

The “Blurring” of Special Education in a New Continuum of General Education Placements and Services

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ABSTRACT: For nearly 10 years, the response-to-intervention (RTI) policy initiative has engendered enthusiasm at federal, state, and local levels and among various stakeholders. Nevertheless, there are basic and important disagreements about its nature and purpose. The authors describe two groups with contrasting perspectives on RTI in an effort to examine its multiple meanings, to argue that neither group has a credible plan to educate children and youth with severe learning needs, and to encourage all interested parties to think productively about what they want to accomplish in the name of RTI.

Many school administrators, policy makers, researchers, and advocates recognize the variation that exists between states (and between districts within states) in how RTI is implemented, a fact recently documented by Berkeley, Bender, Peaster, and Saunders (2009). Despite such variation, it is our impression that most stakeholders assume there is consensus on basic questions about the nature or essence of RTI and its general purpose. This isn't the case. Rather, there are two large, loosely configured camps—which we'll call an Individuals With Disabilities Education Act (IDEA) group and a No Child

Left Behind (NCLB) group—that hold starkly different answers to questions about the nature and purpose of RTI . . . and special education. In claiming the existence of these two camps, we're not saying people refer to themselves as belonging to one or the other. Nor are we trying to divide stakeholders—or, maybe more accurately, to deepen a divide that exists. Our discussion of the IDEA and NCLB groups is more exploratory than confirmatory. It is a means of probing multiple meanings of RTI; helping practitioners and policy makers think more clearly about what they want to accomplish in its name; and suggesting a different, distinctive, and important role for special education. In short, our basic purpose and

hope is to offer analysis and a heuristic that leads to stronger RTI frameworks.

We have organized the article in four parts. We first provide an overview of how the IDEA and NCLB groups think about the purpose and nature of RTI, and where they agree and disagree. Second, we explore the groups' respective perceptions of and plans for special education in an RTI framework. Next, we describe the IDEA group's "standard protocol" approach to general education and evaluate its likelihood of success in comparison to the NCLB camp's "problem-solving" approach. In these second and third sections of the article, we develop several points. The most important is that, although much of the two groups' thinking on RTI is well formed, neither one has yet developed a persuasive plan to meet the academic needs of our nation's most difficult-to-teach children. We speak here and in the remainder of this article of subgroups of children with learning disabilities, behavior disorders, speech and language impairments, and intellectual disabilities. Finally, in part four, we describe what special education might look like as RTI's most intensive instructional tier.

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TWO PERSPECTIVES ON RTI

IDEA GROUP

The IDEA group is so named because its touchstone is the 2004 reauthorization of IDEA—specifically, the section of the law that reads: "In determining whether a child has a specific learning disability, a local educational agency may use a process that determines if [he or she] responds to scientific, research-based intervention as part of the evaluation process" (20 U.S.C. §1414[b][6]). Those whom we have designated as constituting the IDEA group—including organizations like the American Psychological Association (2005),

Council for Exceptional Children (2007), Learning Disabilities Association/Division for Learning Disabilities (2007), National Association of School Psychologists (2007), National Joint Committee on Learning Disabilities (2005), Learning Disabilities Roundtable (2002, 2005), and individuals such as Bradley, Danielson, and Hallahan (2002); Compton, Fuchs, Fuchs, and Bryant (2006); L. S. Fuchs, Fuchs, and Speece (2002); Grigorenko (2009); Hale, Kaufman, Naglieri, and Kavale (2006); Kavale and Spaulding (2009); Mastropieri and Scruggs (2005); and VanDerHeyden and Jimerson (2005)—interpret this to mean that RTI should promote both early intervention and more valid methods of disability identification. Further, the group holds that the two are inextricably connected: Effective intervention leads to more meaningful identification by accelerating the progress of many low achievers, thereby eliminating them from consideration as disabled. Students unresponsive to generally effective intervention are in need of more intensive instruction, including, perhaps, special education.

We illustrate the IDEA group version of RTI by relying on a model developed by the National Research Center on Learning Disabilities (e.g., Bradley et al., 2002; Compton et al., 2006; Johnson, Mellard, Fuchs, & McKnight, 2006) and others. In this model, RTI begins with the classroom teacher screening all students at the start of the school year to identify a subset who are potentially at risk for school failure. These children's academic performance is then monitored weekly for 5 to 8 weeks as the teacher implements evidence-based (generally effective) instruction. This constitutes Tier 1 of the RTI model. "Nonresponsive" children move to Tier 2, which offers tutoring in small groups by an adult using a standard treatment protocol. This often scripted, or partly scripted, protocol—of which many exist for early reading (fewer for math and none in the content areas)—has typically been tested in one or more randomized controlled study or quasi-experimental study (e.g., Al Otaiba & Fuchs, 2006; L. S. Fuchs et al., 2005; McMaster, Fuchs, Fuchs, & Compton, 2005; O'Connor, 2000; Vadasy, Sanders, Peyton, & Jenkins, 2002; Vaughn, Linan-Thompson, & Hickman, 2003; Wanzek & Vaughn, 2008). Instruction at this second tier is designed to promote the acquisition of new skills,

and requires specialized training of building-based personnel.

