

Guidance on using Response to Intervention (RTI) in Preschool and Kindergarten Classrooms

Response to Intervention (RTI) was written into law with the 2004 reauthorization of the Individuals with Disabilities Education Act (IDEA). The concept of RTI builds on recommendation made by the President's Commission on Excellence in Special Education in 2002 that all children in kindergarten through 12th grade, regardless of learning difficulties, should first be considered general education students, embracing a model of prevention. RTI is intended to provide individual children with classroom-based interventions using ongoing assessment information, and input from teachers and families. In July 2012, the U.S. Office of Special Education Programs Response to Intervention: Fundamentals for Educators, <http://www.ideapartnership.org/media/documents/RTI-Collection/rTI-fundamentals-defined> RTI as providing high quality instruction and interventions matched to student need, with frequent monitoring of progress to make changes in instruction or goals and applying child response data to important educational decisions.

As RTI has become an important part of educational practice within K–12 schools, there has been increased interest in the application of RTI to young children's programs 0 through 5 years of age (National Early Childhood Technical Assistance Center, 2012). In 2013, the Division for Early Childhood (DEC), the National Association for the Education of Young Children (NAEYC), and the National Head Start Association (NHSA) created guidance for programs for children 0-5 years on the relationship between RTI and the unique contexts of early childhood programs: Frameworks for Response to Intervention in Early Childhood:

<http://www.naeyc.org/content/frameworks-response-intervention>

This document discusses how the key practices of RTI and the key practices of high-quality intentional teaching in early childhood and preschool programs both include the following commonalities:

- differentiated instruction and specification of a multi-tiered system of supports including universal, targeted and individualized supports (e.g., supports for reading, math, or other content areas as needed, or social/emotional development);
- early provision of supports or intentional teaching/caregiving with sufficient intensity to promote positive outcomes and prevent later problems;
- use of child data to inform teaching and responsive caregiving practices; and
- use of research-based, scientifically validated practices to the maximum extent possible (Batsche et al. 2005).

However, early childhood professionals should be aware that there can be misinterpretations concerning RTI. These programs usually focus on one just area of learning (e.g., reading or math) and can include inappropriate practices like pull-out instruction for basic skills, over-emphasis on discrete skill-drill approaches, and generally deviate from the best practices of a developmentally appropriate early childhood curriculum and assessment. School programs using the state-approved preschool curriculum and assessments models have already provided the necessary high quality supports for content differentiation and do not need extra RTI supplements or programs.

That said, the NJ Division of Early Childhood Education does recommend a multi-tiered RTI evidenced-based approach for positive behavior supports and preventing persistent challenging behaviors in preschool and kindergarten-aged children – the Pyramid Model and Positive Behavior Supports (PBS): (<http://www.challengingbehavior.org/>, <http://csefel.vanderbilt.edu/>). This program is offered free of charge by the Office of Head Start and Child Care Bureau Center for Social Emotional Foundations for Early Learning (CSEFEL) and can be embedded seamlessly along with the state approved preschool and kindergarten curriculum and assessment models and has evidenced-based positive outcomes for young children.