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RTI Models: Teaching Before Testing Helps Students Learn

By Erica Anderson

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In the August, 2005 edition of *Topics in Language Disorders*, Dr. Judy K. Montgomery, PhD, CCC-SLP, published an article about her recently-conducted study, "Responsiveness to Intervention: Teaching before Testing Helps Avoid Labeling." Below, we talk with the study's primary participants: Dr. Montgomery (JM), Barbara Moore-Brown, EdD, CCC-SLP (BM-B), and John Bielinski, PhD (JB). They will tell us about the study—its process, its outcomes, and its value for SLPs.

What interests/compels you most about the Responsiveness to Intervention (RTI) model for SLPs?

JM: I have been dismayed with the "wait to fail" model of determining LD identification for a long time. Many of us in the SLP field have felt that we learn much more about success in intervention from "trial therapy" than we do from standardized testing. Our standardized tests give us a snapshot of performance compared to similar age- or grade-peers and our "trial therapies" let us observe and measure students in often dynamic and more authentic teaching/learning situations. RTI is a type of "trial therapy"—we get to teach young students intensively and observe how they learn *before* steps toward special education need to be taken. RTI makes sense for kids and the educators who care about them.

JB: As Director of Test Development at AGS Publishing, I admittedly came into the project with little knowledge of the specifics of this intervention program. After working with the project, I can tell you I was impressed with the success of the intervention, as well as the methodology used in the project. Replication is one of the most powerful tools scientists and researchers have to demonstrate that something works. This project was conducted with four different cohorts over a two-year period. It was conducted in a real-world situation using regular district personnel who received training in the program. The fact that it was successful in this environment suggests that it could be successful in other school settings. The students who participated had not been responding to other forms of direct instruction or intervention for some time. Yet, within a nine-week program their performance improved significantly.

For this study, the *Group Reading Assessment and Diagnostic Evaluation* (GRADE) was used both as a pre-test and post-test measure of a subject's reading level. The GRADE is divided into levels corresponding to different levels of reading skill. Each level has two forms, A and B. Participants in this study took a different level of the GRADE at the conclusion of the program than they took prior to the program. This reflects a sound methodology—because different items were administered during pre- and post-testing, the gains cannot be attributed to practice effects.

How was the study initially conceptualized?

JM: I had developed a comprehensive language/reading program that has been making a big

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difference for struggling readers in our university clinic (Chapman University; Orange, CA) for 3 years. Dr. Barbara Moore-Brown had prepared her staff at El Rancho School District in Pico Rivera, CA, to embrace the changes that were eminent with IDEA 2004. Barbara and I had both been advocating big changes in the reauthorization of IDEA every chance we could for several years. When it became clear that NCLB and IDEA 2004 were going to literally overlap in the effort to assure that all students read, we decided to see what we could learn about teaching vs. testing.

What role did each participant play in the forming of the study?

JM: As I mentioned, Dr. Moore-Brown and I had been laying the groundwork for this study since before the 2004 reauthorization of IDEA. Once we decided to concentrate on teaching first, we both accumulated as much information as possible about RTI. We read everything we could, attended conferences, and observed programs in our respective regions. Once we had a strong foundation of research, we began to solidify our ideas to use the authentic laboratory of the public school system to try them out. Both Barbara and I believe it is important for SLPs to move themselves into administrative positions in schools, so they can make program decisions and launch evidence-based practices. This study is an excellent example of what can be accomplished in this respect.

JB: With any new treatment or intervention idea, it's critical to have evidence that the program creates positive change for the recipients. You can use standardized tests to provide some of the evidence base for the quality and effectiveness of the treatment or intervention idea. I was pulled into this project to conduct the analyses of the measurement data gathered during the study through the use of the GRADE. In addition, I was tasked to write up the results and contribute to the conclusions. My role was centered around technical information, rather than doing the actual research or implementing the results.

What are the significant results of the study? What do they mean for SLPs?

JM: There are three crucial results of this study. Briefly, they are:

1. Only a small number of children who are struggling to learn actually have language and/or learning disabilities. Most of them need to be intensively taught—*not* intensively tested.
2. Under the new changes in IDEA 2004 and the overlapping principles of NCLB, SLPs may provide intervention for students who need our services, but are *not* in special education. One of the best ways to reduce paperwork is to effectively serve students while avoiding the procedures and processes inherent in special education. SLPs have much greater flexibility than we often think we do, and we remain key players in assessment and diagnosis—not just testing for special education eligibility.
3. SLPs are vital members of the school team. We are focused on literacy, curricular standards, and functional outcomes. Good communication skills are the foundation for academic achievement—that is our role. It is what we do.

JB: To me, the significant results are that overall, students who had not responded to other forms of intervention as a whole responded well to this intervention program. We have evidence of that in a number of ways:

- Reduced or absent referrals to special education
- Positive increases in classroom language skills
- Improvement in scores on the GRADE

The success of programs like this is felt by educators, SLPs, and most importantly, the students we help.

BM-B: These results show what went well in this project—students learned without having to be placed in special education. The RTI program has become an integral part of how business is done in the El Rancho School District, and has grown in popularity since the test was conducted. It is now part of the culture of the school district. For example, the principals asked that we use the program with all of our summer school classes in general education this past summer. This was a *huge* step in the right direction, and the parents within the school district are *very* pleased.

For SLPs, RTI is a whole new way to do business. It means many possibilities for SLPs to change how we bring students into our caseloads, as well as how we reintroduce ourselves into the school site in a prevention mode. RTI allows us to gain control over assessments and the problem of too many referrals. It allows us to provide education to teachers and parents, as well as students.

What are your suggestions for SLPs in working with RTI models and participating in research/evidence-based practice?

JM: As SLPs, we are fortunate to provide services to children within a discipline that has a very robust research and practice base. Not everyone in special education today can say that. It is important for all of us to periodically review our intervention strategies and be sure that we are using the most current ideas and research findings. The field never stands still—it is constantly evolving. The new RTI models are based on the portions of our highly prized research that reject cognitive referencing and mechanistic language functioning, embrace rapid automatic naming, and incorporate intense mass-practice, metacognitive skills and executive function. These are the ways we can reach the most students in the best way possible.

What other thoughts would you like to share with your fellow SLPs about the research experience?

JM: Not all of us can conduct research in our work place. Quite frankly, not all of us should. In fact, our role as practitioners is *not* to experiment, but rather to carefully match what we know to be good practice with the temperament, interests, and values of each of our clients. This requires us to read widely, engage in meaningful professional growth experiences, and attend professional conferences. In turn, this lets us constantly seek more effective ways to help students communicate well enough to achieve and enjoy the companionship of family and friends. Language is a pervasive part of each life, and SLPs can serve as the glue that unites the child with his or her environment.

BM-B: This project was very exciting for all of us. It is great so see that we can do research in schools with such meaningful results. We couldn't have done it without the help of everyone on the team, and from the school district's principals and interventionist, who were willing to try something new in order to provide the greatest opportunities for their students.

Resources

Moore-Brown, B.J., Montgomery, J.K., Bielinski, J. & Shubin, J. (2005). Responsiveness to Intervention: Teaching before Testing Helps Avoid Labeling. *Top Lang Disorders*, 25.2, 148-67.

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