The Role of the School Psychologist in the RTI Process

The Responsiveness to Intervention (RTI) process is a multi-tiered approach to providing services and interventions to struggling learners at increasing levels of intensity. RTI can be used for making decisions about general, compensatory, and special education, creating a well-integrated and seamless system of instruction and intervention guided by child outcome data. RTI calls for early identification of learning and behavioral needs, close collaboration among classroom teachers and special education personnel and parents, and a systemic commitment to locating and employing the necessary resources to ensure that students make progress in the general education curriculum. RTI is an initiative that takes place in the general education environment.

School personnel can play a number of important roles in using RTI to identify children with disabilities and provide needed instruction to struggling students. These roles will require some fundamental changes in the way general education and special education engage in assessment and intervention activities. Collaborative roles vary with the settings and experiences of those involved. Parents also need to know how an RTI process may help their child and be informed that at any time that they may request a full evaluation to determine eligibility for special education.

RTI may include the following conditions and activities:

- High quality instructional and behavioral supports are in place.
- Scientific, research-based intervention is delivered by qualified personnel with expertise in the intervention used and in the areas of student difficulty.

Numerous national organizations have contributed their time to collaborative discussions and to the introduction to this document. However, this is not a “consensus” document and organizations have not endorsed the separate fact sheets or the job roles written by other organizations representing their own constituencies. The following organizations have participated in this process:

American Speech-Language-Hearing Association (ASHA)
Council of Administrators of Special Education (CASE)
Council for Exceptional Children (CEC)
Council for Learning Disabilities (CLD)
Division for Learning Disabilities (DLD)
International Dyslexia Association (IDA)
International Reading Association (IRA)
Learning Disabilities Association of America (LDA)
National Association of State Directors of Special Education (NASDSE)
National Association of School Psychologists (NASP)
National Center for Learning Disabilities (NCLD)
National Education Association (NEA)
School Social Work Association of America (SSWAA)

1 These personnel include but are not limited to classroom teachers, school psychologists, reading specialists, school social workers, school counselors, occupational therapists, physical therapists, speech-language pathologists, audiologist, learning disabilities specialists, and other specialized instructional support personnel (related/pupil services personnel).
Student progress is continuously monitored.
Data-based documentation is maintained on each student.
Systematic documentation verifies that interventions are implemented with fidelity, integrity, and the intended intensity.
Decisions are made by a collaborative team of school staff who review response data and other information required to ensure a comprehensive evaluation.
Interventions address the individual student’s difficulties at the needed level of intensity and with the support of needed resources and personnel.
A written document describing the specific components and structure of the process to be used is available to parents and professionals.
Parent notification and involvement are documented.

As a school-wide prevention approach, RTI includes changing instruction for struggling students to help them improve academic skills and behavior. To meet the needs of all students, the educational system must use its collective resources to intervene early and provide appropriate interventions and supports to prevent learning and behavioral problems from becoming larger issues. To support these efforts, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) gives more financial flexibility to local education agencies (LEAs). Under the Early Intervening Services (EIS) provisions in the law, to help minimize over identification and unnecessary referrals, LEAs can use up to 15% of their federal IDEA funds to provide academic and behavioral services to support prevention and early identification for struggling learners [P.L. 108-446, §613(f) (1)]. LEAs also have greater flexibility to use up to 50% of any increases that they receive in federal funding for Title I activities. These funds may be used for professional development of non-special education staff as well as for RTI-related activities.

Students who are not achieving when given high quality instruction may have a disability. RTI may be used as part of a process to identify students with specific learning disabilities rather than relying on the use of a discrepancy model as a means of identification. This approach was authorized in IDEA 2004 in the following provision:

(c) local education agencies (LEAs) may use a student's response to scientifically-based instruction as part of the evaluation process; and (b) when identifying a disability, LEAs shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability [P.L. 108-446, §614(b)(6)(A)].

The purpose of this fact sheet is to identify the key roles that school psychologists can undertake when an LEA or school decides to adopt an RTI model. The reader is referred to the additional fact sheets written by the organizations listed on page one that discuss the roles of parents and other school personnel who participate in RTI procedures.

**Challenges and Opportunities of RTI**

The design, implementation, and evaluation of RTI approaches create new opportunities and greater need for school psychologists, while also requiring their active participation in familiar, if expanded, roles. School psychologists’ training in consultation, academic and behavioral
interventions, counseling, research, and evaluation results in a broad range of skills that will be needed as districts implement new RTI procedures.

There are, of course, challenges to school psychologists working in districts that undertake the shift from traditional psychometric (norm-referenced) approaches to a more pragmatic, RTI approach (focused on measuring changes in individual performance over time). Such challenges include the shift from a “within child” deficit paradigm to an eco-behavioral perspective; a greater emphasis on instructional intervention and progress monitoring prior to special education referral; an expansion of the school psychologist’s assessment “tool kit” to include more instructionally relevant, ecologically based procedures; and possibly the need for additional training in all of the above.

**New and Expanded Roles**

School psychologists working in districts that opt to develop RTI procedures can offer tremendous value and expertise at many levels, from system-wide program design through specific assessment and intervention efforts with the individual student.

**System Design**

School psychologists are among the best-trained professionals in the school district to help develop, implement, and evaluate new models of service delivery. These roles include:

- Identifying and analyzing existing literature on problem solving and RTI in order to determine relevant and effective approaches for the local district (or state).
- Working with administration to identify important stakeholders and key leaders to facilitate system change (obtain “buy-in”).
- Conducting needs assessments to identify potential obstacles, concerns, and initial training needs.
- Designing evidence-based models that best fit local needs and resources.
- Planning for and conducting necessary staff training for implementation (e.g., training in evidence-based instructional interventions, evaluating student progress).
- Developing local norms for academic achievement (e.g., curriculum-based measures and other measures of student progress) and monitoring the reliability and validity of these norms over time.
- Implementing and evaluating pilot projects.
- Overseeing district level implementation and ongoing evaluation.
- Engaging in ongoing communication and consultation with administration, school board, teachers, and parents.
• Identifying systemic patterns of student need (e.g., persistent difficulties among kindergarten and first grade students in basic phonics skills) and working with district personnel to identify appropriate, evidence-based intervention strategies.

