Response to Intervention: Implications for Early Childhood Professionals

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Response to intervention (RtI) is a multitiered, problem-solving approach that addresses the learning difficulties of all children. RtI models are outcomes driven and incorporate both a prevention and an intervention focus. Further, RtI models provide a structure in which educational teams can identify areas of concern and engage in a process of providing immediate support for struggling children. The foundational principles of RtI provide educators with guidance on how to match the needs of children with appropriate levels of support to ensure that instructional opportunities are effective and foster continued progress.

Conversations regarding RtI are taking center stage throughout the field of education. It is difficult to pick up a journal article, read a newsletter, or attend a professional conference where the topic of RtI is not only present but also prevalent. The surge of attention on RtI can be attributed to changes in the field, including an emphasis on early learning standards and progress for all, a movement toward preventive practices and early identification of struggling learners, the use of scientifically based practices to recognize and respond to individual needs, and the promotion of professional competencies to foster learning in the least restrictive and natural environment (Bender & Shores, 2007; Jimerson, Burns, &
VanDerHeyden, 2007b). The principles of RtI present a new way of organizing efforts for supporting the progress of all children. Speech-language pathologists (SLPs) are likely familiar with or have begun to hear more about RtI. Interest in the application of RtI has expanded the roles and collaborative opportunities for SLPs. Specifically, SLPs working in the area of early childhood education are hearing about different applications of RtI as a means or framework for providing quality services for diverse groups of young children, which extend beyond many K–12 interpretations of RtI.

Successful application of the principles of RtI requires a strong team approach that includes general educators, special educators, family members, related services providers, and administrators. Unfortunately, most if not all conversations regarding the implementation of RtI have been discipline specific (e.g., Barnett, Daly, Jones, & Lentz, 2004; Moore-Brown, Montgomery, Bielinski, & Shubin, 2005). As RtI emerges in the field of early childhood education, we hope to combat the tradition of isolated discussions within disciplines and bridge the perspectives of all early childhood professionals regarding the application of RtI when working with young children and their families. The purpose of this article is to discuss the importance of building strong early childhood communities of interdisciplinary practice within preschool settings to support the application of a comprehensive curriculum framework. A curriculum framework is proposed as a means of applying and extending the principles of RtI to early childhood education providers, including SLPs.

**Brief History of RtI**

RtI has a long and rich history within the field of education. The associated principles first appeared in the educational literature in the 1970s but have recently been referred to in the context of RtI. An in-depth discussion regarding the history of RtI is beyond the scope of this article; for additional information, see the *Handbook of Response to Intervention: The Science and Practice of Assessment and Intervention* (Jimerson, Burns, & VanDerHeyden, 2007a). The term “response to intervention” first appeared within school psychology and special education literature with the reauthorization of the Individuals With Disabilities Education Act (IDEA) in 2004 (e.g., Barnett et al., 2004; Fuchs, Mock, Morgan, & Young, 2003). The principles of RtI were used to determine the appropriateness of a special education referral (e.g., Barnett, Daly, Jones, & Lentz, 2004; Moore-Brown, Montgomery, Bielinski, & Shubin, 2005). As RtI emerges in the field of early childhood education, we hope to combat the tradition of isolated discussions within disciplines and bridge the perspectives of all early childhood professionals regarding the application of RtI when working with young children and their families. The purpose of this article is to discuss the importance of building strong early childhood communities of interdisciplinary practice within preschool settings to support the application of a comprehensive curriculum framework. A curriculum framework is proposed as a means of applying and extending the principles of RtI to early childhood education providers, including SLPs.

**Overview of RtI Principles**

Initial RtI models addressed issues associated with the identification of children with learning disabilities; more recently, however, RtI has been conceptualized as a model for systematically supporting all children (Bender & Shores, 2007; National Association of State Directors of Special Education, 2007). The systematic focus of RtI not only encompasses attention on child progress, but also emphasizes the many influences that impact and can better support learning (e.g., collaboration, quality instruction, data-based decisions). Although existing models serve different purposes (e.g., alternative eligibility practices, process for tiered instruction) and outline unique procedures for implementation, an analysis of RtI literature reveals several underlying principles that transcend interpretations and form a foundational understanding of RtI. Common principles of RtI include (a) many tiers to ensure maximum support for each child, (b) instruction implemented with high quality, (c) a core curriculum that encompasses a research base, (d) a data collection system consisting of both formative and summative sources of information, (e) interventions that have an evidence base, (f) procedures for identifying the selection and revision of instructional practices, and (g) measures to monitor the fidelity of implementation. Definitions of each principle are provided in Table 1 along with the way in which the principles align to early childhood recommended practices.