The specialized training, together with the explicitness of the instruction and its empirical validation; the small and homogeneous student groups; and the greater frequency and duration of the tutoring sessions (minimally 8–10 weeks, 4 days per week, 30 min per session) make Tier 2 more intensive than Tier 1. As “early intervention,” its purpose is to provide at-risk students the academic boost they need. Equally important from an IDEA-group perspective is that the instruction is a “test” of students’ capacity to respond to generally effective educational practice. As with conventional tests, this instruction must be valid: evidence-based, implemented in accordance with researchers’ directions, and replicable. *Replicable*, here, means that content and delivery are unchanging—as a standardized test’s content and delivery are constant from one administration to the next. Put differently, if Tamika’s responsiveness to instruction is to be compared to that of her classmates, her instruction must be the same as theirs; otherwise, the comparisons make little sense.

Instruction at Tier 2 should also be time sensitive: implemented for a specified number of weeks, days per week, and min per session; and conducted for a relatively brief duration. This is because the IDEA group wants to avoid the ambiguity of a situation in which a child is given a time-insensitive, heavy dose of Tier 2 instruction (e.g., 25 weeks and 80 sessions) to which the student responds satisfactorily. Does such responsiveness indicate readiness to return to and succeed in Tier 1, or a need for special education?

During Tier 2 instruction, students’ progress is monitored. Those deemed responsive return to regular class instruction; unresponsive students are evaluated by multidisciplinary teams. According to some in the IDEA group (e.g., Fiorello, Hale, & Snyder, 2006; Flanagan, Ortiz, Alfonso, & Mascolo, 2002; Hale et al., 2006; Naglieri, 2003), these teams combine information from academic, cognitive, linguistic, and perceptual tests to identify students’ strengths and weaknesses and to explore eligibility for Tier 3 (i.e., special education services). Cognitive-linguistic-perceptual strengths and weaknesses are valued because of a belief that the influence of even gen-

erally effective interventions will necessarily be moderated by them, thereby requiring modifications of instruction on a case-by-case basis. Others in the IDEA camp are skeptical of the instructional validity of cognitive, linguistic, and perceptual measures (e.g., L. S. Fuchs et al., 2002) and suggest that they be used only for diagnostic and classificatory decision making (e.g., D. Fuchs & Young, 2006).

NCLB GROUP

Many whom we have put in the NCLB group view RTI within the context of standards-driven general education reform, which has dominated education policy in this country for more than a decade (e.g., McLaughlin, 2006). Starting with the 1994 reauthorization of Title I of the Elementary and Secondary Education Act (ESEA), and strengthened in the 2001 reauthorization of ESEA (i.e., NCLB), a standards-driven approach assumes that uniformly challenging standards are established for all children; assessments are aligned with the standards; virtually all children (including most students with disabilities) participate in the assessments; and student performance becomes the basis for district-level and school-level accountability. This standards-based approach is also reflected in the IDEA 2004 amendments. Students with disabilities, for example, must participate in state assessments with their performance evaluated in accordance with state standards (20 U.S.C. § 1412[16][A]). Such standards-driven reform making is meant primarily to close the achievement gap between traditionally enfranchised and disenfranchised (including special-needs) groups.

The NCLB-group view is that, with the “right” general education in place, an additional benefit of meaningful standards for all will be the disappearance of high-incidence disabilities, “such as learning disabilities, emotional disturbance, . . . ‘mild’ mental retardation, autism spectrum disorders[,] and attention deficit disorders” (McLaughlin, 2006, p. 17). These children, writes McLaughlin, are not qualitatively different from nondisabled students; they do not “require vastly different and highly specialized curriculum or instruction” (p. 20). Rather, they “differ . . . only in

the degree of underachievement and/or behavior problems" (p. 20).

According to those we consider NCLB members—e.g., Council of Administrators of Special Education (CASE), Elliott (2007), Grimes (2002), Hardman (2007), McLaughlin (2006), National Association of State Directors of Special Education (NASDSE; Batsche et al., 2005; NASDSE, 2006; NASDSE & CASE, 2006), Reschly (2005), Sailor, McCart, and Choi (2008), and Tilly (2003)—RTI is nothing if not a meaningful operationalization of the "right" education, a promising bridge between federal policy and local practice. To wit: "RTI is a strategy for meeting the goals of NCLB" (NASDSE & CASE, 2006, p. 7). In other words, for the NCLB group, RTI stands for a reformed service delivery system that emphasizes early intervention and the unification of general education and special education, which in turn facilitates adoption of challenging standards and accountability for all. General and special education, according to the NCLB group, are too often "separate and ... disconnected silos" (NASDSE & CASE, 2006, p. 4).

The cause of this bifurcation, says Tilly (2003), is special education law, which, he argues, has produced a system of haves and have nots; that is, a small, privileged group of students with disabilities gets an education calibrated to its learning needs, and a much larger group without disabilities—many of whom are struggling—fails to get such differentiated help. Further (and inconsistently), Tilly implies that this system of service delivery is not only fundamentally unfair but hurtful to those directly affected by it. He admonishes would-be reformers that they must "address serious *iatrogenic effects* [emphasis added] of the traditional . . . special education system" (p. 1) by developing a unified system that "places primary importance on meeting the needs of all students" (p. 4).

