate the most promising instruction and early intervention approaches for struggling learners
- Provide flexibility to align practices, policies and the braiding of funding while protecting the federal investment in early childhood education
- Increase federal research that develops valid, reliable methods to improve research-based classroom instruction, interventions and assessments to serve struggling students most at-risk for LD.



Resources

Fidelity of Implementation Rubric

www.RTINetwork.org/PreKRTIRoadmap

The **RTI Action Network** is a program of the National Center for Learning Disabilities, Inc and is dedicated to the effective implementation of Response to Intervention (RTI) in school districts nationwide.

www.RTINetwork.org

To learn more about **Recognition and Response**, please visit:

Recognition & Response Pathways to Success for Young Children a website developed by the National Center for Learning Disabilities

www.recognitionandresponse.org

The **Recognition & Response (R&R)** website developed by FPG Child Development Institute at UNC Chapel Hill provides information about research on the R&R model of instruction and supporting resources and presentations. The R&R study is funded by the Institute of Education Sciences.

www.fpg.unc.edu/~randr/

The **Literacy Partnership** website provides information about the RTI model used in the project and includes resources and additional contact information. The Literacy Partnership is funded by the U.S. Department of Education.

www.literacypartnershipgrant.com

The **Center for Response to Intervention in Early Childhood's** (CRTIEC) website provides information about current research, components of an RTI for preschool system, and resources, sample interventions, and presentations. As part of the Center, a network of individuals interested in Pre-K RTI is being formed. Please visit their website to join the network.

www.crtiec.org

Council for Exceptional Children (CEC) position on Response to Intervention and Recognition and Response for Preschool:

www.cec.sped.org/AM/Template.cfm?Section=Home&CONTENTID=7006&TEMPLATE=/CM/ContentDisplay.cfm

The **Rockford Public School's** Early Childhood Department website provides a variety of resources being used in their implementation of Pre-K RTI

<http://webs.rps205.com/departments/ec/>

The **Colorado Department of Education** has developed several resources connected to Pre-K RTI and RTI **www.cde.state.co.us/**.

A new website is set to launch in Spring 2009.

Authors

Mary Ruth Coleman, Ph.D. is a Senior Scientist at the FPG Child Development Institute, at the University of North Carolina at Chapel Hill, and Research Associate Professor in the School of Education. She directed Project U-STARS — PLUS (Using Science, Talents and Abilities to Recognize Students — Promoting Learning in Under-served Students), and project ACCESS (Achievement in Content and Curriculum for Every Student's Success). She was the Co-Principal Investigator for the Early Learning Disabilities Initiative sponsored by the Emily Hall Tremaine Foundation. Dr. Coleman has numerous publications including the 12th Edition of the seminal textbook, "Teaching Exceptional Children" by Samuel A. Kirk, James J. Gallagher, Mary Ruth Coleman, and Nicholas J. Anastasiow (2008). She has served three terms (9 years) on the Board of Directors for the Association for Gifted (TAG), one of which she was President; three terms (9 years) on the Board of the National Association for Gifted Children (NAGC); and two terms (6 years) on the Board of Directors for the Council for Exceptional Children (CEC). She was president of the Council in 2007.

Froma P. Roth, Ph.D. is a Professor in the Department of Hearing and Speech Sciences at the University of Maryland, College Park Campus. Her current research program is directed at specifying the developmental relationships between oral language, emergent and early literacy, and clarifying the language skills and background factors that underlie the development of phonological awareness and early reading skills. She also has developed a phonological awareness intervention program (Promoting Awareness of Sounds in Speech, PASS), designed specifically for preschool children with identified emergent literacy impairments. Large scale implementation of this program is funded by the U.S. Department of Education as a component of an Early Reading First project directed by Dr. Roth. Dr. Roth was a member of the Committee on the Early Intervention formed by the American Speech, Language and Hearing Association (ASHA), charged with re-formulating ASHA's position and the roles and responsibilities of speech-language pathologists in the identification and management of infants and toddlers with or at risk for communication impairments. She also serves as ASHA's liaison to the National Joint Council on Learning Disabilities. Her publications emphasize issues related to the assessment and treatment of oral language and literacy problems from the preschool years through adolescence. She is the co-author of a basic textbook on speech and language intervention, entitled *Treatment Resource Manual for Speech-Language Pathology* (Thomson Delmar Learning, 2005).