Consideration of the alignment between the principles of RtI and recommended practice is important given that many argue that the RtI principles are not new to special education, early childhood education, or speech-language pathology (e.g., Coleman et al., 2006; Graner, Faggella-Luby, & Fritschman, 2005). Specifically related to the field of early childhood, the National Association of Young Children (NAEYC) and the Division for Early Childhood (DEC) have provided professionals with guidance for creating effective early learning experiences with a focus on quality instruction and intervention, ongoing assessment and progress monitoring.
supporting early identification, and the prevention of challenges within learning and development. An argument can be made that the principles of RtI directly parallel the goals and recommended practices of early childhood education.

**Current Context and Challenges**

According to the U.S. Department of Education (2006), more than 2 million young children with disabilities are served throughout the United States each year. Recommended practice in early childhood education emphasizes that young children with disabilities be included in natural learning environments; in other words, places and activities in which children without disabilities of the same age and their families would participate (Raab & Dunst, 2004). Such recommendations have guided many early childhood professionals, policy makers, and researchers to explore the usefulness of RtI as a means for providing timely services and supports for all young children.

As with K–12, a focus on RtI emerged within early childhood education due in part to the many changes that the field has encountered (e.g., increased accountability, push for quality services in all early childhood settings). For example, early childhood programs are addressing many accountability issues (e.g., Head Start National Reporting System and Good Start, Grow Smart). Specifically, early childhood programs are being held accountable for the progress that children are achieving toward important outcomes. Requirements for monitoring child progress come at a time when programs are serving more diverse groups of children and the field of early childhood education is presented with the challenge of providing a continuum of service delivery models to meet their needs. Early childhood programs are also faced with new initiatives aimed at improving the quality of early learning programs. A focus on quality has emerged within the literature to clarify the elements that lead to better outcomes and higher quality programming for children (National Early Childhood Accountability Task Force, 2007).

Many of these indicators, all of which align with the goals of RtI, relate to the need for (a) highly qualified teaching staff who possess the knowledge and skills needed to support children within their programs, (b) effective early learning environments and learning experiences that support children’s continued development and learning, (c) a strong curriculum to guide instructional planning, and (d) ongoing assessments to inform and revise the children’s learning experiences (Barnett, 2004; Espinosa, 2002; National Research Council, 2001).

The current forces of change that are impacting the field of early childhood education present SLPs working with young children with new dynamics and standards in which to provide services and supports. The changing population of young children being served and the emerging values of quality are leading early childhood professionals to consider more effective ways in which to serve young children with and without disabilities. Although RtI may provide SLPs and other early childhood professionals with a model in which to systematically implement recommended practices, the practical application of RtI cannot be a straightforward interpretation of what is seen in K–12 settings due to the differences in how preschool education is currently structured. Specifically, RtI models that focus solely on the timely identification of children with disabilities is not appropriate for application in the area of early childhood education. Many preschool programs only serve children who have already been identified as having a need, such as a developmental delay or economic disadvantage. The early identification promoted within RtI is not enough to support efforts in early childhood education; however, the responsive nature of ensuring that all children make progress would help organize effective services. There is little consensus on how RtI should be implemented in inclusive and blended educational settings, and subsequently, many questions about the “goodness of fit” between the known RtI models and younger children (3- to 5-year-olds) remain unanswered.

Early childhood education as a field shares a common goal of providing quality early experiences and timely access to needed

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Table 1. Response to intervention (RtI) principles and their alignment to early childhood recommended practices.

<table>
<thead>
<tr>
<th>RTI principle</th>
<th>Early childhood recommended practices</th>
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<tbody>
<tr>
<td>Many tiers are used to ensure maximum support for each child.</td>
<td>• Tiers incorporate different levels of instruction and support in terms of frequency and intensity.</td>
</tr>
<tr>
<td>Instruction is implemented with high quality.</td>
<td>• Professionals are aware of the level of support that each child needs.</td>
</tr>
<tr>
<td>Core curriculum that is used has a research base.</td>
<td>• A variety of instructional strategies and intervention supports are used.</td>
</tr>
<tr>
<td>A data collection system consisting of both formative and summative sources of information is employed.</td>
<td>• High-quality instruction includes knowledgeable team members, use of a variety of instructional approaches, ongoing assessment procedures, experiences that match the needs of children, and collaboration among professionals.</td>
</tr>
<tr>
<td>Interventions that are used have an evidence base.</td>
<td>• The curriculum should be evidence based.</td>
</tr>
<tr>
<td>Procedures are identified for the selection and revision of instructional practices.</td>
<td>• Children’s progress is monitored to determine the effectiveness of the instruction/services.</td>
</tr>
<tr>
<td>Measures are used to monitor the fidelity of the implementation.</td>
<td>• Multiple sources are used to understand children’s current performance on an ongoing basis.</td>
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<tr>
<td>• Instructional supports selected are based on child data and the learning context.</td>
<td>• Practices are validated and useful across environments.</td>
</tr>
<tr>
<td>• Families and professionals work together to support planning, implementing, and evaluating instruction.</td>
<td>• Supports for learning are individualized for the child.</td>
</tr>
<tr>
<td>• Instructional strategies and interventions are implemented in the way in which they were designed.</td>
<td>• Fidelity of implementation is examined to ensure accuracy and effectiveness.</td>
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</table>