This brings us to Heartland, Iowa's largest Area Education Agency, where practitioners say they have been conducting RTI for 15 years or so (cf. Ikeda & Gustafson, 2002). NCLB group members often reference Heartland to illustrate how RTI practice can reform service delivery. Until recently, the Heartland approach has been described as a four-level, problem-solving, individualized, recursive process (cf. Bergan, 1970;

Grimes, 2002). According to Ikeda and Gustafson (2002), at Level 1, a teacher confers with a student's parent(s) to try to resolve academic or behavior problems. At Level 2, a teacher and the school's Building Assistance Team meet to select, implement, and monitor the effectiveness of an intervention. An absence of success at this level triggers the involvement of Heartland staff (Level 3), to refine or redesign the intervention and coordinate its implementation. At Level 4, special education assistance and due process protections are considered.

At each level, the problem-solving process is meant to be the same (hence its recursive nature): Practitioners determine the magnitude of the problem, analyze its causes, design a goal-directed intervention, conduct it as planned, monitor student progress, modify the intervention as needed (based on student responsiveness), and evaluate its effectiveness and plan future actions (cf. Grimes, 2002). Heartland's four levels have recently been reduced to three. At the first two levels, practitioners implement group interventions. At the third level—ambiguously described as similar to, but not necessarily, special education (Tilly, 2003)—interventions are individualized.

Across the levels, Heartland's practitioners are guided in many respects by a behavioral paradigm. Their assessments focus on skills mastered and yet to be mastered and are used primarily to inform instruction, rather than to justify eligibility decision making. Some educators there have expressed disdain for the traditional psychometric model. Commercial, standard, norm-referenced tests of cognition and language are viewed as unnecessary at best, mischievous at worst. Consistent with a behavioral orientation, the Heartland approach is noncategorical. High-incidence disabilities are viewed skeptically because of a belief that, as indicated, with the right education such children will prove capable.

SUMMARY

The IDEA and NCLB groups share common ground. Both support the preventative intent of RTI and advocate for the early identification of struggling students. Both promote tiered instruction that increases in intensity at successive levels, and view student progress monitoring as indis-

pensable. Members of the two groups also believe that without general education's vigorous participation all will be for naught. Common ground notwithstanding, the IDEA and NCLB groups have different visions of the nature and purpose of RTI.

The IDEA group advocates for a top-down (i.e., replicable), linear, and time-sensitive process with fewer tiers of instruction, which serves both prevention and a more valid method of disability identification. IDEA group members support the importance of multidisciplinary evaluation teams. Some recommend that the evaluation teams combine children's performance on academic, cognitive, linguistic, and perceptual tests in developing instructional programs. Others prefer a much more restricted role for the cognitive, linguistic, and perceptual tests. All view high-incidence disabilities as valid, and they support a distinctive and important role for special education.

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For most in the NCLB camp, RTI is synonymous with reforming (i.e., unifying) service delivery to strengthen early intervention and prevention. NASDSE, CASE, and others downplay the fact that RTI springs from IDEA 2004 because of a fear that disability identification will become the proverbial "tail that wags the dog." Thus, their proposed models tend to include a greater number of general education tiers at which assessment and instruction focus on skills, not cognitive processes. Instruction is more individualized than standardized; more flexible than formal; and as recursive as necessary to accelerate student learning, all of which makes replication of the RTI process and instruction impossible (to which members of the NCLB group would undoubtedly say, "replication isn't the point"). Implicit are both top-down and bottom-up orientations: top-down in the sense that education must be standards-driven; bottom-up because the perspective reflects greater trust in practitioners' problem-solving capacity than in publishers' standardized tests and researchers' vali-

dated protocols (e.g., Tilly, personal communication on SpedPro, March 9, 2006).

IDEA AND NCLB GROUP VIEWS OF SPECIAL EDUCATION

Although neither IDEA nor NCLB group members offer a detailed, comprehensive vision of special education in an RTI world, enough has been written to begin to understand important between-group differences on special education's role and importance; enough has been said to be troubled by the vision of each. Following is a brief discussion of the IDEA group's take on special education. Then we provide a more detailed description of the NCLB view both because more has been written about it and because we believe it represents the riskier of the two visions.