Tracey West, Ph.D. is a research specialist at the FPG Child Development Institute at the University of North Carolina in Chapel Hill. She is coordinator of the National Professional Development Center on Inclusion (NPDCI) and previously worked as a member of the Recognition and Response team at FPG. Tracey completed her graduate studies at the University of North Carolina with a master's degree in Early Intervention and Family Support and a doctoral degree in Early Childhood, Families and Literacy. She has taught children from birth through age 5 with and without disabilities and worked with families of young children in a range of settings. Tracey's research interests focus on the areas of inclusion and early childhood.

Acknowledgements

We express our gratitude to the people who helped make this paper possible. We would like to thank these individuals for sharing valuable information about their work. We would also like to thank Margaret Gillis from UNC at Chapel Hill for her review of this report.

References

- Bagnato, S. J. (2006). Of helping and measuring for early childhood intervention: Reflections on issues and school psychology's role. *School Psychology Review, 35*(4), 615-620.
- Barnett, D. W., Elliott, N., Wolsing, L., Bunger, C. E., Haski, H., McKissick, C., & Vander Meer, C. D. (2006). Response to intervention for young children with extremely challenging behaviors: What it might look like. *School Psychology Review, 35*(4), 568-582.
- Barnett, D. W., VanDerHeyden, A. M., & Witt, J. C. (2007). Achieving science-based practice through response to intervention: What it might look like in preschools. *Journal of Educational and Psychological Consultation, 17*(1), 31-54.
- Berkeley, S., Bender, W. N., Peaster, L. G., & Saunders, L. (2009). Implementation of response to intervention: A snapshot of progress. *Journal of Learning Disabilities, 42*(1), 85-95.
- Bredenkamp, S., & Copple, C. (1997). *Developmentally appropriate practice in early childhood programs*. Washington, DC: National Association for the Education of Young Children.
- Bricker, D., Clifford, J., Yovanoff, P., Pretti-Frontczak, K., Waddell, M., Allen, D., & Hoselton, R. (2008). Eligibility determination using a curriculum-based assessment: A further examination. *Journal of Early Intervention, 31*(1), 3-21.
- Burchinal, M., Roberts, J., Riggins, R., Zeisel, S., Neebar, E., & Bryant, D. (2000). Relating quality of center-based child care to early cognitive and language development. *Child Development, 71*(2), 339-357.
- Buyse, V., & Wesley, P. W. (Eds.). (2006). *Evidence-based practice in the early childhood field*. Washington, DC: ZERO TO THREE Press.
- Coleman, M. R., Buyse, V., & Neitzel, J. (2006). Establishing the evidence base for an emerging early childhood practice: Recognition and response. In V. Buyse & P. W. Wesley (Eds.), *Evidence-based practice in the early childhood field* (pp. 195-225). Washington, DC: ZERO TO THREE Press.
- Coleman, M. R., Buyse, V., & Neitzel, J. (2006). Recognition and response: An early intervening system for young children at risk for learning disabilities. Chapel Hill, NC: University of North Carolina at Chapel Hill, FPG Child Development Institute.
- Coleman, M.R.; Gillis, M., & West, T. (in press). Response to Intervention pre-k: Emerging practices, remaining challenges. *Exceptionality, 17*(3).
- Council for Exceptional Children (2007). CEC's position on response to intervention (RTI): The unique role of special education and special educators. Arlington, VA: Council for Exceptional Children.
- Deno, S. L. (1997). Whether thou goest . . . Perspectives on progress monitoring. In J. W. Lloyd, E. J. Kameenui, & D. Chard (Eds.), *Issues in educating students with disabilities* (pp. 77-99). Mahwah, NJ: Lawrence Erlbaum.
- Elliott, S. N., Gresham, F. M., Frank, J., & Beddow, III, P. A. (2008). Intervention validity of social behavior rating scales: Features of assessments that link results to treatment plans. *Assessment for Effective Intervention, 34*(1), 15-24.
