We are excited to have three new staff members on board. Attika Ishtiaq recently joined us to provide administrative support and has already become indispensable to everyone on staff. Judy Stockton is our new Curriculum - Mild/Moderate Disabilities Coordinator; Sheryl Fahey will be with us part-time, working as an Early Childhood Coordinator. We are also happy to have Clare Talbert back on staff as T/TAC Online Coordinator. We welcome these folks and look forward to “reaping the benefits” of their vast array of educational expertise!

Recognizing “Good” Research

There is no disputing the fact that students benefit when good educational research is used appropriately and thoughtfully. Educators who combine their experience with high quality research generate what can be called “evidence-based practice.” What, however, are the characteristics of high quality research? How can we ensure that we are designing our educational curriculum and teaching strategies on “good” research?

The following list of characteristics is from the National Association for the Education of Young Children (NAEYC), but it can also be used when considering research at any level of education.

NAEYC (2006) suggests that high quality research should:

- Pose a question that can be investigated empirically, as well as contribute to a knowledge base.
- Build on a relevant theory and previous peer-reviewed research.
- Be an independent and objective approach to the research.
- Use research methods appropriate to the specific question being asked.
- Provide a thorough description of methods used in order for other researchers to replicate the study.
- Evaluate alternative explanations for the findings.
- Submit to a process whereby the work is reviewed by other knowledgeable researchers (peer-reviewed).

Although a research study may meet the technical standards for high quality, these are some questions to consider when looking at how well the findings apply to your situation.

- Are the results found in only one study or have there been other studies that lead to a similar conclusion? Review the research literature for a comprehensive picture of the specific issue.
- Was the research conducted on students and programs with similar characteristics to your setting and population? How applicable would these results be to your situation?
- Do the researchers offer both the strengths as well as the limitations of their work? If not, make sure you reflect on what these might be, particularly in terms of your needs for this information.

When relying on the internet for research information, it is important to use credible online sources. Use sites that have specific criteria for posting research studies, such as the web sites listed below.

- The Promising Practices Network (http://www.promisingpractices.net) is operated by the Rand Corporation with information provided by other network members. The site features summaries of programs and practices that are proven to improve outcomes for children. Information has been screened for scientific rigor, relevance, and clarity.

(Continued on next page)
What’s New about Eligibility for Learning Disability: IQ-Achievement Discrepancy/Response-to-Intervention?

By: Nikki Miller Ed.D. VDOE T/TAC Region 4 @ GMU

Since the mid 1970s and the passage of PL-94-142, the Education for All Handicapped Children Act, children have been assessed for learning disability and special education services using the IQ-Achievement Discrepancy Model. This model is based on the normal curve and examines if there is a substantial (severe) difference between scores on an individual Intelligence test (ex. WISC-IV) and on one or more academic achievement tests (ex. Woodcock–Johnson). State departments of education have determined their own definitions of “severe discrepancy”, which tests were to be used, and the size of the discrepancy to be used for eligibility (ex. 1.0SD or 2.0 SDs). Differences in these practices from state to state has lead to inconsistencies in determining prevalence and services for LD between states (Speece, Case, & Molloy. 2003).

Other concerns about the IQ-Achievement Discrepancy Model have been raised:

1. Extensive assessments and time to diagnose LD before intervention is provided to struggling students often results in long delays before a discrepancy is achieved, a wait-to-fail model.
2. Failure to identify LD in early grades results in difficulties closing the achievement gap for struggling students as academic and behavior problems become more difficult to remediate.
3. The IQ-Achievement assessments are unreliable, depending on the assessment used, in assessing certain groups of children, leading to overrepresentation of minorities and English Language Learners in special education. For example, linguistically different children may show a discrepancy but do not have a learning disability.
4. The IQ-Achievement Model is ineffective in identifying skills gaps of academic domains like reading, writing, math and may provide little relevance for the classroom teacher.
5. The current use of IQ-Discrepancy testing for almost every child considered for eligibility to special education consumes significant resources of money and related services personnel.
6. Many students who do not meet the discrepancy criteria would benefit from early identification and support to remediate academic skills.
The current proposed alternative of both policy makers and researchers is RTI or Response-To-Intervention approach. The Individuals with Disabilities Act of 2004 (IDEA; PL. 108-446) permits educators to use RTI as a substitute for or a supplement to the IQ-Achievement Model to identify students for learning disability.