IDEA GROUP: SPECIAL EDUCATION'S CONTINUUM OF PLACEMENTS AND SERVICES

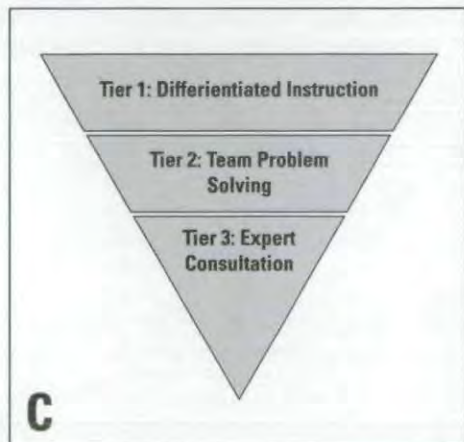
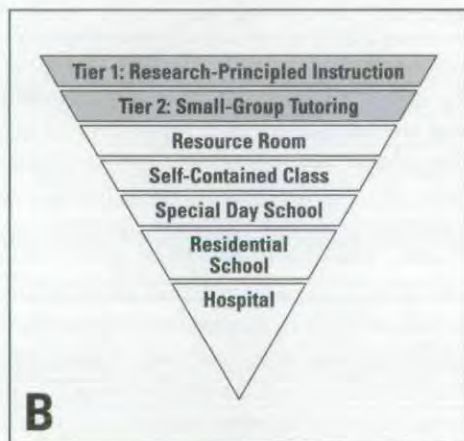
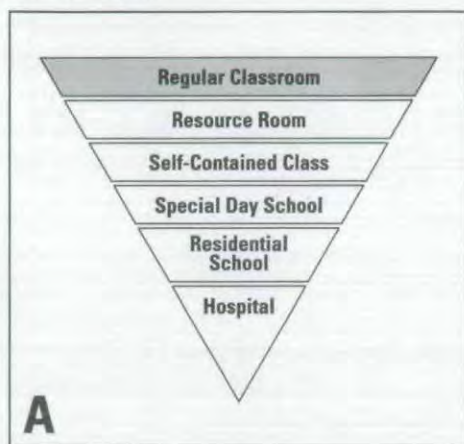
Panels A and B of Figure 1 illustrate our understanding of the IDEA group view of general and special education. Panel A depicts the traditional special education continuum of placements and services, first described by E. Deno (1970). Special education services become more intensive (i.e., more expert, individualized, costly) as one moves down the graded sequence of placements, with the more intensive options reserved for the more educationally needy children. Panel B represents the IDEA group's modified view of the continuum taking RTI into account. The panel shows an expanded general education and smaller special education, reflecting the expectation that with more special education dollars flowing to general education to help fund RTI, a greater number of children will be accommodated. What Panel B also conveys, albeit implicitly, is IDEA group support for the status quo: Special education should continue as the most intensive tier with little change in the nature of its programs.

NCLB GROUP AND THE "BLURRING" OF SPECIAL EDUCATION

Panel C in Figure 1 depicts an NCLB vision of service delivery. Its most obvious feature is an

FIGURE 1

General Education in the Conventional Continuum of Special Education Placements and Services (Panel A); General Education in the IDEA-Group's Revised Continuum (Panel B); and the NCLB-Group's New Continuum of General Education Placements and Services (Panel C).



absence of the special education continuum. In its place are tiers of general education instruction, which reflects a new continuum of placements and services. Implicit is a belief, expressed by NASDSE and CASE (2006) and others, that special education's proper purpose should be to blend itself into the new, tiered structure of general education. Put differently, special education should no longer "own" a separate tier within such an RTI framework; it should not be permitted stand-alone status. In short, "no more silos."

McLaughlin (2006) has written as clearly and directly as anyone about the need for "changing the historic separation of special education from mainstream education" (p. 28) and in support of the "blurring" of special education and general education programs, roles, locations, funding, and students in a standards-driven unified system of service delivery. At the building level, blurring means that special educators should abandon resource rooms and self-contained classes and take up residence in regular classrooms to co-teach with general educators; tutor small groups of at-risk children in classrooms, hallways, conference rooms, and libraries; and become members of problem-solving teams to develop individualized programs for the most difficult-to-teach, chronically unresponsive children—activities that may constitute three or more tiers.

Blurring, therefore, requires a broadened definition of what it means to be a special educator, a role that overlaps considerably, if not completely, with that of other professionals in the school building. Or, as McLaughlin (2006) has written, as schools "are increasingly blurring the line between special and general education. . . . Special education teachers must improvise [their] roles and responsibilities" (pp. 30–31). Blurring also depends on the commingling of special-education monies with other funding streams and the merging of "special" and "regular" students. The blurring of professional roles, places, monies, and students is the brick and mortar of the new continuum of general education placements and services; it will be what makes a unified system of service delivery possible, according to the NCLB group.

WHY BLUR SPECIAL EDUCATION?

There are at least four important reasons why members of the NCLB group argue for blurring special education. Consideration of these reasons reveals several stakeholder groups, each with its own agenda.

Special Education Doesn't Work, Isn't Necessary, and Can Be Harmful. For decades, academics (e.g., Biklen & Zollers, 1986; Gartner & Lipsky, 1989; Reschly & Bergstrom, 2009; Wang & Walberg, 1988), professional organizations (e.g., Council of Chief State School Officers, 1992; National Association of State Boards of Education, 1992), a presidential commission (i.e., the President's Commission on Excellence in Special Education, 2002), and the media (e.g., Shapiro, Loeb, Bowermaster, Wright, Headden, & Toch, 1993) have characterized special education programs as ineffective. Some have pointed the finger of blame at poorly conceptualized theories of instruction. The President's Commission on Excellence in Special Education wrote that this ineffectiveness is partly due to an historic, non-evidence-based approach to instruction, exemplified by special education's frequent use of aptitude-by-treatment interaction to determine educational programs.

McLaughlin (2006) sees special education as poorly conceived in a different way. She portrays its idiographic culture as a small island in a nomothetic (general education) sea; a culture rooted in statute and regulation that, although not necessarily hostile to general education standards, is at odds with them. This culture, she explains disapprovingly, assumes

a child with a disability will require *individualized education* . . . tailored to [the] disability. The unit of improvement is the child and the improvement is individually referenced. Special education [culture] does not assume that providing [special education] . . . will move a child to some absolute standard or . . . alter the disability which is seen as a fixed condition. (pp. 21–22)

Because of special education's misguided emphasis on individualized instruction and individualized education programs (IEPs), according to McLaughlin, "aggregate performance data [are] impossible to obtain, privacy provisions prevent

open scrutiny of student progress or attainment of goals" (2006, p. 11), and there are no consequences for students' failure to achieve their goals.

