



**National SEA Conference on SLD Determination:
Integrating RTI within the SLD Determination Process**
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Challenges Facing the Field of Learning Disabilities

Summary of a presentation given by Daniel P. Hallahan, University of Virginia

Hallahan's speech focused on two primary areas related to the challenges facing the field of learning disabilities (LD). Related to specific learning disabilities (SLD) identification, Hallahan broached several questions that arise when considering responsiveness to intervention (RTI) as a component of SLD determination. Within a broader context of service delivery, Hallahan noted some of the more pervasive issues facing the field.

REFINING RTI AS A COMPONENT OF SLD DETERMINATION

Although an RTI approach to SLD determination can help address some of the shortcomings of achievement-aptitude discrepancy approaches, several areas within an RTI framework will require refinement before it is used as a component of SLD determination. These concerns are related to issues of implementation, measurement, and policy.

Part of the discrepancy approach criticism is that it has operated as a sole criterion for LD determination. To avoid the recurrence of this problem within an RTI framework, state educational agencies (SEAs) should understand that RTI need not and should not be the only criterion for SLD determination. Multiple criteria help improve the accuracy of identification decisions. To better capture the characteristics of SLD as presented in authoritative definitions, processing deficits, exclusionary criteria, and discrepancy also should be considered as criteria within an identification method.

Although RTI can function as a means of getting intervention services to students identified as being at risk, it is important to remem-

ber that getting services is different from disability determination. Accurate determination should remain the primary goal of an SLD identification method.

Before an RTI framework is implemented, many issues related to training requirements must be addressed. RTI will require an entirely different orientation to identification and an entirely new set of teaching, measurement, and evaluation skills. The requirement for new skills is not confined to one particular subgroup. Special education teachers, general education teachers, school psychologists, administrators, and parents all will need to be ready for and accepting of the changes required. A large burden is placed on the general education teacher to provide evidence-based instruction, implement a system of progress monitoring, and in some cases provide interventions for at-risk students. This is worrisome given that a recent study (Schumm, Moody, & Vaughn, 2000) found that only 10 percent of reading instruction provided by general education teachers is what research shows to be the most effective procedure. In addition to initial training requirements, RTI requires a high level of oversight to be implemented with fidelity. Virtually no data exist on treatment fidelity and RTI.

These issues are exacerbated when considering how to implement RTI on a large scale (e.g., district/state level). To date, most of the research on RTI presents findings when RTI is supported by university and/or research support personnel. How will resources, technical knowledge, and oversight be made available when scaling up? How can we ensure that teachers will be provided the degree of consultation and support necessary

tation and support necessary to make RTI work?

Finally, many technical issues regarding RTI remain. For example, what criteria should be used to decide whether a student has been responsive to instruction? Two methods are currently being examined, an achievement growth or a criterion level. In the tiered service delivery model of RTI, students at risk receive intensive interventions. The question is, how intensive should the instruction be before the student is referred for a special education evaluation? If the intervention is too intensive, the costs associated with implementation will be very high. If the intervention is very intensive and the student makes progress, it may give the false impression that the student does not require special education. One way to help address this concern is through additional research that focuses on students who respond to Tier 2 treatments and then no longer receive the supplemental instruction. Do they maintain their achievement or do they fall behind once the intensive intervention is removed? Is it possible that the need for intensive instruction to achieve is indicative of the presence of a learning disability?

INSTRUCTION, INCLUSION, AND LD

A confluence of policy initiatives has clouded the importance of specially designed instruction for students with learning disabilities. The focus on RTI underscores some of the larger challenges currently facing the field. The underlying problem can be related to the “Dilemma of Difference.” To recognize difference carries the risk of labeling and stigmatizing students, yet to ignore difference runs the risk of neglecting students’ instructional needs. Students with LD exhibit differences in the ability and way in which they learn. Specially designed instruction that is intensive, relentless, iterative, and individualized has been shown to be effective for students with LD, but receiving this type of instruction is based on a categorical approach to service delivery.

The debate over inclusion has been focused on where and by whom instruction is delivered. Although students with disabilities should have access to the general education curriculum, many students do not receive the intensive instruction they need in this setting. Due to the popularity of inclusion and the teaching models that have been developed as a result (e.g., co-teaching), special education teachers spend less time teaching students with disabilities, and more time with administrative tasks. Students with LD do not receive the services they require under a non-categorical approach to service delivery. The concept of the least restrictive environment (LRE) has been synonymous with the general classroom and an “inclusion” program. Individualized education programs (IEPs) require that instructional programming be based on the individual needs of the student, not on the existing services available in the school.

RTI threatens to extend this trend in a way that could result in reduced access to appropriate services. Students with LD require intensive instruction to achieve academically. If the debate in service delivery shifted from *where* and *when* instruction takes place, there could be more focus on the actual instruction (what) and on the child at a young age.

CONCLUSION

The need to provide specially designed instruction is something that we have lost sight of in the field of learning disabilities. For LD to have a viable future, the field needs to regain its commitment to providing intensive, relentless, iterative, individualized instruction for students with learning disabilities that depends on a viable categorical approach to special education service delivery.

REFERENCES

- Schumm, J.S., Moody, S.W., & Vaughn, S. (2000). Grouping for reading instruction: Does one size fit all? *Journal of Learning Disabilities, 33*(5), 477-490.