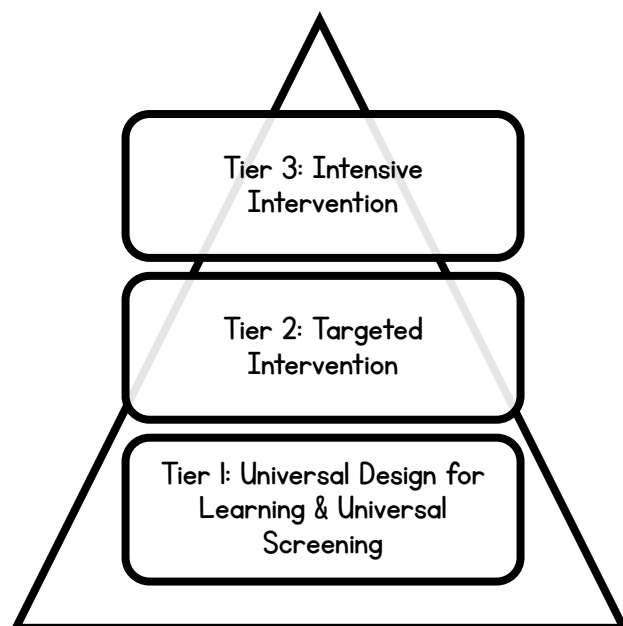


Response to Intervention (RTI) is a framework designed to ensure all students are provided accessible education and support school districts with identifying and supporting students not meeting academic benchmarks.

Key Components:

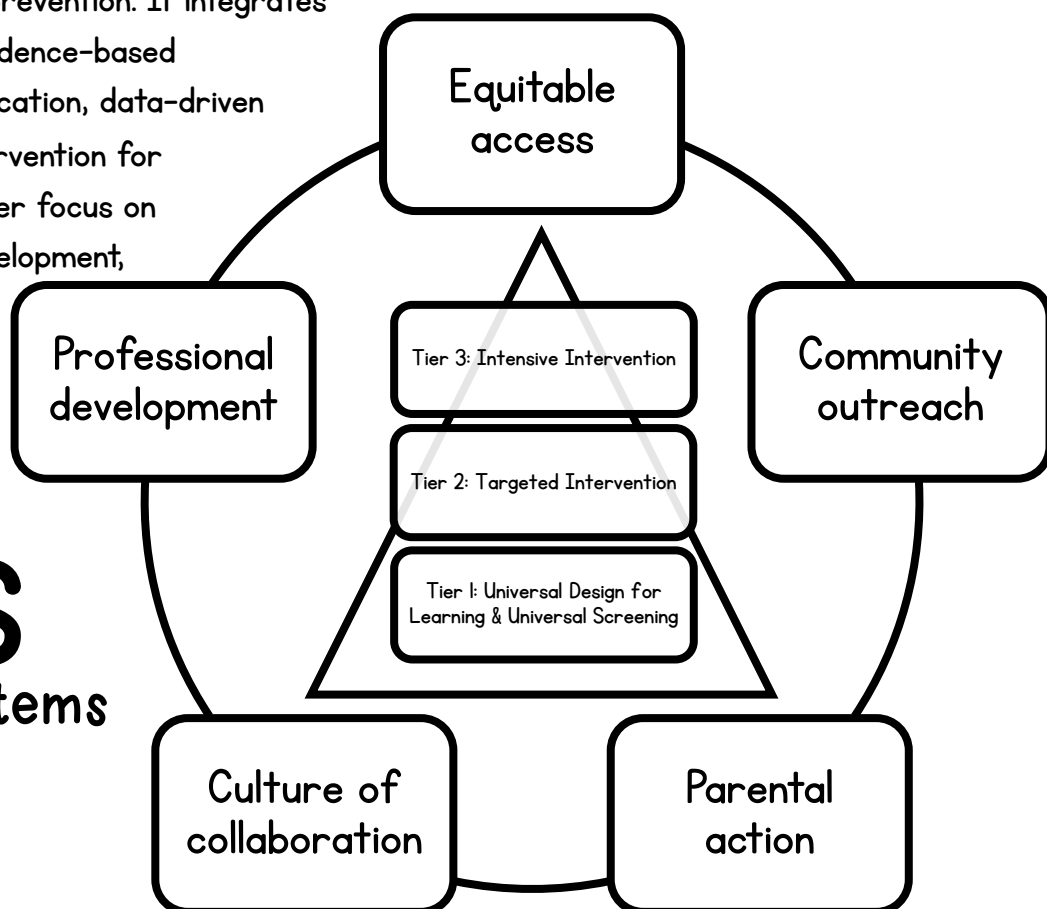
- High-quality, scientifically based classroom instruction provided to all students.
- Universal screening and ongoing progress monitoring to support data-driven decision making with data reviewed frequently by a collaborative team.
- Research-based interventions provided by qualified personnel, matched to student needs, and presented at increasing intensities across tiers to efficiently differentiate instruction.
- Systematic documentation verifies that interventions are implemented with fidelity, integrity, and the intended intensity.