Some see special education, then, as ineffective because its interventions are often based on presumed, discredited theories of learning and teaching and because it has failed to adopt accountability standards defined in terms of student performance. A related position is that special education instruction, at its best, has never been qualitatively different from good general education instruction (e.g., E. Deno, 1970; Lloyd, 1984). Partly on these bases, many in (and outside of) the NCLB camp see little justification for the use of special-needs labels, especially high-incidence disability labels that are described as socially constructed phenomena with no basis in behavior or biology or with no meaningful implications for practice (e.g., Coles, 1987; Fletcher, Coulter, Reschly, & Vaughn, 2004; Shinn, personal communication on SpedPro, July 6, 2008; Skrtic, 1991; Sleeter, 1998; Ysseldyke, Algozzine, & Epps, 1983).

Indeed, the net effect of such labeling, some assert, harms children by damaging their self-esteem or by inadvertently promoting a "negative self-fulfilling prophecy" (e.g., Dunn, 1968): Mrs. Smith believes Juanita is incapable of learning because of her "learning disability" (cf. Harry & Klingner, 2007), which then causes Juanita to work to meet Mrs. Smith's low expectations. McLaughlin (2006) wrote, "A group of researchers who studied learning disabilities and reading disorders estimate[s] that schools could reduce the number of students receiving special or compensatory education by 70% if they instituted early identification and prevention programs" (p. 19). This hoped-for, dramatic downsizing or elimination of high-incidence disabilities and the blurring of the once-labeled with the never-labeled would presumably circumvent the stigmatization caused by labeling and reduce the overrepresentation of low-income children of color in special education (cf. McLaughlin, 2006).

Blurring Special Education Promotes Full Inclusion. We expect that for Hardman (2007), Sailor et al. (2008), and others in the NCLB group who have long supported a policy of full inclusion (i.e., the placement of virtually all

students with disabilities in the mainstream classroom full-time), the new continuum of general education placements and services is a logical and desired evolution of service delivery. With the blurring of special education, the general education–special education distinction virtually disappears. The worry of advocates of full inclusion, we suspect, is that should special education be represented as an RTI tier—as a place apart from the mainstream—it will continue to serve general education as a crutch, psychologically and functionally, and will weaken the resolve of classroom teachers, building principals, district administrators, and school boards to undertake the hard work of developing a robust, inclusive general education continuum. This was precisely the thinking, we believe, of proponents of full inclusion in the 1980s and 1990s who argued for the elimination of special education’s continuum of placements.

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General Education Needs Special Education Money to Make RTI Work. A pivotal tactic of the NCLB group is that by “front loading” special education resources to strengthen early intervention and prevention, more at-risk children will be accommodated in general education; fewer children will require special education programs. The NCLB group is hoping that two kinds of special education monies will fund general-education prevention programs, both of which come from the 2004 reauthorization of IDEA. The first is hard money, facilitated by a Coordinated Early Intervening Services provision that permits (or in some cases requires) districts to draw down as much as 15% of IDEA monies to strengthen general education’s prevention programs. The second type of commingling of special education and general education dollars is an “in-kind” contribution from special education to general education, as explained by Kathryn Cox (2008) of the Illinois State Board of Education on a listserv:

The incidental benefit provision of IDEA (see CFR 300.208(a)(1)) allows students

without IEPs to benefit from the IDEA Part B-funded services a special education teacher is providing to students with IEPs in a “regular education class or other education-related setting. . . .” In this re-definition of special education, special educators provide a service implemented in general education to special-needs children and children without disabilities.

Stand-Alone Special Education Programs Require Constricted Roles for School Psychologists. Some academics in school psychology support the blurring of special education because they believe that special education placements greatly diminish school psychologists’ capacity to contribute meaningfully to the life of schools (cf. Gutkin, 2009). Their logic is that (a) special education placements require school psychologists to test children for eligibility and (b) as dependence on such placements increases, there is correspondingly greater need of “school psychologist as tester.” Thus, reducing or eliminating the placement of students in special education programs liberates school psychologists, permitting them to help classroom teachers monitor children’s responsiveness to instruction and to participate on building-based problem-solving teams.

SUMMARY

The NCLB group subsumes smaller groups, each of which has its own reasons (and shared reasons) for promoting the blending of special education into a new general education continuum of placements and services. In some ways, the subgroups’ collective position on the relationship between general and special education is strikingly similar to the perspective of those who supported the Regular Education Initiative (e.g., Jenkins, Pious, & Peterson, 1988; Pugach & Lilly, 1984; Slavin et al., 1991; Wang, Reynolds, & Walberg, 1986; Will, 1986) and the full-inclusion movement (e.g., Giangreco, Dennis, Cloninger, Edelman, & Schattman, 1993; Stainback & Stainback, 1991; Taylor, 1988) in the 1980s and 1990s. Both then and now, the touchstone concept is that general education is expandable; special education—in lesser or greater degrees—is expendable.

