

Curriculum and Instruction Department  
Response to Intervention (RtI)

# FREQUENTLY ASKED QUESTIONS

## Definition

▲ **What is Response to Intervention (RtI)?**

Response to Intervention is designed as a school-wide, tiered model for identifying and providing early intervention to all students falling behind their grade-level peers in reading, mathematics, and behavior. RtI is the practice of 1) providing high-quality instruction and intervention matched to student need; 2) monitoring progress frequently to make decisions about changes in instruction and behavior management, and; 3) applying the child's response data to important educational decisions.

▲ **What are the core principles of RtI?**

RtI includes the assumption and belief that all children can learn. Early intervention, multi-tiered model of service delivery, research-based, scientifically validated interventions, monitoring of student progress to inform instruction, and use of data to make decisions make up the core principles.

▲ **What are the components of RtI success?**

The components of RtI success include fidelity to interventions, collaboration/commitment among all stakeholders, administrative support, training and follow-up training focused on data collection and analysis, progress monitoring and documentation of intervention.

▲ **Why RtI?**

RtI is a legal requirement of NCLB 2001 and IDEIA 2004 promoting improved achievement by all students through stronger research based instructional practices and early intervention, thereby reducing over identification for special education. States can no longer require districts to solely use IQ/achievement discrepancy to identify students as learning disabled (LD). Students can no longer be identified for special education services without documentation that low achievement is not due to lack of appropriate instruction in reading, mathematics, or behavior. The re-authorization of IDEIA provides an open door for special and general education to work together so more students can achieve academic progress in general education.

▲ **What are the tiers of instructional intervention for RtI?**

There are 3 tiers of instructional intervention and support to ensure that students' learning needs are addressed in a focused manner. Tier I refers to school-wide intervention through core instruction. Tier II refers to targeted group instruction. Tier III refers to intensive intervention. In the SAISD, the tiers are represented by a pyramid addressing reading, mathematics, and behavior systems.

## Process

▲ **Who coordinates the RtI process at the district level? Who coordinates the process at the campus level?**

At the district level, the RtI process is coordinated by the Senior Executive Director for Curriculum and Instruction. At the campus level, the process is coordinated by the Curriculum Instruction Coordinator (CIC) who acts as the RtI Coordinator. Other campus administrator(s) may assist as needed.

▲ **What type of data does the RtI Committee use to make decisions on a student?**

Developmental history, social/emotional and behavioral history, language factors, TPRI/Tejas Lee data, TAKS data, formative assessment data, grades, responses to strategies, attendance, accommodations and interventions, etc. constitute RtI data collection. Any data, current or historical, that helps to provide a 'picture' of the student's need/problem must be considered and documented.

▲ **Does the Rtl process need to be initiated on every student who demonstrates academic difficulties? Who initiates the process and when should the Rtl process be initiated?**

All students receive core instruction at Tier I. The teacher generally initiates the Rtl process; however, the process can also be initiated by other campus staff knowledgeable of the student and his/her academic needs. Rtl documentation is based on a preponderance of evidence and does not need to be initiated on every single student that demonstrates one or more of the characteristics listed below:

For **elementary** level students, Rtl documentation should be initiated when TPRI/Tejas LEE scores show the student may not meet the year's reading or mathematics expectations, when the student is in danger of being retained, when the student has experienced TAKS failure, when the student's behavior is interfering with learning, or when the student has a chronic illness that is interfering with learning.

For **secondary** level students, Rtl documentation should be initiated, when a student is in danger of being retained, when the student has failed to pass the TAKS, when the student's behavior is interfering with learning, when the student has been retained in the past and is currently failing two or more core subjects, and when the student has a chronic medical problem that is interfering with learning.

▲ **How long do Rtl interventions have to be tried?**

Interventions must be implemented for a minimum of 15-18 weeks per tier, unless documentation shows a critical academic, health, emotional and/or behavioral need. Consult with evaluation staff or appropriate professional staff for critical cases. If, during the intervention time period, it appears the intervention is not a good match, current and historical data collection and analysis must be used to determine which intervention would be a better choice.

Regardless of which intervention is selected, teachers must allow sufficient time for the intervention (s) to have an impact on learning.