**Note.** Recommended practices were summarized from key early childhood resources (e.g., Bredekamp & Copple, 1997; DEC, 2007; Espinosa, 2002; NAEYC & NAECS/SDE, 2003; National Research Council, 2001; Sandall, Hemmeter, Smith, & McLean, 2005).
of RtI in the field of early childhood and emphasize how SLPs play a crucial role in collaborating with other early childhood professionals and family members in the provision of language- and literacy-based services for young at-risk children or children with identified delays. However, SLPs will need to acquire an understanding of the principles of RtI as well as how those principles are applied to early childhood. The next section will discuss emerging models of RtI in the field of early childhood and emphasize how SLPs may extend and revise their role with the application of one particular RtI model to the education of young children in inclusive settings.

**Models of RtI in Early Childhood**

The role of the SLP continues to morph and evolve, particularly as movements such as RtI leave an imprint on the face of educational reform. Further, the abundant number of young children with speech-language delays and disorders highlights the need for SLPs to understand the principles of RtI and how to ensure their successful application to early childhood education. The articulation of RtI principles to early childhood education, as described in this article, is designed to lead to systemic improvements in instruction and subsequent outcomes for young children and their families.

Despite the promise of RtI and its compatibility with early childhood practices, there are a number of concerns with its direct application to preschool settings. As depicted in Table 1, RtI can be conceptualized as a set of seven principles that align or relate to early childhood recommended practices. Despite the relationship between RtI principles and early childhood recommended practices, teams may struggle if they are asked or mandated to apply the principles. First, team members may feel as though the principles are already a part of their practice and may become confused when they are asked to engage in “age-old early childhood traditions” (e.g., engage in preventative practices). Second, team members may feel that the principles are too nebulous or theoretical and, therefore, may be unable to determine whether they are found within current practice. Still other team members may not understand how to translate RtI principles into actual practice given greater familiarity with related terms such as developmentally appropriate practice (i.e., the notion of individualizing instruction) and authentic or play-based assessment (i.e., the notion that assessment drives and sets the stage for instruction). Given opportunities for confusion, a model where RtI principles are translated into day-to-day practices is needed. Such a model would allow team members and researchers to monitor and measure the application of RtI to early childhood programs and to evaluate its impact.

A number of models regarding the application of RtI to early childhood education have emerged. Recognition and Response (Coleman et al., 2006) and the work from the Center for Response to Intervention in Early Childhood (Greenwood, Carta, McConnell, Goldstein, & Kaminski, 2008) are two examples of emerging models. We, however, recommend a model that is referred to as a curriculum framework. A curriculum framework is recommended for four primary reasons.

- The curriculum framework model is viewed as a recommended practice by early childhood education professional organizations (e.g., DEC, 2007).
- The curriculum framework elements are directly tied to evidence-based practices (e.g., Grisham-Brown, Hemmeter, & Pretti-Frontczak, 2005).
- Development, implementation, and evaluation of curriculum frameworks have been logically and practically discussed for a variety of disciplines (e.g., Pretti-Frontczak et al., 2007; Pretti-Frontczak et al., 2008).
- The generic makeup of the curriculum framework (as described next) allows for its application across a variety of educational programs (DEC, 2007).

Having a curriculum framework in place allows early childhood professionals to implement the principles of RtI that align with the purpose of building effective instructional opportunities for children with and without disabilities.

The term *curriculum* has many different definitions but is generally considered “a complex idea containing multiple components including goals, content, pedagogy, and instructional practices” (NAEYC & National Association of Early Childhood Specialists in State Education [NAECS/SDE], 2003, p. 6). Curriculum serves as a comprehensive guide for instruction and day-to-day interactions with young children (DEC, 2007; Hojnoski & Missall, 2006; Pretti-Frontczak et al., 2008). A *framework* is defined as an underlying support or a means by which information can be classified and organized. Thus, the term *curriculum framework* is used to represent the underlying support or foundation from which all practices related to promoting children’s growth and development are identified, implemented, and evaluated. Specifically, a curriculum framework serves as the foundation for high-quality instruction and programming.