RTI

Response to Intervention

Multi-tiered Systems of Support (MTSS) is a collection of initiatives focused on system-wide change to meet the academic and social emotional needs of all students, with an emphasis on prevention. It integrates the components of RTI (i.e., evidence-based curriculum design, early identification, data-driven decision making, and tiered intervention for struggling learners) with a larger focus on school culture, professional development, and family and community engagement.



MTSS

Multi-Tiered Systems of Support

Reframing MTSS for SLPs

“Rather than thinking of [MTSS] as adding more to an already full plate, SLPs might think about it as the impetus for getting a different plate--an opportunity for doing things differently in school settings.” - Barbara J. Ehren, Ed.D., CCC-SLP, BCS-CL

Professional Issues for School Based SLPs	MTSS as an Opportunity for Change
Not enough personnel	A key component of MTSS is establishing a culture of collaboration and providing valuable, immediately applicable professional development. It is our invitation to increase our visibility and demonstrate our value. We are uniquely qualified to educate others on the language underpinnings of learning and literacy development and provide support in interpreting research and data for informed decision making across the tiers. Increasing our visibility and value could be the catalyst for administration advocating for more SLP support in the schools.
Mystery surrounding our role and our value in the schools	
Ever growing scope of practice	MTSS helps school-based SLPs to streamline our goal for students and creates a place for students before the point of special education eligibility. Our role in MTSS is to collaborate with classroom teachers, administrators, and families to boost oral language competencies, take a diagnostic-prescriptive role in identifying student barriers to academic success, and provide targeted interventions that are educationally relevant.
Limited guidance on how to prioritize treatment objectives	
Limited time	MTSS is a nation-wide response to the need for change in the field of education and it is the perfect opportunity for school-based SLPs to challenge the status quo. It is an invitation to place collaboration and consultation at the center of our role and trial alternative, possibly more effective, intervention models. These changes will allow for more flexible schedules, more students supported before the point of special education referral, and less time on caseload for students requiring targeted and intensive interventions.
Huge caseloads	

Evolving with our role in MTSS means adapting to a more systemic approach to serving schools, including a workload that reflects less traditional service delivery and more consultation, collaboration in general education classrooms. The point of MTSS is not to add more tasks to our already demanding workload but to reallocate time and effort 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. Increasing collaboration with classroom teachers and our presence in the general education setting will make providing curriculum-relevant services, consulting on at-risk students, and participating in data dialogues with grade levels easier and more streamlined. The ultimate goal of MTSS is more effective interventions, both for students who remain in general education and those who ultimately qualify for more intensive services.

What is the role of the SLP across the tiers?

****This will look different at different schools. Speak with administration about what their expectation is for your role in RTI. If they do not have a plan in place, map it out!**

Tier 3: Intensive Intervention (few students)

Intervene

- Collaborate with classroom teachers, parents, and other interventionists to identify students requiring more intensive interventions.
- Provide intensive individualized intervention to students demonstrating risk factors for learning difficulty and who are not making adequate progress given support in Tiers I & 2.
- Analyze data collected across the varying levels of intervention as part of a dynamic assessment process to determine which students are demonstrating learning gaps versus learning disabilities. For those students who are not making effective progress with Tier I & Tier II supports referral for a Special Education evaluation is necessary. ****If a disability is suspected at any tier, do not wait to refer.**

Tier 2: Targeted Intervention (some students)

Consult

- Serve as members of intervention assistance teams to problem solve learning barriers for specific students.
- Consult with classroom teachers, parents, and other interventionists to implement targeted interventions and accommodations.
- Students receive support through a standard intervention protocol or supplemental instruction provided either by the SLP or under their guidance.

