

Response to Intervention Applications in Early Childhood Settings: Misunderstandings and Misconceptions*

Although there is no single or uniform way of carrying out RTI, a set of common features help define and conceptualize RTI in EC. Given the widespread movement toward implementing RTI across ages and settings, and the varied strategies used in implementation, a number of misunderstandings and misconceptions have arisen (Greenwood et al. 2011).

Misconception #1: RTI requires that children go through a multi-tiered system of supports prior to being referred to special education, thereby delaying and often restricting referral to special services.

The overarching intention of RTI is to promote positive outcomes for all children by providing timely and effective teaching and caregiving support. Through frequent data collection, those children who are not making sufficient progress receive earlier, more intensive support that is matched to their needs. The expectation is that this additional support will help improve the child's rate of learning and narrow the gap with typical rates of development. A significant assumption is that children will not have to wait for referral to special education services, including an evaluation and diagnosis, in order to obtain additional support. ***Children are not required to undergo and fail an RTI process prior to referral or evaluation for special education services*** (Musgrove 2011). Implementation of RTI frameworks in EC should not reduce or impede the rights and privileges for gaining access to special education services (Council for Exceptional Children [CEC] 2007). Further, the early intervention aspects of IDEIA clearly indicate that RTI or other related statutory language ***may not be used*** to delay appropriate evaluation of a child suspected of having a disability or delay the provision of services, and that RTI models ***may not replace*** a comprehensive evaluation (Hozella 2007). Moreover, a parent or teacher has the legal right to request an initial evaluation to determine whether a child has a delay or disability (IDEIA 2004).

Misconception #2: RTI focuses only on academic skills.

A fundamental element of RTI in EC frameworks is the use of appropriate teaching and caregiving practices to match the child's needs and enhance outcomes. Within RTI in EC frameworks, matched support can be appropriately applied to outcomes from any curricular area (mathematics, literacy, and science) or developmental domain (language, social-emotional, and motor), and as such does not exclusively apply to academic outcomes (Greenwood et al. 2011).

Misconception #3: RTI promotes teaching practices that are inappropriate for young children.

The basis of any RTI framework is an emphasis on effective and differentiated teaching and caregiving practices to help all children reach intended outcomes. Concerns may arise in the implementation of RTI with young children when the practices and principles of K–12 are pushed down and applied without consideration for the uniqueness of early childhood development and learning. Concerns may also arise in the way programs choose to implement higher tiers of instruction or support within RTI in EC frameworks, because how to do so is still open to debate. EC RTI frameworks embody the characteristics

of intentional teaching and developmentally appropriate practice. For example, *teachers and parents can increase the level of support for children by intentionally embedding learning opportunities throughout daily routines. Teams can also provide additional support by using a wide variety of materials, creating interesting and engaging environments for purposive play and learning, and supporting pro-social behavior and peer relationships.*

Misconception #4: RTI promotes the use of ability grouping, particularly in center-based programs.

At higher tiers, targeted teaching and caregiving practices might be implemented in small groups. Contrary to some perceptions about grouping, this does not imply that children are separated for all teaching or that children who need additional support are isolated from peers; such practices would be inappropriate and indefensible given the importance of peer interactions for young children. While some small-group sessions may include homogeneous groups of children, these groupings will typically occur for only a very small part of the day or for a particular activity, and participation can be optional. Small groups are a typical way of organizing learning experiences for young children in ECE programs. Targeted small group teaching is just one way of providing more intensive support, and not only homogeneous but also heterogeneous small groups may be used to provide targeted teaching. For example, a child on the autism spectrum might join in a small group of children with communication delays for a language lesson in the morning and with a heterogeneous small group of children that includes age-appropriate language models for a cooking activity in the afternoon.

Misconception #5: The top tier of RTI is special education.

In the past, especially in K–12 models, RTI has been used as a diagnostic tool to determine if students need special education services. Appropriate use of RTI frameworks in EC includes the provision of tiers of support that consist of additional, adjusted, or more intensive teaching to meet the needs of the children being served, but is not defined by a connection to special education services. Of course, through RTI (a dynamic and fluid process), data are collected to make a variety of decisions, and the data may be useful as an aid in special-education eligibility determination. Certainly, any given child, identified or not identified for special education services, may, at some point in time, receive teaching on a select learning outcome at the foundational level of support while simultaneously receiving more intensive teaching for other learning outcomes. For example, it would be expected that children with disabilities who participate in inclusive early learning classrooms or natural environments where RTI is being implemented would be accessing and participating in the high-quality curriculum being offered to all children, while receiving more intensive supports (when needed and appropriate) on their individualized goals—but still within the context of ongoing activities and routines. While RTI in EC does not preclude identification for special education, and may support teams in making appropriate referrals for eligibility for special education services diagnoses, RTI frameworks have the goal of supporting teaching and caregiving rather than identification of a delay or disability.

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Greenwood, C.R., Bradfield, t., Kaminski, R., Linas, M., Carta, J.J., & Nylander, D. (2011, May). The response to intervention (Rti) approach in early childhood. *Focus on Exceptional Children*, 43(9), 1-24.