▲ **At what tier of the Rtl process is the parent involved? Who is responsible for making initial parent contact and when does this take place?**

Parents can be actively involved at all tiers. The referring teacher makes the initial parent contact to share academic and/or behavioral concerns and secures the *Health Information* form prior to the Tier I Meeting. The Rtl coordinator provides the parent with the Parent Rtl Team Meeting Invitation and explains the *Notification of Intervention and/or Informed Parent Consent for Response to Intervention Data Collection* prior to Tier II movement. Once developed, the written plan is shared with the parent by the Rtl Coordinator.

▲ **Does the Rtl process have to be restarted each year or when a student transfers to another school?**

No. The process is cumulative and continuous cross campuses; however, data and parent consent for Rtl data collection is valid for one calendar year. Rtl coordinators, referring teachers, and other key staff will have interactive on-line access to Rtl documentation when a student moves to another campus within the school year.

▲ **What type of documentation is required from Rtl Coordinators to assist in ensuring that the Rtl process is in place at each campus?**

Rtl Coordinators may use the **Campus Planning Form** for Rtl team planning of the process at the start of the year. Through training sign-in sheets and the **Rtl Campus Information Form**, the Rtl Coordinator documents the date and format for campus Rtl training. Tracking the number and status of referrals will occur through the interactive on-line system. The **Rtl Referral Campus Tracking Roster** can be used for paper/pencil tracking.

▲ **Once the Rtl process becomes a referral, what can delay the evaluation after an Rtl Coordinator submits the referral to the district level? What can be done to prevent a delay?**

Outdated, inconsistent, incomplete and/or missing documentation can delay the referral at the district level. Another cause for delay is when a recommendation is made at Tier III at the campus level but the referral is not submitted until several months later. Date of initial referral for special education is critical and constitutes countdown date for specific program services. Special Education evaluation staff is responsible for securing parental consent for evaluation at the Tier III meeting.

▲ **Must we honor a parent's request for testing?**

Yes. We must honor a parent's request for testing, but the request must go through the Rtl process. If the process does not justify testing for a disability, then the process stops without a referral for testing and Prior Written Notice of Refusal is provided to the parent.

- ▲ Must we honor psychological evaluations and/or medical reports from outside sources such as physicians, agencies, other school districts?**

Yes. We must consider all sources of information but the RtI process must be implemented. Consult special education evaluation staff assigned to your campus for guidance. If a full evaluation is provided and the school has documented evidence of academic or behavioral issues, the RtI Committee may staff at Tier II.
- ▲ When do we use Spanish RtI forms?**

Spanish RtI forms are required when non-English speaking parents/guardians must read and complete and/or sign a document. If the parent is providing information written in Spanish, it must be translated to English before submitting it to the necessary departments. An interpreter may record the parent's information in English. The interpreter must sign the form as such.
- ▲ Do referrals for Dyslexia, Section 504, and Special Education, including Speech, have to go through RtI?**

Yes. RtI referral guidelines must be followed prior to consideration for any instructional service/program (Dyslexia, Section 504, Special Education, DAEP, and General Education Homebound). If evaluation for any additional disability is requested, return to RtI process to provide interventions.
- ▲ Can we move through the RtI process more quickly for medically fragile students in need of a 504 and/or special education referral?**

Yes. When a student has a medical condition that interferes with learning, the documentation process can be expedited at Tier I. Check with dyslexia and/or special education staff to ensure the student meets the definition of "medically fragile".
- ▲ When would it be appropriate to invite the campus nurse to the RtI meeting?**

If the student has a medical condition that could be a contributing factor to the academic difficulties being experienced by the student, the campus nurse should be present at an RtI meeting to provide information and serve as a resource to the committee.
- ▲ At what point should the nurse practitioner be contacted for intervention?**

If the student is suspected of having a medical and/or behavioral condition that is negatively impacting the academic achievement of the student, the campus nurse should be involved in the RtI process. If the student does not have a health care provider, the campus nurse will facilitate a request for nurse practitioner consultation.
- ▲ What forms constitute the new RtI process?**

Both elementary and secondary plans consist of the 1) *RtI Student Intervention Plan* to include Tier I, II, and III documentation, all assessments and progress monitoring reports, 2) *RtI Student Status Log*, 3) *Health Information*, 4) *Parent RtI Team Meeting Invitation*, 5) *Notification of Intervention and/or Informed Parent Consent for RtI Data Collection*, and 6) *RtI Required Items Checklist*.
- ▲ What should be done with SSTs initiated last school year?**

If the SST committee has not met with the parent, the recommendation is for the RtI Committee to review each outstanding SST and make a decision on whether to proceed with the process or provide the student the opportunity of instruction and intervention using the new curriculum guides prior to testing consideration.