Our recommended curriculum framework is composed of four elements, including assessment, scope and sequence, activities and instruction, and progress monitoring. We use the analogy of an umbrella to illustrate the key aspects of a curriculum framework. First, as depicted in Figure 1, the four panels of the umbrella represent...
the four elements of our recommended curriculum framework. Next, use of an umbrella symbolizes how when all four elements are in place, a program is “covered.” Further, just as connecting the panels of the umbrella makes it seamless, linking the elements of a curriculum framework ensures that day-to-day practices are without gaps.

Figure 1 also illustrates a key component of the curriculum framework—the tiering of three elements (see horizontal lines on three of the umbrella panels in Figure 1). Tiering is a common instructional model for conceptualizing intervention and/or therapeutic efforts (Sandall & Schwartz, 2002; VanDerHeyden & Snyder, 2006). The instructional tiers are often differentiated by the size of the group (e.g., large-group instruction, small-group instruction, one-on-one instruction), location of instruction (e.g., general education classroom resource room, self-contained unit), intensity of instruction (e.g., general, targeted, intensive), and/or who provides the services (e.g., general educators at the bottom tiers and special educators and related-service providers at the top tier). Within our recommended curriculum framework, select elements are tiered in an effort to acknowledge that, as one moves up the tiers, content and practices will not only differ across tiers but will become more focused with regard to frequency, intensity, and intent. Examples of practices and decisions that need to be made across tiers are described in the following section. Lastly, although discussing the supporting features needed to sustain a curriculum framework, select elements are tiered in an effort to acknowledge that, as one moves up the tiers, content and practices will not only differ across tiers but will become more focused with regard to frequency, intensity, and intent. Examples of practices and decisions that need to be made across tiers are described in the following section. Lastly, although discussing the supporting features

Table 2. Evidence of curriculum framework elements’ alignment with RtI principles.

<table>
<thead>
<tr>
<th>Curriculum framework element characteristics and evidence/support from the literature</th>
<th>Aligned RtI principle</th>
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<tbody>
<tr>
<td><strong>Assessment</strong> (Bagnato &amp; Yeh-Ho, 2006; Grisham-Brown et al., 2005; Grisham-Brown, Hallam, &amp; Petti-Frontczak, 2008; Petti-Frontczak &amp; Bricker, 2004)</td>
<td>• Core curriculum</td>
</tr>
<tr>
<td>• Comprehensive and authentic</td>
<td>• Data collection system</td>
</tr>
<tr>
<td>• Identifies children’s interests and emerging skills</td>
<td>• Processes for selecting and revising instruction</td>
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<tr>
<td>• Determines family routines and priorities</td>
<td>• Fidelity measures</td>
</tr>
<tr>
<td><strong>Scope and sequence</strong> (Grisham-Brown, 2008; Petti-Frontczak et al., 2008)</td>
<td>• Many tiers</td>
</tr>
<tr>
<td>• Comprehensive and covers all areas of development and content</td>
<td>• Core curriculum</td>
</tr>
<tr>
<td>• Serves as a link between assessment and instruction</td>
<td>• High-quality instruction</td>
</tr>
<tr>
<td>• Sequences are developmental, logical, or pedagogical</td>
<td>• Evidence-based interventions</td>
</tr>
<tr>
<td>• Children’s needs are tiered from a common or universal outcome to priority needs</td>
<td>• Fidelity measures</td>
</tr>
<tr>
<td><strong>Activities and instruction</strong> (Grisham-Brown et al., 2005; Grisham-Brown, Ridgely, Petti-Frontczak, Litt, &amp; Nielson, 2006; Petti-Frontczak &amp; Bricker, 2004)</td>
<td>• Many tiers</td>
</tr>
<tr>
<td>• Instruction is embedded into daily contexts/activities/routines</td>
<td>• Core curriculum</td>
</tr>
<tr>
<td>• Multiple and varied learning opportunities are created</td>
<td>• Evidence-based interventions</td>
</tr>
<tr>
<td>• Logical and timely antecedents (instructional strategies) and consequences lead to improved development/learning</td>
<td>• Fidelity measures</td>
</tr>
<tr>
<td>• Learning is the result of transactions between responsive environments, adults/peers, and children</td>
<td>• Core curriculum</td>
</tr>
<tr>
<td>• Instruction is tiered to guide frequency and intensity</td>
<td>• High-quality instruction</td>
</tr>
<tr>
<td><strong>Progress monitoring</strong> (Grisham-Brown et al., 2005; Wortham, 2008)</td>
<td>• Many tiers</td>
</tr>
<tr>
<td>• Formative and summative data are necessary</td>
<td>• Core curriculum</td>
</tr>
<tr>
<td>• Data are used to revise instruction</td>
<td>• Data collection system</td>
</tr>
<tr>
<td>• Progress monitoring efforts are tiered to guide frequency and intensity</td>
<td>• Processes for selecting and revising instruction</td>
</tr>
<tr>
<td></td>
<td>• Fidelity measures</td>
</tr>
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examples of the roles that SLPs can take within the implementation of key practices are described next.

