



January 25, 2013

Tennessee State Board of Education
9th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243-1050

Dear Dr. Nixon and Members of the Board:

Recently we became aware of the RTI Task Force that was assembled to examine the State's approach to Specific Learning Disability (SLD) identification. More recently, we learned that the Task Force has recommended elimination of the discrepancy model for SLD identification in Tennessee to rely solely on an RTI model. While we have some appreciation of the general reasoning and the intent for such a decision, we feel compelled to voice our disagreement with this recommendation, and would like our concerns aired at the meeting to be held February 1.st There are a number of limitations associated with a rush to adopt RTI at this time, and we express some of those below

Currently, only a minority of school systems in Tennessee have an approved RTI plan in place, and the overwhelming majority of the approved systems, are approved only for reading, and more specifically, reading fluency. One major reason for the lack of implementation of RTI across systems to this point is practical and resource driven; it's extremely expensive and time consuming for systems to assemble all of the necessary components to assess and intervene with the required fidelity to determine SLD in all eight areas identified under federal law: listening comprehension, oral expression, written expression, basic reading skills, reading fluency, reading comprehension, mathematics calculation and mathematics problem solving. For some systems, the resources are available to an extent, but for many systems, the burden would likely be overwhelming. The current process is better, as it allows those systems that can and want to apply an RTI process to do so, while also providing an avenue for systems to use a discrepancy model.

Other concerns that limit the utility and more importantly the validity of the RTI process relate to identification outcomes. For example, students identified as having a SLD via the RTI process only because they exhibit academic functioning below some arbitrary cut score (e.g., lowest 10%) and rate of progress with empirically-based intervention (e.g., lowest 25%) may not have a learning disability at all, but may have an intellectual disability, overall low average cognitive and commensurate academic skill levels, or emotional problems. To be inclusive, any RTI model should include a full assessment at the end of the tiered sequence for those who still may be making unacceptable progress. This assessment process should be capable of identifying other exceptionalities. We are pleased that the process described in Addendum A in the Procedural Manual continues to call for a comprehensive evaluation, consistent with federal law. But there

is no stipulation that children must exhibit an uneven pattern of strengths and weaknesses and there is currently no mechanism for high ability children with relative academic deficits to even be screened or referred for assessment. Further, Addendum A allows for administration of only IQ screeners, which can result in misidentification of students who may or may not have an intellectual disability. *At the least, if RTI is adopted as the only method for SLD identification in Tennessee, which we disagree with, some modifications to the process in Addendum A are sorely needed.*

As noted above, as currently implemented, most RTI models identify only those at the lowest end of the academic continuum, and most likely in oral reading only, and fail to identify those who may be limited in other areas (e.g., math) and those who may be intellectually gifted but also have a learning disability. Students in these categories may be functioning slightly above the RTI cutoff in reading but still need help, or they may need help in other areas that are not scrutinized within the model. Finally, while the tiered process of implementing interventions within successively smaller groups identified as being below grade level is intuitively helpful, there is little research that has systematically evaluated interventions empirically within areas outside reading fluency. Less than a handful of systems have even attempted to implement an RTI plan for mathematics, and those systems are only assessing basic math facts. None of the systems in the State, to our knowledge, has a process in place to adequately evaluate or systematically intervene with any of the other areas of SLD. In addition, there are only a few scientifically validated interventions for the other areas of SLD, and even fewer validated curriculum-based-measures to assess progress in those areas. Relying solely on RTI may present a logistical nightmare. We know, based on three years' of curriculum-based reading and math data from a district in East Tennessee that students who qualify for tiered instruction in reading are very likely to qualify for tiered instruction in math. If systems extend RTI screening and interventions to even two or three more areas of SLD, there would be not enough time in the school day to offer tiered interventions!

Finally, the RTI process does not require that educators take into account the defining characteristic of a learning disability as the definition is currently written into federal law, i.e., a processing deficit that undergirds an academic deficit. Consequently, the recommended state guidelines might advocate a process that allows a disconnect between the law and its implementation. In fact, we continue to recommend, as two of us did in 2007 when Tennessee first adopted RTI, that Tennessee adopt "the use of other alternative research-based procedures for determining whether a child has a specific learning disability" in order to be in compliance with the regulations of IDEA 2004, (Federal Register/Vol. 71, Nov. 156), e.g., one that links cognitive limitations to academic deficits for individuals who have average or better overall cognitive capacity as described by some experts (e.g., Flanagan, Ortiz, & Alfonso, 2007, *Essentials of Cross-Battery Assessment*, 2nd Edition). As you are probably aware, the Learning Disabilities Roundtable concurred that SLD is a valid construct characterized by intraindividual cognitive and academic strengths and weaknesses. In 2007, in a letter to Ann Sanders, one of the authors of this letter proposed that Tennessee pilot an alternative method that would eventually replace the IQ-achievement discrepancy approach and rely at least in part on RTI as an important, but not exclusive, part of the screening process.

Ultimately the State Department of Education might legitimately phase out the IQ-achievement discrepancy approach for a scientifically-validated approach that would include a strong prereferral component (i.e., RTI in some of the basic academic areas) but still retain assessment

of cognitive and academic abilities/skills consistent with empirically-validated patterns of SLD at the end stage, such as phonologically-based reading disability, math learning disability, and nonverbal learning disability. We recognize some of the problems associated with the non-RTI models, but we also recognize that most of those limitations are related to failure to implement best practices from current research (e.g., no requirement that empirically-based academic interventions be linked to specific academic and cognitive weaknesses).

One additional reason we recommend deferring this decision relates to implementation of common core curriculum standards. Most current CBM measures that are available for use in RTI focus mostly on simple skills like reading and math fluency. The common core heavily emphasizes application and deep understanding. We suspect that more sophisticated and comprehensive CBM measures will be needed to accurately identify at risk students as common core standards are implemented across the state.

In summary, while a recommendation to go “all in” with an RTI Process to identify students who have Specific Learning Disabilities seems intuitively efficient, there are some serious limitations associated with this recommendation as currently proposed. We have described some of those limitations above. We believe adoption of the Task Force recommendation is only *superficially* appealing, and consequently we disagree with the recommendation, and request that the Board reject it.

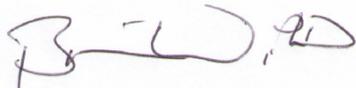
Sincerely,



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