



Introduction

Response to Intervention (RTI) was developed in the 1970's when the common method to diagnose children with a learning disability was the 'discrepancy model.'

IDEA (2004) mandated that:

- * Students who had disabilities be educated in the least restrictive environment.
- * Documentation that research-based instruction was not the reason for students' difficulties accessing the curriculum.

RTI was established as an alternative form of identifying children with learning disabilities and was defined as a multitiered (3 tiers) dynamic assessment approach.

- *Tier 1 = General education curriculum (e.g., instruction implemented to all students)
- *Tier 2 = Modifications (e.g., changes in group size, frequency, intensity, etc.) to improve learning
- *Tier 3 = More intensive instruction (e.g., additional changes in group size, frequency, intensity)

Articulation

- Taps (2007) observed the RTI model to be effective in lessening the number of students on an Individualized Education Plan for single sound articulation.

Literacy

- Koutsoftas, Harmon, Gray (2009) utilized Tier 2 intervention (small groups of 3-4 children, twice a week for 6 weeks, 20-25 minutes per session) to improve the phonemic awareness skills of low income preschoolers. Seventy one percent of the children improved their initial sound awareness.
- Moore-Brown, Montgomery, Bielinski, and Shubin (2005) found RTI to be an effective model for identifying ELL students in need of special education. Students were 4th and 5th grade students from an urban school district who participated in Tier 2 instruction one hour a day for nine weeks.

Current Use of RTI in the Schools

Seventy-nine percent of ASHA speech-language pathologists (SLPs) reported participation in RTI. *SLPs reported consultation and the provision of strategies to others to be their primary role (ASHA, 2010).

Research Questions

1. Are Kansas SLPs utilizing RTI within the schools?
2. For what types of speech and language disorders are SLPs utilizing RTI?
3. What factors are impacting the use of RTI in Kansas Schools?

Methodology

Participant:

* 101 SLPs (19.3% response rate)

* SLP Characteristics (N=66)

-90.6% had Certificate of Clinical Competence (CCC)

-89.4% full-time, 10.6% part-time

*Caseload Characteristics

- 19.7% Metropolitan/Urban, 39.4% Suburban, 42.4% Rural Area

- Average caseload 41.1 students (range = 20-65 students)

- Percent of SLPs working in different settings: 39.4 preschool, 86.4 elementary, 34.8 Junior High

-Survey

*Web-based questionnaire (SurveyMonkey)

*27 questions (14 demographic and 12 MTSS/RTI questions, 1 follow-up question)

-Analysis

*Descriptive statistics and logistic regression

Results

Question 1. Use of RTI by Kansas SLPs

* 90.9% used RTI during the previous school year (N=66)

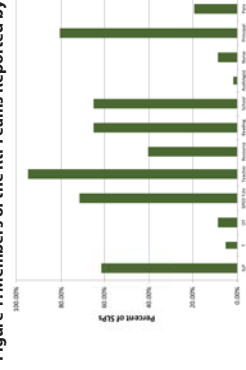
* 79.4% were currently providing RTI (N=63)

-Tier 1= 38.2%

-Tier 2= 76.4%

-Tier 3= 80%

Figure 1: Members of the RTI Teams Reported by SLPs



Question 2. Types of disorders for which SLPs utilize RTI

Figure 2: Six most common disorders for which SLPs provide RTI services

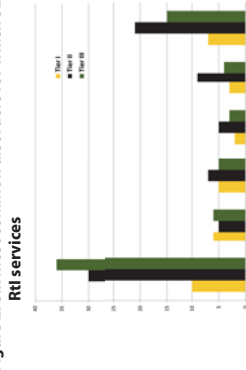


Figure 3: Service delivery models used in RTI services

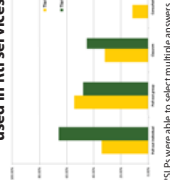
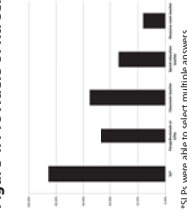


Figure 4: Providers of RTI services



Question 3. Factors that predict the use of RTI

* Logistic regression found caseload size, year of graduation and demographics of the school to not predict RTI participation.

- Full model: -2 Log Likelihood=53.96; ChiSquare=9.24; df=5; sig=.01

Discussion and Conclusion

-Use of RTI in the Kansas schools is higher than that reported nationally (ASHA, 2012).

-SLPs reported a more active role in the provision of RTI services with more individualized services being provided for students in Tier II services as compared to Tier I services than that reported nationally (ASHA, 2010).

-SLPs reported using Tier 2 and Tier 3 services twice as often as Tier 1 services, although national SLPs reported using Tier 1 services (consultation) most often (ASHA, 2012).

-RTI is most often being used for articulation which has some limited evidence of being effective in reducing caseload sizes for SLPs (Taps, 2007). However, other disorders are also being addressed now as well in Kansas.

Future Research

- Does the use of RTI reduce the number of caseloads for SLPs?
- Do SLPs use Tier 2 services in conjunction with the general education curriculum (e.g., social studies, science and math)?
- Does dosage differ for Tier 1 and Tier 2 services?

References

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- Moore, B. J., Montgomery, J. K., Bielinski, J., & Shubin, J. (2005). Responsiveness to intervention: Teaching before testing helps avoid labeling. *Topics in Language Disorders*, 25(2), 148-167.
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