On SSTs where parent consent for testing has been secured for dyslexia, consult with the parent to explain RtI and opportunity to implement the new interventions prior to testing consideration. On SSTs where parent consent for testing has been secured for special education eligibility, refer the case to the diagnostician for review and action. The diagnostician will determine if they will proceed with testing or complete a "Prior Written Notice of Refusal to Provide Services."

**After October 1<sup>st</sup>, only referrals that include RtI intervention documentation will be accepted for dyslexia and special education.**
- ▲ How do students get placed in Tier II or Tier III intervention?**

TPRI/Tejas LEE or TAKS scale scores must be considered by the RtI Committee for placement on Tier II. Following October benchmark results, RtI math expectations are used to consider movement to Tier II. For movement to Tier III, student must complete Tier II interventions. Tier III requires increased intensity and frequency of support.

▲ **Can the *Notification of Intervention and/or Informed Parent Consent for Response to Intervention (Rtl) Data Collection* form only be used for Tier II movement?**

The parent consent form can be utilized to notify parent of movement to Tier II and/or at any time an observation is needed by any of the support individuals listed on the parent consent form.

## Team

▲ **Will the Rtl Team take the place of the Student Support Team (SST)?**

Yes. Rtl serves as a proactive, problem-solving, process that must be used for all students in order to refer for any assistance, support service or educational program. All additional support will be discussed and approved through Rtl. The process has been streamlined and the forms have been changed to reflect the new process.

▲ **What is the role of the Rtl team?**

The role of the Rtl team is to meet on a regularly scheduled basis, provide support to teachers who request assistance, clarify and prioritize issues or concerns, provide strategies or interventions for academic and behavioral issues, evaluate progress, and make decisions and recommendations based on data. In essence, the Rtl team is tasked with defining the problem, developing a plan, implementing the plan, and evaluating the plan.

▲ **What is Rtl not?**

Rtl is **not** a one person committee or an automatic referral to special education. It is **not** a collection of signatures to complete referral paperwork, and it is **not** a process that excludes parents. Rtl should **not** make decisions without documentation or a thorough review and discussion of the data and response to intervention

▲ **Who comprises the Rtl Team and how often should they meet?**

The Rtl Standing team is comprised of the CIC who serves as Rtl coordinator, an administrator, referring/general education teacher, the student's parent/legal guardian, student as appropriate, and other professionals whose expertise/knowledge will contribute to the decision-making process. Based on the number of campus referrals, the committee reaches consensus regarding meeting frequency at the start of the year (committees should meet a minimum of once per month or more often if needed).

▲ **What are some characteristics of Rtl team members that should be non-negotiable to ensure a strong and effective team?**

In addition to being respected and approachable by other staff members, Rtl team members should demonstrate a commitment to district and school's instructional goals and programs, willingness to accept responsibility for at-risk students' progress, knowledge of multiple teaching strategies and interventions, experience in interpreting data, and ability to maintain confidentiality

▲ **What type of training is offered for Rtl Coordinators?**

Rtl Coordinators (CICs) receive targeted training on use of the SAISD Curriculum Guides through the Curriculum and Instruction Department. Rtl coordinators also receive training on the Rtl process, resources, and utilizing data to drive Rtl decisions. Additional trainings provide opportunities to refine skills in collecting and analyzing data, exploring academic and behavioral interventions, and chairing and coordinating Rtl Meetings. Ongoing support is provided through the Rtl website, professional literature resources, campus support personnel, email, phone calls, etc.

## Instruction

▲ **How will appropriate instruction be ensured?**

As a result of the recent district curriculum audit, curriculum guides have been developed that will enhance learning for all students through implementation of written, aligned, coordinated and articulated curriculum that promotes continuity and cumulative acquisition of skills and knowledge from grade to grade and from school to school. Frequent measurement of student progress to assess students' academic performance will evaluate the effectiveness of instruction.

▲ **What will Rtl do for teachers?**

Rtl will validate teaching effectiveness, assist in determining deficit areas immediately, set individual student goals and determine progress, document evidence of student growth and track progress through data collection. In addition, Rtl will establish team support for teachers.

▲ **Who are the students at-risk?**

At-risk students include those who 1) demonstrate poor achievement and/or motivation; and 2) fail to progress due to lack of opportunity, such as chronic absences, truancy, or mobility. As per the Stewart B. McKinney Homeless Assistance Act, evaluations of the strengths and needs of homeless children including needs and eligibility for programs and services should be expedited.