That said, there are important differences between past and present reform efforts. Supporters

of the Regular Education Initiative argued for only a partial elimination of the special education continuum. Wang and Birch (1984) and others described a continuum without resource rooms and self-contained classrooms, but with special day schools and residential schools. Reynolds (1989), by contrast, advocated the elimination of special day and residential schools, but supported the importance of resource and self-contained classrooms. Proponents of full inclusion described a more expansive role for general education—expressed stronger confidence in its capacity to accommodate all. Yet, many also preserved a role for special education (e.g., Taylor, 1995). Special-needs children, they declared, should be in regular classrooms with special education services brought to them (e.g., Grove & Fisher, 1999).

Today, the NCLB group's vision of a blurred special education reflects the most ambitious and optimistic set of expectations of general education and, correspondingly, the most negative and pessimistic view of special education of any reform group in the past 25 years. We note that our Webster's dictionary says that "to blur"—as in to blur special education—is to obscure or blemish by smearing; to make dim, indistinct, or vague in outline or character; to make cloudy or confused. Whereas special education remained a distinct entity in reform making in the 1980s and 1990s, many in the NCLB camp today are advocating for obscuring, smearing, dimming, and confusing special education by blurring it into general education. In their plans—however implicit—special education vanishes in all but name (and maybe in name as well). No doubt members of the NCLB camp will respond that change is necessary and that they have a more persuasive blueprint for this change than did reformers of years past, with which some might agree but also ask, Is the blueprint strong enough for an unprecedented expansion of general education and diminution of special education? By arguing for a blurred special education and, as described below, by promoting a problem-solving approach to general education instruction that isn't likely to accommodate the needs of children with serious learning problems, the NCLB group may be inadvertently weakening the capacity of schools to provide most intensive services to our nation's most instructionally needy children.

OVERESTIMATING INSTRUCTIONAL EFFECTS OF THE NEW GENERAL EDUCATION CONTINUUM?

Although we have been describing important ways in which the IDEA and NCLB groups disagree—on the purpose of RTI, the viability of high-incidence disabilities, and the necessity of a distinctive and important special education, we have yet to discuss how they divide on the nature of general education's Tier 1 and Tier 2 instruction. For many IDEA group members, standard protocols drive much of instruction; for the NCLB camp, problem solving is the typical strategy. These contrasting approaches, occasionally promoted in hybrid form (e.g., VanDerHeyden & Jimerson, 2005), reflect fundamentally divergent views on the role of teachers, the nature of teaching and learning, and the importance of the scientific method to instruction. An emerging question is: Which group's preferred approach to instruction is more likely to succeed with what implications for most difficult-to-teach students?

IDEA GROUP'S STANDARD PROTOCOL

Evidence-Based, Explicit, and Top-Down. The IDEA group's standard-protocol approach may be seen in its press for evidence-based, classwide programs at Tier 1 and scientifically validated tutoring programs at Tier 2. It is also reflected in the importance ascribed to the fidelity with which these programs are implemented and in an insistence on evaluating program effects. The standard-protocol approach to teaching and learning may be interpreted as reflecting a top-down orientation, which deliberately or otherwise tends to cast teachers in the role of expert technicians. An advantage of the approach is the use of explicit, empirically based protocols, which, for many members of the IDEA group, promote both the preventive intent of RTI and its purpose to provide a more valid method of disability identification. A disadvantage is that there are only so many empirically validated protocols (none in the content areas), which some teachers regard as presumptive if not insulting of their professionalism.

Tier 1: Classwide (or Universal) Programs. The IDEA group tends to think of Tier 1 as curricula developed in accordance with evidence-based

principles, which are often accompanied by research-backed classwide instructional programs for specific academic areas. These classwide programs include cooperative learning (e.g., Johnson & Johnson, 1994); Success For All (e.g., Slavin & Madden, 2000); Direct Instruction (e.g., Carnine, Silbert, Kame'enui, & Tarver, 2004); peer tutoring (e.g., Jenkins & Jenkins, 1981), including Classwide Peer Tutoring (e.g., Greenwood, Delquadri, & Hall, 1989) and Peer-Assisted Learning Strategies (e.g., D. Fuchs, Fuchs, Mathes, & Simmons, 1997; L. S. Fuchs et al., 1997); self-regulated strategy instruction (e.g., De La Paz & Graham, 2002; Deshler et al., 2001; Harris, Graham, Brindle, & Sandmel, in press); content enhancement instruction (e.g., Bulgren, Deshler, & Lenz, 2007); and mnemonics instruction (e.g., Fontana, Mastropieri, & Scruggs, 2007; Marshak, Mastropieri, & Scruggs, 2009). It is testimony to the talent and hard work of many education researchers, often working closely with classroom teachers, that a majority of students benefit from these and other "best" practices. It is equally true, however, that none of these Tier 1 programs works for all children, a point on which all would agree.