Tier I: Universal Support (all students)

Educate & Collaborate

- Educate administrators, educators, and parents on the role that oral language competency plays in curriculum, assessment, and instruction, to support universal curriculum design.
- Help interpret the research to support the district in making informed decisions about curriculum, instruction, and assessment.
- Assist with universal screening/progress monitoring and/or data interpretation.
- Identify systemic patterns of student need by looking through a language lens for breakdowns in the language underpinnings of learning and literacy.
- Collaborate and co-teach with classroom teachers to boost specific oral language skills in the classroom to make the curriculum more robust and equitable

Tier I Resources

Educate

[Roles and Responsibilities of Speech-Language Pathologists With Respect to Reading and Writing in Children and Adolescents - ASHA Position Statement](#)

[Learning About Literacy: SLPs Play Key Role in Reading, Writing by Mary M. Spracher](#)

RTI was a response to the No Child Left Behind Act, which mandated scientifically based instruction to equalize reading disparities among students. The mandate called for action from all school professionals, including SLPs. Currently available research shows reading difficulties are prevalent among school-age children with language impairment (e.g., Catts, Fey, Tomblin, & Zhang, 2002), and early language weaknesses are one of the foremost signs of later reading disability (e.g., Gallagher, Frith, & Snowling, 2000).

Language Underpinnings of Literacy and Learning:

Literacy is essential to success in modern life. Literacy levels predict school completion, vocational outcomes, mental and physical health, and quality of life. Reading comprehension, the ultimate goal of literacy, is the product of oral language competency (comprehension, vocabulary, concepts, & communication skills) and word recognition (phonological awareness, decoding, & fluency) (Scarborough 2001 & Gough and Tunmer 1986). Word recognition is built on the ability to perceive speech accurately, pronounce speech clearly, and understand how speech sounds are combined to form words. These are all aspects of phonology, which is also a domain of oral language competency. Oral language competency >> reading comprehension >> literacy level >> quality of life.

Collaborate

A multi-tiered system of support cannot be effective if the first tier does not include robust, evidence-based language support for all children. Curriculum and instruction that does not include strategies to build oral language competency contribute to the literacy gap and inappropriate referrals. This systematic review completed by [Dobinson & Dockrell \(2021\)](#) compiled a list of instructional strategies with evidence for improving expressive language skills of children ages 4-11. You could use this list of strategies to evaluate whether a particular school or classroom is providing adequate universal language support.

Instructional Strategies that improve narrative language and vocabulary:

- Interactive book reading
- Explicit teaching of narrative structures
- Structured curriculum with embedded explicit language instruction
- SLP involvement, including SLP-led whole class instruction in expressive language skills
- Play-based teaching

Resources for Whole Class Instruction:

- [Story Champs](#)
- [Story Friends](#)
- [Let's Know!](#)
- [MTSS/RTI Whole-Class Language Lesson Implementation Kit](#)

Tips:

- Understand the curriculum and be prepared to explain how your support is educationally relevant and an important support rather than one more thing for classroom teachers to worry about.
- Join Common Planning Times to understand what the students are being asked to do in real time. Shed light on the language underpinnings of the content being taught and instructional practices being used.
- Open-up channels of communication. Explicitly ask the teachers in what ways do you feel your students are not grasping the content you are teaching, maybe I can help!

Tier II & III Resources

Intervention from most collaborative/integrated to least collaborative/integrated:

- Co-teaching
- Consultation
- Pull-out model

Considerations for service delivery selection based on currently available research findings,

- Classroom-based services may generalize more effectively than pullout therapy services.
- Classroom-based services are more effective when the teacher and the SLP collaborate/plan instruction together.
- Traditional pullout intervention is more effective compared to classroom-based services provided without collaboration.
- Pullout intervention is most effective when treatment dose is maximized with some evidence indicating similar outcomes for low frequency, high dose compared to high frequency, high dose, and high frequency, low dose.