▲ **Should RtI documentation be initiated for Kinder and first year First grade students?**

Early identification is critical as is ensuring that students are allotted sufficient opportunity for learning. If a Kinder or First grade student is demonstrating difficulty despite opportunities for learning and appropriate development, it is important to initiate the RtI problem solving process to begin defining and implementing additional interventions.

▲ **What is the difference between instructional and non-instructional intervention?**

Instructional interventions are the backbone of the RtI process. They are supplements to the core curriculum and instruction linked to assessment. Non-instructional interventions include preferential seating, modified or shortened class assignments, peer tutoring, etc.

▲ **Do students who have been retained or students who have not passed TAKS automatically go to Tier III?**

No. Retainees and non-TAKS passers must go through the RtI process.

▲ **Who provides interventions for eligible students?**

Certified, trained professionals provide tiered interventions for eligible students. The RtI focus should be on services needed and WHAT and HOW the student is doing **not** WHERE the service is provided. With the exception of Life Strides and TLC units, ALL students should benefit from Tier I core instruction.

▲ **Will special education teachers receive Voyager materials?**

Special Education teachers will also receive Voyager materials and need to be figured into the teacher-student ratio when planning intervention groups. Special education teachers may teach non-special education students during intervention periods.

## Behavior

▲ **What if a student is experiencing serious emotional and/or behavioral problems?**

If a student is experiencing serious emotional and/or behavioral difficulties, the RtI Committee may decide to proceed with a referral to special education provided appropriate strategies and interventions have been implemented and progress documented. Documentation of severity is critical.

▲ **Who does an RtI Coordinator contact when requesting support with a behavioral concern?**

The RtI Coordinator is asked to contact the diagnostician assigned to the campus. The diagnostician will request a consult with the LSSP or behavioral specialist. A behavioral log that can be utilized until the RtI behavior component is in place is accessible through the RtI website.

## Dyslexia

▲ **When can a student be assessed for dyslexia?**

If at any time during the student's Tier II intervention or after receiving Tier II intervention (maximum of 10 weeks), the student's progress in the essential components of reading warrants continued intervention **AND** the student demonstrates characteristics associated with dyslexia (difficulty reading words in isolation, difficulty decoding nonsense/unfamiliar words, slow and/or inaccurate reading, and spelling), the student should be recommended for a formal assessment of dyslexia. An additional consideration is that poor reading performance must be unexpected for the child's age, educational level or cognitive ability. The campus Committee of Knowledgeable Persons (CKP) should consider all collected information. **A student cannot be identified with dyslexia if there are questions as to whether the student was exposed to appropriate instruction.** *The Dyslexia Handbook- Revised 2007.*

▲ **How is instruction for dyslexia different than other reading instruction?**

Teachers (general education or special education) who provide instruction for students with dyslexia must be trained in instructional strategies that utilize individualized, intensive, and multisensory, phonetic methods and a variety of writing and spelling components.

▲ **What are the required intervention/s for dyslexia?**

Dyslexia identified students should be provided intensive small group reading intervention that is scientifically, research based and emphasizes the five essential components of early literacy (i.e., phonemic awareness, phonics, fluency, vocabulary and comprehension). *Voyager* at the elementary level and *Voyager* or *Read 180* at the secondary level are required dyslexia interventions. *ISM* may be used with students whose primary deficit is decoding.

▲ **What should be done if a student has been in dyslexia for over 18 weeks and shows no progress?**

For eligibility purposes a scientifically research-based intervention such as *Voyager* must be implemented. Complete Tier III interventions. Progress monitor every 10 days. If student is not successful as documented through progress monitoring, complete Tier III form for referral.

▲ **What should be done if a student gets tested for dyslexia and is a DNO or further testing is recommended?**

It depends on why the student is a DNO or why further testing is recommended:

1. If it is due to a comprehension problem, and not decoding, and comprehension was not addressed at initial referral at Tier I, return to RtI Tier I, document strategies on Tier I form, and follow RtI process.
2. If a student was DNO for dyslexia because they could not respond appropriately to test questions, implement Tier III interventions. If student is not successful and further testing is recommended, address recommendation using the Tier III recommendation form.
3. If *ISM* has already been implemented, use *Voyager*. Adjust intensity and frequency of intervention and follow RtI process.