**Team Collaboration**

School psychologists are often assigned to leadership roles on school teams. Even when not designated as a team leader, the school psychologist is often regarded as a leader pertaining to issues such as assessment, mental health, home-school collaboration, and school-agency collaboration. As members of the intervention assistance and special education teams, school psychologists play critical roles in the implementation of RTI efforts, including:

• Engaging in ongoing consultation regarding implementation issues as well as individual student needs.

• Collaborating in the development of team procedures (e.g., developing procedures for referral, monitoring and evaluation at each tier; developing specific procedures for measuring response to intervention; developing observation and interview protocols, etc.).

• Identifying team training needs and providing, or helping the team obtain, relevant training (including training in applying progress monitoring procedures to decision-making).

• Serving as liaisons to parents by helping them understand the new model and how it impacts their child, thus, helping to ensure that parent input is integrated into each tier of intervention and subsequent evaluation.

• Serving as liaisons to community providers and agencies who may not be familiar with the new models by conducting inservice training about the models to community providers, thus, ensuring appropriate involvement and communication with community providers (with parent consent).

• Providing oversight of progress monitoring and integration of all data in team decision-making.

**Serving Individual Students**

Most school psychologists will continue to spend the majority of their time addressing individual student problems. Within RTI models, these activities will likely include:

• Consulting with teachers and parents regarding early intervention activities in the classroom and at home. Because RTI approaches emphasize early intervention (Tier 1), school psychologists may spend more time and effort at this stage than they did under traditional models.

• Demonstrating (and training) progress monitoring strategies as part of the individual student intervention plan, and assisting staff in interpreting data as part of the ongoing decision-making process.
• Observing students in the instructional environment in order to help identify appropriate intervention strategies, to identify barriers to intervention, and to collect response to intervention data.

• Evaluating the student’s cognitive functioning. As always, the school psychologist plays a key role in the comprehensive evaluation. When students are referred for consideration of a Specific Learning Disability (SLD) or other disability categories, it is essential that the team gathers information about cognitive functioning. Depending on the rules and criteria used in a particular state and district, information regarding cognitive ability might include observations of the student during instruction, historical review of the student’s academic progress and health history, interviews with parents and teachers, review of data reflecting the student’s response to intervention, standardized measures of cognitive ability (such as intelligence tests), and/or direct measures of specific cognitive processes related to specific academic skills. Using multiple sources of data to address the student’s cognitive functioning not only reflects best practices, but also minimizes the impact of biases and limitations of standardized norm-referenced IQ measures, especially for children who are from diverse racial, cultural, linguistic, or economic backgrounds.

• Determining the most useful procedures to address referral concerns and the needs of the individual student. School psychologists may spend less time in formal assessment activities by individualizing the assessment based on student need rather than complying with “gatekeeping” rules.

• Evaluating the student’s relevant academic, behavioral, and mental health functioning. As part of a comprehensive evaluation, the school psychologist should always consider relevant academic, behavioral, and mental health concerns that may impact school performance. This role is no different under RTI models than under traditional models. If behavioral or mental health issues are not easily ruled out in considering academic difficulties, the school psychologist should work with other team members to obtain appropriate, useful data using empirically supported procedures. (More time might be available to address mental health issues under new models.)

• Working with team members and service providers to set realistic goals, design appropriate instructional strategies and progress monitoring procedures, and periodically evaluate student progress for those receiving special education services, using RTI and other data.

Meeting the Challenge

The opportunities for school psychologists working within RTI frameworks are extensive. To some these opportunities may seem overwhelming—where in the workday would there be time to add all of these activities to our current responsibilities? Certainly, if the traditional roles of assessment-for-classification continue, it would be difficult to expand into these new roles. The point of RTI, however, is not to add more tasks but to reallocate school psychologists’ time to better address prevention and early intervention, and in the long run serve more students up front rather than at the point of special education evaluation and service. Where RTI models have been
faithfully implemented, this seems to be the outcome—school psychologists spending more time on services within general education and less time on eligibility assessment activities, leaving more time available to address mental health issues. Some districts report reductions in special education referral and placement; even where placement rates have remained stable, school psychologists nevertheless report a change in the way they spend their time. The reallocation of effort will hopefully lead to more effective interventions, both for students who remain in general education and those who ultimately qualify for more intensive services. The emphasis on problem solving efforts and early intervention within the general education setting also holds promise for reducing the disproportionate representation of students from culturally and linguistically diverse backgrounds in special education.

To meet this challenge, school psychologists will need to be:

- Open to changing how students are identified for intervention; how interventions are selected, designed, and implemented; how student performance is measured and evaluated; how evaluations are conducted; and how decisions are made.

- Open to improving skills (as needed) in evidence-based intervention strategies, progress monitoring methods, designing problem-solving models, evaluating instructional and program outcomes, and conducting ecological assessment procedures.

- Willing to adapt a more individualized approach to serving students while also adapting a more systemic approach to serving schools.

- Willing and able to communicate their worth to administrators and policymakers—to “sell” new roles consistent with the provisions of IDEA 2004.

RTI approaches are an innovative example of new techniques in education that offer numerous opportunities to enhance the practice of school psychology to the benefit of all students.

References and Resources