- Fuchs, L. S., & Fuchs, D. (2006). A framework for building capacity for responsiveness to intervention. *School Psychology Review, 35*(4), 621-626.
- Gettinger, M., & Stoiber, K. (2007). Applying a response-to-intervention model for early literacy development in low-income children. *Topics in Early Childhood Special Education, 27*(4), 198-213.
- Greenwood, C. R., Carta, J. J., & Walker, D. (2005). Individual growth and development indicators (IGDIs): Tools for assessing intervention results for infants and toddlers. In B. Heward et al. (Eds.), *Focus on behavior analysis in education: Achievements, challenges, and opportunities* (Chapter 6; pp. 103-124). Columbus, OH: Pearson/Prentice-Hall.
- Greenwood, C. R., Carta, J. J., Baggett, K., Buzhardt, J., Walker, D., & Terry, B. (2008). Best practices in integrating progress monitoring and response-to-intervention concepts into early childhood systems. In A. Thomas, J. Grimes & J. Gruba (Eds.), *Best practices in school psychology V* (pp. 535-548). Washington, DC: National Association of School Psychology.
- Greenwood, C. R., Walker, D., Carta, J. J., & Higgins, S. K. (2006). Developing a general outcome measure of growth in the cognitive abilities of children 1 to 4 years old: The early problem-solving indicator. *School Psychology Review, 35*(4), 535-551.
- Grisham-Brown, J., Hemmeter, M. L., & Pretti-Frontczak, K. (2005). Blended practices for teaching young children in inclusive settings. Baltimore, MA: Paul H. Brookes.
- Guralnick, M. J. (Ed.). (2005). *The developmental systems approach to early intervention*. Baltimore, MD: Paul H. Brookes.
- Hemmeter, M. L., Ostrosky, M., & Fox, L. (2006). Social and emotional foundations for early learning: A conceptual model for intervention. *School Psychology Review, 35*(4), 583-601.
- Hemmeter, M. L., Smith, B. J., Sandall, S., & Askew, L. (2005). DEC recommended practices workbook: Improving practices for young children with special needs and their families. Missoula, MT: Division for Early Childhood (DEC) of the Council for Exceptional Children.
- Hojnoski, R. L., & Missall, K. N. (2006). Addressing school readiness: Expanding school psychology in early education. *School Psychology Review, 35*(4), 602-614.
- Justice, L.M. (2006). Evidence-based practice response to intervention and prevention of reading difficulties. *Language, Speech, and Hearing Services in Schools, 37*, 284-297.
- Kaminski, R., Cummings, K. D., Powell-Smith, K. A., & Good, R. H. (2008). Best practices in using dynamic indicators of basic early literacy skills for formative assessment and evaluation. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology V* (Vol. 4, pp. 1181-1204). Washington, DC: National Association of School Psychologists.
- Kirk, S., Gallagher, J. J., Coleman, M. R., & Anastasiow, N. (2008). *Educating Exceptional Children* (12th ed.). Boston, MA: Houghton Mifflin Harcourt.
- Koutsoftas, A. D., Harmon, M. T., & Gray, S. (2008, October 24). The effect of tier 2 intervention for phonemic awareness in a response-to-intervention model in low-income preschool classrooms. *Language, Speech, and Hearing Services in Schools, Article doi:10.1044/0161-1461(2008/07-0101)*. Retrieved January 9, 2009, from http://lshss.asha.org/cgi/rapidpdf/0161-1461_2008_07-0101v1maxtoSHOW=&HITS=10&hits=10&RESULTFORMAT=1&author1=Koutsoftas&author2=Harmon&andorexactitle=&and&andorexactitleabs=&andorexactfulltext=&and&searchid=1&FIRSTINDEX=0&sortspec=relevance&fdate=1/1/2008&resourcetype=HWCIT
- Luze, G. J., & Hughes, K. (2008). Using individual growth and development indicators to assess child and program outcomes. *Young Exceptional Children, 12*(1), 31-41.
- McConnell, S. R., Priest, J. S., Davis, S. D., & McEvoy, M. A. (2002). Best practices in measuring growth and development for preschool children. In A. Thomas and J. Grimes (Eds.), *Best practices in school psychology IV* (pp. 1231-1246). Washington DC: National Association of School Psychologists.
- McConnell, S. R., Wackerle, A., Roverud, J., Wagner, A., Hays, A., & Missall, K. (2007). Recent research in early literacy assessment and intervention. Paper presented at the National Association of School Psychologists.