**Assessment.** The assessment element of our recommended curriculum framework refers to a process of ongoing observation and documentation of children’s performance, interests, and preferences as well as family priorities and needs (Bagno, Neisworth, & Musson, 1997; Grisham-Brown et al., 2005; Neisworth & Bagno, 2004). Implementation of a curriculum framework begins with establishment of each child’s baseline or present level of performance through authentic assessment practices. The assessment element is not presented as a tiered process given that the same assessment practices/resources will be used for all children in order to establish baseline instructional information (i.e., by identifying who needs to learn what; the skills that are emerging but may warrant additional support; and prioritized needs or underlying issues and concerns that keep a child from participating, accessing, and making progress). Once a child’s baseline or initial level of performance is documented, teams may feel that additional testing or assessment is warranted (see progress monitoring element); however, a single common assessment is recommended to establish all children’s present level of performance, identify the children’s interests, and attend to family priorities as a means of guiding initial instructional efforts (i.e., sorting children’s needs and matching the levels of instruction).

SLPs are likely familiar with conducting and interpreting assessments for a wide variety of reasons (e.g., screening, determining eligibility, reporting progress on individual goals). They may not, however, be as familiar with assessment for “program planning.” In other words, although SLPs may be trained in more traditional medical models with a focus on diagnosing and treating speech-language delays/disorders, they may not have been expected to partner in identifying all individual children’s strengths, interests, and areas of concerns related to common or universal outcomes (e.g., providing insight related to children’s performance on state standards) and targeted needs (e.g., identifying supports and strategies for a group of children who are struggling with rhyming; Staskowski & Rivera, 2005). Traditionally, SLPs have been used for their knowledge and expertise in recognizing and responding to children’s individual needs (e.g., assessing and providing intervention related to severe areas of concerns or delay). Within a curriculum framework, SLPs are expected to administer, summarize, and interpret findings to better understand how all children are accessing, participating, and making progress across daily activities.

DEC and the National Association of School Psychologists have provided early childhood educators with useful guidelines for appropriately conducting assessments for young children (Neisworth & Bagno, 2004). In order to yield a comprehensive understanding of young children’s skills and needs, both organizations emphasize the importance of multiple sources of information, multiple assessment approaches, and the collection of information in multiple settings and across time (Neisworth & Bagno, 2004). Defining and comparing the various types of assessment measures is beyond the scope of this article; however, recommended assessment practice consistently supports the use of authentic assessment procedures as the “A” element of a curriculum framework (Bagno et al., 1997; Bagno & Yeh-Ho, 2006; Prett-Frontczak et al., 2008). Assessment practices are considered authentic when they are conducted in familiar or typical settings, with familiar and interesting toys and materials, and by people who are familiar to the child (Bagno & Yeh-Ho, 2006). Further, authentic assessment practices encourage children to show what they know and can do in the ways in which they would typically use the concept or skill (i.e., during a daily routine or during play).

Although SLPs have specific knowledge in the area of communication and language, the challenge is to shift their focus from the discipline’s traditionally “clinical,” norm-referenced assessment approaches to engagement in collaborative assessment practices that are authentic and focus on all areas of child development. Transdisciplinary collaboration in early childhood education means making time to teach, learn, and work across traditional disciplinary boundaries and giving up disciplinary control (i.e., process of role release; Orelove & Sobsey, 1996; Rainforth & York-Barr, 1997). When applying a curriculum framework to early childhood programs, SLPs should take on the role of collaborator in helping other team members assess young children in order to better understand individual and group abilities, interests, emerging skills, and priority areas, in addition to family priorities and concerns. Collaboration with different disciplines is a recommended practice in early childhood education and within the curriculum framework model because collaboration prevents the fragmentation of services along disciplinary lines; avoids duplication of services; views the whole child’s development as integrated; and values family members as equal, contributing members of the team (Losardo & Notari-Sylverton, 2001; McWilliam, 2000). To be effective, the SLP’s role in assessment activities should become more flexible. For example, SLPs may collaborate with other professionals by sharing knowledge that is specific to communication development in early childhood or discussing with other professionals how to recognize concerns as they relate to typical trajectories of development.