Tier 2: Small-Group Tutoring. As mentioned, education researchers also have developed standard protocols for practitioners to use in small-group work with children unresponsive to Tier 1 instruction. Experimental and quasi-experimental studies have shown that such tutoring can accelerate the academic performance of many children at risk for reading disabilities (e.g., Al Otaiba & Fuchs, 2006; McMaster et al., 2005; O'Connor, 2000; Vadasy et al., 2002; Vaughn et al., 2003; Wanzek & Vaughn, 2008) and math disabilities (e.g., L. S. Fuchs et al., 2005). In a recently published evaluation of the effectiveness of reading instruction delivered within an RTI framework, funded and published by the Institute of Education Sciences, Gersten et al. (2009) wrote, "Tier 2 instruction[al] curricula are sometimes called standard protocols [which] are tutoring protocols taught to all students scoring below benchmark" (p. 20). Gersten and colleagues recommended the use of standard protocols at Tier 2, stating "the evidence supporting [our] recommendation was strong based on 11 studies that met the [What

Works Clearinghouse] standards or met [them] with reservations" (p. 20).

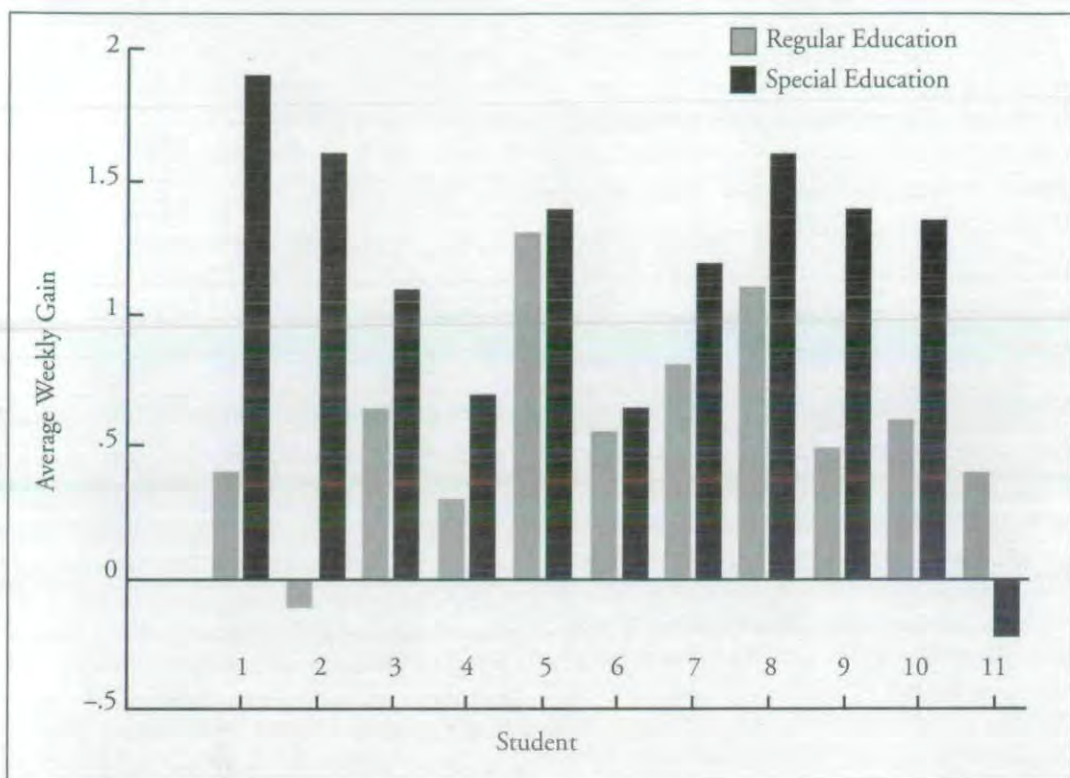
The Gersten et al. (2009) endorsement requires at least two caveats. First, the researchers who validated the standard protocols were able to exercise a degree of fidelity of treatment implementation that most practitioners may not be able to match. Second, published studies on the effectiveness of small-group tutoring show that researchers' use of the protocols often results in the equivalent of about 3% to 5% of the general population unresponsive to this second-tier instruction (Wanzek & Vaughn, 2009). This proportion will almost certainly be greater when practitioners, not researchers, conduct these interventions with fewer resources and weaker fidelity. If one uses a conservative 5% rate of nonresponsiveness, 2.5 million children (5% of 50 million school-age students) may be unresponsive to the Tier 2 instruction preferred by the IDEA group and will need more intensive or different instruction in Tier 3.

Tier 3: Special Education. Most in the IDEA group support Tier 3 as special education instruction, but are strangely silent on what the exact nature of that instruction should be. From an IDEA group perspective, this silence seems undesirable. Increasingly intensive tiers of general education instruction raise the obvious and important question: What is special education's value added in an RTI context? Continued reticence can only undermine the notion that special education should be distinctive and important. Silence on this issue is all the more difficult to understand because special education researchers and practitioners during the past 30 years have developed a unique and effective instructional approach, *experimental teaching*. Also known as *data-based instruction* (S. L. Deno, 1985; S. L. Deno & Mirkin, 1977; L. S. Fuchs, Deno, & Mirkin, 1984), experimental teaching requires a trained clinician-researcher to work individually with children, or in small groups, to determine effective instruction by both systematically applying various teaching strategies and continuously measuring the child's academic response.