Co-teaching	Collaborative Models (Cook & Friend, 1995) • Supportive co-teaching: One person leads the lesson, while the other moves around supporting individual students. • Complementary co-teaching: One person leads the lesson, while the other enhances the instruction by providing visuals, examples, paraphrasing, and modeling. • Station teaching: Students rotate through stations for instruction. • Parallel co-teaching: Students are divided instructed simultaneously, generally the SLP takes the group requiring greater modification to the content. • Team co-teaching: The SLP and the classroom teacher plan, teach, and assess all of the students in the classroom. The teaching partners alternate between serving as the lead or providing support.
Consultation & Coaching	Research shows that student outcomes are increased when peers and other adults are trained to reinforce skills and strategies that the student initially learns and practices with a licensed practitioner. Brock and Carter (2013) conducted a systematic review of research regarding paraprofessional-delivered educational practices. They found that when paraprofessionals are given adequate training on specific evidence-based practices, they are capable of effectively implementing a number of educational practices that improve student academic and social outcomes.
Pull-out Model	2x30/week for everyone is not individualized education, nor is it necessarily best practice. No single model is appropriate for all students, so it is important that we understand the range of service delivery models, and the advantages and limitations of each (Nippold, 2012). Current available research supports a variety of effective service delivery models, as long as we continue to use high levels of therapeutic support (cues, models, etc.) and teaching dose (Byers 2021 & Justice 2016). Scheduling Models: (There is evidence to support each of these models, this is where clinician expertise comes into play. You need to determine based on your students and your district, what service delivery models will be most effective for you.) • Receding Schedule: SLP provides direct services in an intense schedule of increased frequency for a period of time, and then reduces direct services while increasing indirect services. • Cyclical Schedule: the SLP provides direct services to students for a period of time followed by no services or only indirect services for a period of time. • Blocked Schedule: Sessions are longer but less frequent; • Burst Schedule: Speech-language services are provided in short, intense bursts (i.e., 15 minutes 3 times per week).

References

- Acosta-Rodríguez, V. M., Ramírez-Santana, G. M., & Hernández-Expósito, S. (2021). Intervention for oral language comprehension skills in preschoolers with developmental language disorder. *International Journal of Language & Communication Disorders*.
<https://doi.org/10.1111/1460-6984.12676>
- American Speech-Language-Hearing Association. (2006). New roles in response to intervention: Creating success for schools and children. Retrieved February, 28, 2007.
- American Speech-Language-Hearing Association. (2020). Your Child's Communication Development through Fifth Grade. Available from <http://www.asha.org/public/speech/development/communicationdevelopment.htm>
- American Speech-Language-Hearing Association. (n.d.-a). Roles and Responsibilities of Speech-Language Pathologists With Respect to Reading and Writing in Children and Adolescents. <https://www.asha.org/policy/ps2001-00104/>
- American Speech-Language-Hearing Association. (n.d.). School-Based Service Delivery in Speech-Language Pathology. <https://www.asha.org/slp/schools/school-based-service-delivery-in-speech-language-pathology/>
- Brock, M. E., & Carter, E. W. (2013). A systematic review of paraprofessional-delivered educational practices to improve outcomes for students with intellectual and developmental disabilities. *Research and Practice for Persons with Severe Disabilities*, 38(4), 211-221.
- Byers, B.A., Bellon-Harn, M.L., Allen, M., Saar, K.W., Manchaiah, V., & Rodrigo, H. (2021). A comparison of intervention intensity and service delivery models with school-age children with speech sound disorders in a school setting. *Language, Speech, and Hearing Services in Schools*. https://doi.org/10.1044/2020_LSHSS-20-00057
- Catts, H. W., Fey, M. E., Tomblin, J. B., & Zhang, X. (2002). A longitudinal investigation of reading outcomes in children with language impairments.
- Cirrin, F., Schooling, T., Nelson, N., Diehl, S. Flynn, P., Staskowski, M., Adamczyk, D. (2010). Evidence-based systematic review: Effects of different service delivery models on communication outcomes for elementary school-age children. *Language, Speech, and Hearing Services in Schools*, 41, 233-264. Retrieved from [https://doi.org/10.1044/0161-1461\(2009\)08-0128](https://doi.org/10.1044/0161-1461(2009)08-0128).
- Cook, L., & Friend, M. (1995). Co-teaching: Guidelines for creating effective practices. *Focus on Exceptional Children*, 28(3), 1-16.
- Dobinson, K. L., & Dockrell, J. E. (2021). Universal strategies for the improvement of expressive language skills in the primary classroom: A systematic review. *First Language*, 41(5), 527-554.
- Ehren, B. J., Montgomery, J., Rudebusch, J., & Whitmire, K. (2006). Responsiveness to intervention: New roles for speech-language pathologists. Rockville, MD: American Speech-Language-Hearing Association.
- Ehren, B., & Staskowski, M. (2011, May 12). Speech-Language pathologists and RTI. RTI Talks | Speech-Language Pathologists and RTI. Retrieved September 15, 2021, from <http://www.rtinetwork.org/professional/rti-talks/transcript/talk/31>.
- Foley, K., D'Arcy, C., & Lawless, A. (2022). "There's been a huge change": Educator experiences of a whole-school SLP-led project to address developmental language disorder in three Australian secondary schools. *International Journal of Speech-Language Pathology*.
<https://doi.org/10.1080/17549507.2022.2075467>
- Gillon, G., & Dodd, B. (1995). The effects of training phonological, semantic, and syntactic processing skills in spoken language on reading ability. *Language, Speech, and Hearing Services in Schools*, 26(1), 58-68.