**Scope and sequence.** The scope and sequence element of our curriculum framework serves as the link between assessment and instruction. Specifically, scope refers to the concepts and skills from across developmental (e.g., motor, communication, social) and early academics or content areas (e.g., mathematics, science). Scope can be thought of as the depth of what will be taught. It should be comprehensive, acknowledging the interrelatedness of developmental and content areas during the early years and the impact this has on how children develop and learn. Scope is often dictated or at least influenced by development and community expectations, state standards, and federal learning outcomes. Sequence refers to the order in which skills and concepts across developmental and content areas are taught/learned. Three types of sequences guide the order in which skills and concepts are taught, including developmental sequences, pedagogical sequences, and logical sequences.

The scope and sequence element of our recommended curriculum framework is tiered in an effort to represent the differentiation of children’s needs that emerge from assessment information. In particular, tier one (the bottom tier) of the scope and sequence element is composed of broad-based concepts and skills that all children are expected to learn and perform (e.g., participate in group activities by responding to questions, following directions, and remaining with the group). In other words, tier one represents expectations or standards that are held for all children. Within tier two, the content represents needs that are emerging toward the acquisition and use of common concepts and skills, indicating that a child may need additional practice and support to gain independence with components or parts of a broader expectation or standard. At times, children’s needs at tier two may represent a mean of expression that is keeping them from demonstrating what they know and can do (e.g., using verbal expressions such as words, phrases, or sentences to answer questions while participating in a group activity). Within
tier three, the content focuses on needs that are the underlying function or a prerequisite of the common expectation or standard (e.g., child relies on the use of pictures to answer questions as a foundation for later using words).

SLPs will bring their specific expertise and play a vital role in problem solving by determining which tier aligns with the children’s needs. Within the curriculum framework elements, the problem-solver role refers to broad, sequenced behaviors that seek to determine which instructional supports are needed to ensure adequate child progress, which assessment methods to use to measure progress, and how to determine when the child is ready to move from one level of instruction (i.e., tier) to another.

Specifically, within the scope and sequence element, the SLP will be expected to know how to sort children into the various scope and sequence tiers based on assessment information that will then be used to guide instructional efforts to support each child’s language and communication development. In tier one of the scope and sequence element, the SLP’s role includes knowing or defining typical trajectories of communication and language development for all children as well as understanding basic expectations and standards for performance in the specific area of development. Within tier two, where children are receiving additional supports, the SLP’s role includes sorting and making further decisions regarding the children’s needs based on their performance and degree of progress made. At tier three, the SLP may support the teacher in identifying prioritized language skills that are preventing children from participating in daily routines.

Further, SLPs may serve as collaborators and problem solvers in identifying the most effective and efficient sequence (i.e., developmental, pedagogical, or logical) related to identified needs. In this context, the SLP’s role also may include the role of coach. Although the SLP is in a key position to share information regarding communicative, pedagogical, or logical considerations that will allow SLPs and other professionals to move from one level of instruction (i.e., tier) to another.

When implementing a curriculum framework, SLPs may consult with other team members about the daily schedule in order to ensure that sufficient communication learning opportunities are created. The purpose of a coach is to develop the competencies and confidence of all service providers and family members in order to maximize the team’s capacity to support implementation of the elements of a curriculum framework. Coaching may be used to improve existing practices, develop new skills, and promote continuous self-assessment and learning. As the team capacity increases, SLPs may benefit from more manageable caseloads and improved intervention delivery opportunities. They may serve as a coach by demonstrating how to incorporate evidence-based instructional strategies into daily activities in order to address the development of language and early literacy skills (e.g., training others in the use of augmentative communication devices, supporting other professionals in using language models, and expanding children’s expressive language attempts).

The instruction component of our curriculum framework model refers to the practices, actions, and methods that are used to deliver the content and should be directly linked to the assessment findings (see the “Scope and sequence” section for making the link). Within the curriculum framework, quality instruction for young children is grounded in a responsive developmental perspective (Pretti-Frontczak et al., 2007). A responsive developmental perspective reflects a view of learning in which children create their own knowledge through interactions with the social and physical environment (Bredekamp & Copple, 1997; Pretti-Frontczak & Bricker, 2004). Quality instruction entails being responsive to the child as his or her needs and personal preferences change across daily activities (i.e., the intensity of the instruction varies as needs change); understanding the role and influences of adults, peers, and the environment on children’s learning; and developing multiple and varied embedded learning opportunities; and tiering instruction to meet the needs of all young children across common outcomes, targeted needs, and individual goals. Quality instruction, identified as a foundational principle of RtI, is defined broadly within the curriculum framework as a way to guide initial considerations that will allow SLPs and early childhood professionals to determine specifically what quality means for their program in the context of the children and community in which they serve.