▲ **What should be done with students who do not qualify for dyslexia but the evaluator documents reading difficulties?**

If a student is tested for dyslexia and does not qualify but the evaluator does not make a specific recommendation for intervention, the Committee of Knowledgeable Persons (CKP) must consider all available data and make a recommendation for intervention in the specific reading area/s noted. Tutoring, Tier III intervention, or any other appropriate campus program may be recommended.

▲ **What if a student is experiencing evidence of a writing, written expression and/or math problem? Would that referral go to special education testing without going through dyslexia?**

Yes. ONLY if there is data to support the existence of a reading, decoding problem does a referral have to go through dyslexia testing.

### Speech/Language

▲ **Does a student who is suspected of having speech/language problems have to go through the RtI process?**

Yes. As for every other special education eligibility, a referral for an evaluation for a speech/language evaluation is preceded by a period of time when intervention strategies are provided to the student in the general education setting.

▲ **Is there any way in which RtI for speech/language is different from the process for other handicapping condition?**

The time period at each of the tiers is shorter for speech/language. The suggested time at each tier is 6 to 8 weeks, in contrast to the 18 weeks suggested for students who have academic or behavioral problems. However, as for academic, developmental and behavioral problems, a student may spend more time at each tier, if the interventions implemented prove to be successful.

The interventions offered for speech/language are not as formal as the ones for reading (*Voyager*) and math (*Neufeld*) and they are not provided during an intervention period. Intervention strategies for speech/language should be provided throughout the day, in all courses/classes in the general education setting.

▲ **What does speech/language intervention look like at Tier II?**

At Tier II, the speech therapist (SLP) or speech therapy assistant (SLPA), and/or the speech therapist on contract with the district may begin to work with small groups of students on specific problems in speech/language. Before he/she begins this small group (3-5 students) work, the parents of the general education students must be notified in writing (use *Notification of Intervention and/or Informed Parent Consent for RtI Data Collection*) that the instruction from an SLP/SLPA will be provided as a part of the RtI process. These groups may include students who have been tested and placed in special education as SI, who are receiving speech services in the general education classroom to fulfill the objectives of the IEP, as well as students who have not been evaluated or identified through the ARD process as speech-eligible students.

At Tier II, the general education teacher can also provide small group support to students who demonstrate weaknesses in speech/language skills. The SLP/SLPA may provide ideas for instruction, materials and advice on creating activities to provide the appropriate interventions to these students.

▲ **What does speech/language intervention look like at Tier III?**

Tier III interventions are very similar to the support provided at Tier II, except that the groups contain fewer students. At this tier, the groups include 1 to 3 students. The interventions may be provided by the general education teacher or the SLP/SLPA, with the written permission of the parents of the general education students. Again, these groups may include students who have been identified as SI-eligible and those who have not been identified as special education SI students.

In addition to smaller groups, the amount of time spent in direct instruction in speech/language should increase in duration.

▲ **Can the speech therapist screen the student to determine whether or not to pursue the RtI process and eventual referral for evaluation?**

No. Informal screening procedures actually are a form of an evaluation and require the written consent of the parent. If the teacher is not sure if the student displays a significant speech or language deficit, the SLP can assist with general suggestions for the teacher to implement in the classroom. He/she can participate in the whole class instruction, designing lessons to focus on problems that may be evident, and the SLP/SLPA can work with the student in small group settings if the intervention process moves to Tier II.

▲ **Are there any circumstances in which a referral for evaluation can be expedited?**

Yes. If a student demonstrates severe articulation, voice or fluency disorders, he/she may be referred for a speech evaluation immediately. Such conditions would include articulation so poor that the child was unintelligible, unusual quality of the voice, or stuttering. This option should be reserved for only the most significantly impaired students, and the decision to refer for testing should be at the recommendation of the speech therapist in a formal RtI Tier III meeting.

▲ **What paperwork is completed when a student meets criteria for expediting RtI and is immediately referred for a speech evaluation?**

The following forms must be completed:

- In most cases, *the Notification of Intervention and/or Informed Parent Consent for (RtI) Data Collection* form should be the first form completed, when a general education or special education teacher indicates that there is a child who displays severe speech or language problems in the classroom. The permission of the parent will allow the SLP to interact with the student to determine if the problems are so significant that the tiers of RtI should be omitted and the case taken directly to a referral for special education.
- The *Health Information* form should be completed, prior to the RtI meeting.
- The *Parent Response to Intervention (RtI) Team Meeting Invitation* should be completed and returned by the parent.
- *RtI Student Status Log*. Complete this form at an RtI meeting, noting that at the recommendation of the SLP, the speech/language problems appear to be so significant that direct intervention of a therapist may be needed. All the required members of the RtI committee should be present and should sign the form. The SLP must also be in attendance and agree with the recommendation to move directly to a speech/language referral.