- Missall, K., N., Carta, J. J., McConnell, S. R., Walker, D., & Greenwood, C. R. (2008). Using individual growth and development indicators to measure early language and literacy. *Infants and Young Children, 21*(3), 241-253.
- Missall, K. N., McConnell, S. R., & Cadigan, K. (2006). Early literacy development: Skill growth and relations between classroom variables for preschool children. *Journal of Early Intervention, 29*(1), 1-21.
- Noonan, M. J., & McCormick, L. (2006). *Young children with disabilities in natural environments: Methods and procedures*. Baltimore, MD: Paul H. Brookes.
- Odum, S. L., Horner, R. H., Snell, M. E., & Blacher, J. (Eds.). (2007). *Handbook of developmental disabilities*. New York, NY: The Guilford Press.
- Paul, D.P., Blosser, J., & Jakubowitz, M.D. (2006). Principles and challenges for forming successful literacy partnerships. *Topics in Language Disorders, 26*, 5-23.
- Pence, K., L., Justice, L.M., & Wiggins, A.K., (2008). Preschool teachers' fidelity in implementing a comprehensive language-rich curriculum. *Language, Speech, and Hearing Services in Schools, 39*, 329-341.
- Pretti-Frontczak, K., Jackson, S., Goss, S., Grisham-Brown, J., Horn, E., Harjusola-Webb, S., Lieber, J., & Matthews, D. (2007). A curriculum framework that supports quality early childhood education for all young children [Monograph]. *Young Exceptional Children, 9*, 16-28.
- Pretti-Frontczak, K., Jackson, S., McKeen, L., & Bricker, D. (2008). Supporting quality curriculum frameworks in early childhood programs. In A. Thomas and J. Grimes (Eds.), *Best practices in school psychology V* (pp. 1249-1259). Washington, D.C.: National Association of School Psychologists. Texas: Psychological Corporation.
- Recognition & Response implementation guide. (2008). Chapel Hill: The University of North Carolina, FPG Child Development Institute.
- Rogers, P., & Roth, F.P. (in preparation). *Receptive and Expressive Approach to Language Learning (REALL): A vocabulary enhancement program*.
- Roth, F.P., & Troia, G.A. (in press). Applications of Responsiveness to Intervention and the speech-language pathologist: Elementary school settings. *Seminars in Speech and Language*.
- Roth, F.P., Troia, G.A., Worthington, C.K., & Dow, K.A. (2002). Promoting Awareness of Sounds in Speech (PASS): An initial report of an early intervention program for children with speech and language impairments. *Applied Psycholinguistics, 23*, 535-565.
- Roth, F.P., Troia, G.A., Worthington, C.K., & Handy, D. (2006). Promoting Awareness of Sounds in Speech: A follow-up report of an early intervention program for children with speech and language impairments. *Learning Disability Quarterly, 29*, 67-88.
- Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (2005). DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education. Longmont, CO: Sopris West.
- Snyder, P. A., Wixson, C. S., Talapatra, D., & Roach, A. T. (2008). Assessment in early childhood: Instruction-focused strategies to support response-to-intervention frameworks. *Assessment for Effective Intervention, 34*(1), 25-34.
- Troia, G.A., & Roth, F.P. (Eds.) (in press). Responsiveness to intervention: New opportunities and challenges for the speech-language pathologist. *Seminars in Speech and Language*.
- VanDerHeyden, A. M., & Snyder, P. (2006). Integrating frameworks from early childhood intervention and school psychology to accelerate growth for all young children. *School Psychology Review, 35*(4), 519-534.
- VanDerHeyden, A. M., Snyder, P. A., Broussard, C., & Ramsdell, K. (2007). Measuring response to early literacy intervention with preschoolers at risk. *Topics in Early Childhood Special Education, 27*(4), 232-249.
- VanDerHeyden, A. M., Witt, J. C., & Barnett, D. W. (2005). The emergence and possible futures of RTI. *Journal of Psychoeducational Assessment, 23*(4), 339-361.
- Ziolkowski, R. A., & Goldstein, H. (2008). Effects of embedded phonological awareness intervention during repeated book reading on preschool children with language delays. *Journal of Early Intervention, 31*(1), 67-90.