The activities and instructional element of our recommended curriculum framework is tiered. We conceptualize tiered instruction as a dynamic approach where all team members contribute to providing instruction across all tiers, but the intensity, frequency, and intent of instructional efforts will vary between tiers. Furthermore, the curriculum framework emphasizes a service delivery model that supports young children’s access to and participation within their daily routines. In order to meet the universal, targeted, and individual needs of young children, SLPs and other early childhood professionals will need to embrace both direct and indirect interventionist roles across activities and instructional efforts. A direct interventionist role entails the implementation of services and supports directly to children and families by SLPs. For example, an SLP may help with universal or tier one instruction by arranging the environment to encourage children to ask for materials or objects that are visible but out of reach. SLPs may also assist with targeted instruction at tier two by teaching peers to provide models and prompts for children with disabilities so that they can communicate their wants and needs and engage in social exchanges.
For example, for children with limited words and language, SLPs might design group support that structures the learning environment both socially and physically so as to increase learning opportunities and social interactions with other children. The goal is to gain competencies in multiple areas (e.g., learning and understanding of new words or using words functionally) of expressive and receptive language. Last, the SLP may provide intensive or tier three instruction related to children’s priority needs. For example, the SLP role includes the use of child-specific information to design a scaffolding intervention that models target words and language functions in a logical sequence that are not yet in the child’s repertoire. As an indirect interventionist, SLPs may serve as an expert collaborative consultant to other team members at any tier in order to support capacity to deliver quality communication interventions and provide for skill generalization across settings.

Likely, SLPs will need to spend considerable time working as a team member and coach around the implementation, identification, and examination of fidelity data regarding the use of scientifically based language and early literacy interventions. The curriculum framework expands the role of the SLP across the tiers to groups and individual children (not just at the top tier, as is common with many K–12 RtI models) and requires a better and broader understanding of the complex array of contextual variables (e.g., family and cultural factors, child development, professional expertise) that all contribute to the child’s learning outcomes.

Progress monitoring. The progress monitoring element of our recommended curriculum framework refers to a recursive feedback loop by which changes in children’s performance are documented, summarized, and interpreted over time (Grisham-Brown et al., 2005). Information gained from monitoring children’s performance is used for different purposes, including evaluating the degree to which common outcomes are being met (e.g., whether children are acquiring critical skills and concepts as expected); serving as the foundation of a decision-making model designed to inform, modify, and revise instruction; and identifying when a child needs additional or more intensive support or instruction. At times, teams may decide that the direction they headed based on initial assessment information was not a good match, or even that they did not have enough information. In such cases, teams may decide to do additional testing/information gathering and/or more focused or specialized testing to better guide instruction. Regardless, progress monitoring efforts produce both formative and summative data that can be used to inform day-to-day practices as well as guide program-level decisions.

Formative data are typically gathered on a daily/weekly schedule and are useful for recording children’s progress toward individual or common outcomes, monitoring the effects of intervention, and revising instruction. SLPs will serve the critical role of problem solver in determining if instructional efforts are having their intended impact on children’s development and what changes may be necessary to ensure child progress. SLPs will also collaborate with other team members to gather formative data and interpret and report findings to family members.

Summative data are typically gathered on a quarterly or annual schedule and are useful for setting direction for what to teach individual or groups of children, comparing individual or groups of children’s progress toward common outcomes, meeting accountability mandates, and evaluating program effectiveness. Again, the SLP is likely to collaborate with other team members to gather summative data, interpret findings, and problem-solve to identify additional support as needed.

Progress monitoring practices are also tiered, and as with activities and instruction, the frequency, intensity, and intent with which data are collected, summarized, and used varies. Tier one progress monitoring is designed to provide the team with an ongoing picture of the children’s performance and progress across the common or universal outcomes. As with assessment, SLPs working within a curriculum framework will be expected to help administer authentic progress monitoring measures; interpret children’s performance; and make decisions, particularly for issues related to language and literacy. Tier two progress monitoring is critical to the success of RtI because once a child has been identified as having a targeted need, team members need to engage in more ongoing and repeated data collection and interpretation efforts. For example, if a child is struggling with segmenting and blending sounds, and instructional efforts are put into place to provide additional support, the team will want to know within days or weeks whether the child is benefiting from the instruction. Finally, tier three progress monitoring requires the most attention. In other words, when a priority need is identified and intensive instruction is provided, the team will need to devise a plan so that data are collected hourly/daily and interpreted soon thereafter in order to sufficiently revise instructional efforts.