Then the referral to special education would be done by completing the following:

- Complete the information on the form, *Referral for Special Education Evaluation*.
- Complete the *Classroom Observation*.
- Attach a copy of the *Home Language Survey*.
- Have the parent complete the *Home Language Preference*.
- Attach copies of the PCR information.
- Attach work samples representative of the work that the student is doing in core areas
- Provide the parent/guardian with a copy of the *Notice of Procedural Safeguards and A Guide to the Admissions, Review, and Dismissal Process*
- Obtain informed consent for the evaluation with the *Notice and Consent for Full Individual Evaluation*

**▲ If a student has already been identified under some other handicapping condition, may the ARD or REED committee recommend a speech evaluation without providing interventions for speech/language?**

The ARD or the REED may document the concerns about the student's speech/language and the strategies that have been implemented for support, but before an evaluation is considered, the RtI process must be implemented. If the student is in special education under another handicapping condition, the RtI process should be followed for speech/language. If the interventions are not successful, at the end of the Tier III process, when a decision is made to refer for a speech evaluation, a REED should be held to gather existing data and to ask for a speech evaluation. All of the REED documents should be completed and the REED should be conducted by the educational diagnostician or the LSSP on that campus. The SLP should participate in the REED meeting.

**▲ If a student has been identified as a speech impaired (SI) student, may that student be referred for an FIE for consideration of eligibility for other handicapping conditions through an ARD or a REED?**

The ARD or the REED may document the concerns about the student's academic progress and/or behavior and the strategies that have been implemented for support, but before an evaluation is considered, the RtI process must be implemented. If the student is in special education as SI, the RtI process should be followed to support academic, developmental or behavioral problems. If the interventions are not successful, at the end of the Tier III process, when a decision is made to refer for a full individual evaluation (FIE), a REED should be held to gather existing data and to ask for an FIE. All of the REED documents should be completed and the REED should be conducted by the speech therapist who serves that campus. The educational diagnostician or LSSP should participate in the REED meeting.

**Who can I contact if I have questions or concerns regarding the RtI process?**

You can contact the campus RtI coordinator and/or the  
Dyslexia, Section 504 Department at 210-354-3983

## Response to Intervention (RtI) Team Resources

### Campus Personnel Support:

#### Campus Instructional Coordinator/Reading and Math Specialist/Diagnostician

- ▲ Academic – Reading, Mathematics, Writing
- ▲ Classroom Management

#### Counselor/Licensed School Psychologist/Behavior Specialist/Autism Specialist

- ▲ Behavioral
- ▲ Social/Emotional
- ▲ Community Agency Support

#### Speech Language Pathologist

- ▲ Speech and Language

#### Nurse/Nurse Practitioner

- ▲ Medical

#### Social Worker

- ▲ Community Agency Support

### Professional Literature Resources:

#### Academic

- ▲ *Locating and Correcting Reading Difficulties*; Shanker and Ekwall
- ▲ *Intervention Activities Guide*, Texas Primary Reading Inventory; Texas Education Agency
- ▲ *Intervention Activities Guide*, Tejas LEE; Texas Education Agency
- ▲ *Overcoming Dyslexia*; Shaywitz, Sally
- ▲ *The Learning Disability Intervention Manual*; Hawthorne Educational Services, Inc.
- ▲ *The Dyslexia Handbook Revised 2007*

#### Response to Intervention Resources:

- ▲ *RtI and the Classroom Teacher, A Guide for Fostering Teacher Buy-in and Supporting the Intervention Process*, LRP Publications
- ▲ *Response to Intervention (RtI) Overview and Considerations, ESC 20*
- ▲ *The Response to Intervention Handbook, Moving from Theory to Practice*; Ogonosky

#### Behavioral/Emotional

- ▲ *The Attention Deficit Disorders Intervention Manual*; Hawthorne Educational Services, Inc.
- ▲ *Community Assistance Directory*, United Way of San Antonio and Bexar County
- ▲ *Teacher's Guide to Behavioral Interventions*; Hawthorne Educational Services, Inc.

#### Speech/Language

- ▲ *Speech and Language Classroom Intervention Manual*; Hawthorne Educational Services, Inc.

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