RTI currently has many variations in research and in field testing in several states and districts and is considered an approach not a model. This approach describes a framework for a continuum of services beginning in the general education classroom for all students. Students’ skills are monitored in “response” to research-based, high quality instruction to identify those students with academic and behavioral difficulties who fail to make adequate progress. Student progress is monitored frequently using curriculum based measures and data is collected (often weekly). Students who fail to respond adequately are subsequently provided with increasingly intensive interventions and on-going progress monitoring.

RTI is usually organized into a three or four tier model with varying lengths of time determined for each Tier:

**Tier 1** includes the following elements:
- Universal screening of literacy skills, academics and behavior in the beginning of grades 1 and 2 for all students to identify students at risk.
- High quality program of instruction based on state or district standards for curriculum.
- Use of research-based instructional strategies or materials.
- On-going progress monitoring using curriculum based assessments.
- Students receive differentiated instruction within the general education framework based on data from on-going assessments.

**Tier 2**:
- Students whose level of performance or rate of learning have failed to make adequate progress as a of the majority of their peers in the class receive more specialized and intensive instruction, often up to 30 minutes of additional instruction three to four times a week.
- Progress continues to be frequently monitored.
- Instruction is provided in general education with same-ability small groups.
- General education teacher may receive support or training, consultation as needed.
- Intensive instruction may be within or outside the classroom.

**Tier 3 or Tier 4**:
- Students whose progress still lags behind peers continue to receive intensive instruction with variations on strategies and materials.
- A more comprehensive evaluation using multiple sources of assessment data from standardized or norm-referenced tests may be conducted following the guidelines of special education timelines and state/district mandates.
- Data gathered in Tier 1 and Tier 2 are used to support the failure to respond to adequate general education instruction to determine eligibility for learning disability.
- Parents are informed and included in the planning and monitoring of their child’s progress usually from Tier 2 on depending on the district’s guidelines.
- Students who receive special education designation and services should continue to have progress monitoring to determine if the special education interventions or services are effectively ensuring student achievement.

RTI approach is a problem solving approach closely tied to instruction and has only begun to be implemented in research studies and several states. Some states use a team problem solving design and others are using a protocol that includes identified benchmarks, curriculum based assessment probes, prescribed intervention materials and strategies. Each state and district must make many complex decisions on how to implement the components of RTI in order to have a systematic and effective process in place. It will require new and changed roles for administrators, general education teachers, school psychologist and special educators. It requires defining what “adequate response to intervention is in a particular district or state. It also includes a need for training and collaboration between special education and general education personnel. The goal is to provide earlier and more targeted and intensive intervention for struggling learners in the early grades in the hope of closing the achievement gap for all learners. When RTI is implemented with fidelity it should provide a more accurate determination of students who have a learning disability.

This brief overview reflects several much more detailed research articles and reports of professional organizations on the various components of RTI which are listed as references. The IRIS Center for Faculty Enhancement, Peabody College at Vanderbilt University has also developed three excellent modules for training teachers on the components of RTI as well as a design for a reading module using RTI. See references for email address. The table on the next page summarizes the key features of this overview.

(Look on backside of page for table)
<table>
<thead>
<tr>
<th>What is the underlying purpose?</th>
<th>To eliminate low intellectual ability (IQ) as the reason for reading problems</th>
<th>To eliminate inadequate instruction as the reason for reading problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is targeted?</td>
<td>Students with suspected learning disabilities</td>
<td>Struggling readers</td>
</tr>
<tr>
<td>What process is used?</td>
<td>A prescribed set of standardized tests</td>
<td>Ongoing monitoring of students’ performance</td>
</tr>
<tr>
<td></td>
<td>Identification of discrepancy between IQ scores and achievement scores</td>
<td>Data-driven decisions leading to increasingly intensive services</td>
</tr>
<tr>
<td>What information is typically used?</td>
<td>Scores from standardized tests of intelligence (IQ) (e.g., Stanford-Binet)</td>
<td>Data collected frequently on students’ performance</td>
</tr>
<tr>
<td></td>
<td>Scores from standardized tests of achievement (e.g., Woodcock-Johnson Achievement Test)</td>
<td>Possibly some standardized test scores</td>
</tr>
<tr>
<td>Who is responsible for collecting the data?</td>
<td>Primarily a certified diagnostician or school psychologist</td>
<td>Primarily the general education teacher or other personnel providing instructional interventions</td>
</tr>
<tr>
<td>What is the data used for?</td>
<td>To identify whether or not a disability exists</td>
<td>To guide instructional placement</td>
</tr>
</tbody>
</table>

**References**