The curriculum framework provides SLPs with a specific context in which to assume new or expanded roles when building supportive learning communities for children and other early childhood colleagues. The SLP can support the knowledge and skills of other professionals and disciplines by providing relevant materials, modeling intervention procedures, monitoring the delivery of intervention/instruction, and assisting in the integration of quality communication-specific practices into the regular curriculum. The curriculum framework provides a system for problem solving where the design, implementation, and evaluation of instructional efforts can be supported by SLPs (Apel, 2001).

The curriculum framework provides SLPs with a specific context in which to assume new or expanded roles when building supportive learning communities for children and other early childhood colleagues. The SLP can support the knowledge and skills of other professionals and disciplines by providing relevant materials, modeling intervention procedures, monitoring the delivery of intervention/instruction, and assisting in the integration of quality communication-specific practices into the regular curriculum. The curriculum framework model’s conceptualization of assessment, scope and sequence, activities and instruction, and progress monitoring clearly provides an opportunity for a better integrated and more seamless service delivery approach that is not dependent on the placement or developmental status of the child. We believe that these premises are met best when professionals work together and the responsibility for child progress is shared.

Future Directions of RtI in Early Childhood

The early childhood education community is facing a number of significant challenges and opportunities with a focus on quality and accountability for improved child outcomes. RtI holds promise as a means of promoting systemwide reform and revitalizing partnerships between early childhood professionals from different backgrounds and disciplines (e.g., community-based preschool programs, preschool special education, and speech-language pathology).

The purpose and principles associated with RtI align with the recommended practices that have guided early childhood professionals for many years. Further, many of the recommended practices that are presented in Table 1 have been found to effectively support the learning and development of young children (NAEYC & NAECS/SDE, 2003; National Research Council, 2001). Thus, RtI presents a promising
structure in which recommended practices can be systematically implemented and lead to positive outcomes for the field. Research aimed at evaluating the effectiveness and impact of the implementation of RtI in early childhood settings has yet to be realized. Application of RtI in preschool settings is not fully known; however, the following points present its possible benefits and drawbacks.

The application of RtI to guide the experiences provided to young children holds many benefits for early childhood professionals, including SLPs. First, the collaboration and teaming required to support the implementation of RtI provides a needed structure to bring the many professionals who work with young children together. RtI requires and identifies the need for professionals across disciplines to work together to bring forth the many areas of expertise needed to support struggling learners. Now more than ever, there is a need for professionals to work together in new forms of collaborative partnerships for the successful implementation of RtI. Second, RtI provides early childhood programs with a context in which to define quality instruction. Currently, there is no common definition of quality instruction; the focus on RtI has led the field of early childhood education to consider how to better define the practice in order to guide professionals who are working with young children. Third, RtI provides a structure in which curriculum can be implemented within an inclusive setting to better support the needs of all children. The focus on tiers of support emphasizes that professionals must be aware and cognizant of the needs of all children in order to ensure that progress is achieved. Finally, RtI provides a new way of thinking about the roles of SLPs and the children they serve. All professionals working with young children must be willing to engage in role release, to step outside of their discipline and work as a member of a team rather than in traditional, discipline-specific roles. The collaboration that needs to occur in order for RtI to be implemented successfully will be a powerful force that advances the field as a whole and will require system restructure.

The curriculum framework presented here is one RtI model that is available to early childhood teams. The model encompasses what is known to be foundational within RtI and embraces what is known to be critical to the development of effective early childhood experiences. Application of a curriculum framework, however, is not without challenge. In particular, it will be essential for early childhood professionals and SLPs to understand the process they must engage in to develop a curriculum framework, the resources and practices that can be encompassed within the elements, and the system supports needed to ensure sustainability and use of the curriculum framework. Due to the varying knowledge, skills, and training of early childhood professionals and SLPs related to recommended practices for working with young children, support will be needed in order to ensure that the curriculum framework is a usable model by all. SLPs who are interested in further information regarding the development of a curriculum framework may want to refer to the article, “A Curriculum Framework That Supports Quality Early Childhood Education for All Young Children” (Pretti-Frontczak et al., 2007).

Although none of the changes required and steps to apply the principles of RtI will be easy, they are needed to advance our educational system and ensure that children receive timely support. The field of education, however, still has many unanswered questions regarding the use of RtI. As further work in preschool settings clarifies the benefits of and/or challenges within the implementation of RtI, professionals will have a better understanding of their role within the process. Additional research is needed regarding the application of RtI in both K–12 and preschool settings and the most appropriate manner in which to incorporate the roles of related services providers and special education services throughout the tiers.

REFERENCES


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