- Girolamo, T. M., Rice, M. L., Selin, C. M., & Wang, C. J. (2022). Teacher educational decision making for children with specific language impairment. *American Journal of Speech-Language Pathology*. <https://doi.org/10.1044/2021-ajslp-20-00366>
- Gough, P. B., & Tunmer, W. E. (1986). Decoding, reading, and reading disability. *Remedial and special education*, 7(1), 6-10.
- Green, L., Chance, P., & Stockholm, M. (2019). Implementation and Perceptions of Classroom-Based Service Delivery: A Survey of Public School Clinicians. *Language, Speech, and Hearing Services in Schools*. <https://www.doi.org/10.1044/2019-LSHSS-18-0101>
- Heisler, L.A. and Thousand, J.S. (2019). A Guide to Co-Teaching for the SLP: A Tutorial. *Communication Disorders Quarterly*, 1-6.
- Jiang H, Logan J. Improving Reading Comprehension in the Primary Grades: Mediated Effects of a Language-Focused Classroom Intervention. *J Speech Lang Hear Res*. 2019 Aug 5;62(8):2812-2828. doi: 10.1044/2019-JSLHR-L-19-0015. Epub 2019 Aug 7. PMID: 31390289
- Justice, L.M., Logan, J., Jiang, H., Schmitt, M.B. (2016). Algorithm-Driven Dosage Decisions (AD3): Optimizing Treatment for Children With Language Impairment. *American Journal of Speech-Language Pathology*. <https://doi.org/10.1044/2016-AJSLP-15-0058>
- Kuhn, D. (2006). SPEEDY SPEECH: Efficient service delivery for articulation errors. *Perspectives on School-Based Issues*, 11(1), 3-7. Retrieved from <https://doi.org/10.1044/sbi7.4.11>.
- McCardle, P., Scarborough, H. S., & Catts, H. W. (2001). Predicting, explaining, and preventing children's reading difficulties. *Learning disabilities research & practice*, 16(4), 230-239.
- McGinty, A., & Justice, L. (2006). Classroom-based versus pullout interventions: A review of the experimental evidence. *EBP Briefs*, 1(1), 3-25.
- Nippold, M.(2012). Different service delivery models for different communication disorders. *Language, Speech, and Hearing Services in Schools*, 43, 117-120. Retrieved from [https://doi.org/10.1044/0161-1461\(2012\)ed-02](https://doi.org/10.1044/0161-1461(2012)ed-02).
- Petersen, D. B., Staskowski, M., Spencer, T. D., Foster, M. E., & Brough, M. P. (2022). The effects of a multitiered system of language support on kindergarten oral and written language: A large-scale randomized controlled trial. *Language, Speech, and Hearing Services in Schools*. <https://doi.org/10.1044/2021-LSHSS-20-00162>
- Powell, R. K. (2018). Unique contributors to the curriculum: From research to practice for speech-language pathologists in schools. *Language, Speech, and Hearing Services in Schools*, 49(2), 140-147.
- Roepke, E., Greenwell, T., & Brosseau-Lapré, F. (2019). Service Delivery for Children with Speech Sound Disorders: Evidence for the Quick Articulation Model. *EBP Briefs*. Volume 14, Issue 2. *EB Briefs (Evidence-based Practice Briefs)*.
- Rudebusch, J., & Wiechmann, J. (2013, August 01). Time block after time block. *The ASHA Leader*, 18(8), 40-45.
- Snowling, M. J., West, G., Fricke, S., Bowyer-Crane, C., Dilnot, J., Cripps, D., Nash, M., & Hulme, C. (2022). Delivering language intervention at scale: promises and pitfalls. *Journal of Research in Reading*. <https://doi.org/10.1111/1467-9817.12391>
- Strangeman, N., Hitchcock, C., Hall, T., Meo, G., & Coyne, P. (2006). Response-to-Instruction and universal design for learning: How might they intersect in the general education classroom. Retrieved October, 28, 2008.
- Sylvan, L. (2018). Tiers to Communication Success: How can SLPs join in the MTSS framework many schools are adopting to catch students' special education needs earlier and provide levels of intervention?. *The ASHA Leader*, 23(8), 44-53.
- Ukrainetz, T. A. (2006). The implications of RTI and EBP for SLPs: Commentary on LM Justice.