Marston (1987-1988) conducted an early study of this special-education approach. Teachers in three study schools identified 272 nondisabled students in Grades 4 through 6 who performed at

FIGURE 2

Average Weekly Gains in Words Read Correctly by Students in General Education and Special Education Placements



Adapted with permission from "The Effectiveness of Special Education: A Time-Series Analysis of Reading Performance in Regular and Special Education Settings," by D. Marston, 1987-1988, *The Journal of Special Education*, 21, p. 20. Copyright 1987-1988 by SAGE.

the 15th percentile or below on a test of reading achievement. Among these students, 11 were subsequently referred to special education, identified as students with learning disabilities, and found eligible for special education services. They spent a minimum of 10 weeks in both general and special education programs. Figure 2 shows each of the children's average gain per week in number of words read correctly in 1 min in each program—first in general education, then in special education. The students nearly doubled their weekly rate of gain in special education where teachers were using experimental teaching: 1.5 words ($SD < .57$) in special education versus .60 words ($SD < .35$) in general education.

Whereas Marston (1987-1988) followed students as they moved from general education into special education, D. Fuchs, Fuchs, and Fernstrom (1993) did the opposite. To evaluate the

effectiveness of experimental teaching in special education, D. Fuchs et al. (1993) tracked 21 students with learning disabilities from eight elementary and middle schools before and after they transferred to general education classes. Math achievement data were collected weekly for 10 weeks while the students were in special education and for the 7 weeks after they reintegrated into mainstream classes. The children made modest but steady progress in special education. They showed no gain in general education.

Given the nature and amount of evidence in support of experimental teaching—see, especially, L. S. Fuchs and Fuchs's (1984) meta-analysis of 21 group design, controlled studies ($ES = .70$)—it is surprising that Gersten and associates (2009) report that Tier 3-like instruction is ineffective. They write, "Despite over 50 years of research on special education and remedial instruction, major

gaps persist in the knowledge of how to teach reading to the 3 to 5 percent of students with the most severe reading difficulties" (p. 26). Perhaps they came to this conclusion because they chose to evaluate *programs* of instruction instead of experimental teaching's *individualized* instruction. In any case, neither Gersten et al. nor the IDEA and NCLB groups has acknowledged 30 years of research on experimental teaching in special education, a point to which we will return.

NCLB GROUP'S PROBLEM SOLVING

Multiple Meanings. Although "problem solving" is often discussed as if it has but one meaning, it has many. This fact complicates if not undermines discourse about it and its role in RTI frameworks. Experimental teaching, for example, is sometimes described as problem solving because it is a generative activity, requiring flexible use of teaching strategies and disciplined application of specific and validated decision rules to a student's time-series data. Yet, this kind of problem solving is very different from that in behavioral consultation, which is the context for many NCLB group members' understand of the term.

Experimental teaching is typically conducted by a special educator trained in instruction, assessment, and applied behavior analysis. As direct service, the teacher has the freedom to select and change interventions; the responsibility to accelerate students' academic performance. For this to occur, the teacher must be committed to a focused, analytical, data-based, recursive (test-teach-test) process—part clinical, part research—requiring patience, perseverance, ingenuity, and tolerance of ambiguity, as well as deep knowledge of assessment and instruction.

Whereas the experimental teacher works directly with students, the behavioral consultant affects students' academic performance or school behavior only through the actions of the teacher with whom he or she is working (cf. Bergan, 1970; Tharp & Wetzel, 1969). The consultant's problem-solving success, therefore, ultimately depends on the teacher's willingness and ability to implement a given intervention. Such dependence requires the consultant-teacher pair to choose carefully among treatment options, which often results in a compromise between one treat-

ment's intensity and another's practicality, or one program's comprehensiveness and another's specificity. Hence, the problem solver in this context requires strong social and communication skills, a capacity to recognize the constraints imposed on the teacher by life in schools, and the savvy to negotiate on behalf of the student.

There are more meanings of problem solving. It is used to characterize informal types of interactions among teams of professionals. Teacher Assistance Teams (e.g., Chalfant, Pysh, & Moultrie, 1979) and Instructional Support Teams (e.g., Kovalski, 2002) are but two examples. Yet another usage of the term is colloquial, describing an educator who solves problems independently, informally, idiosyncratically, outside any formal process or structure. Thus, there are at least four ways to understand problem solving. Each (with the exception of the last) is based on different literature and theories, makes use of different processes, demands different skill sets, and is associated with different student outcomes. Below we discuss problem solving in regards to Tiers 1 through 3: primarily, to explore its strengths and limitations; secondarily, to illustrate its (infrequently recognized) multiple meanings.

Tier 1: Differentiated Instruction. A favored Tier 1 approach among some members of the NCLB group is *differentiated instruction* (cf. Berkeley et al., 2009; McLaughlin, 2006; Tilly, 2003)—for more than a decade one of the "it" phrases in K–12 education. Differentiated instruction in the general classroom is recognized as both critically important and difficult to accomplish. Teachers differentiating their instruction problem solve in the colloquial, or literal, sense by leveraging knowledge about their students' experiences, interests, learning styles, and readiness levels; by conveying information in multiple sensory modalities; by grouping children flexibly; by adjusting the pace of instruction; and by assessing learning with varied and balanced measures and procedures (cf. Kapusnick & Hauslein, 2001; Tomlinson, 1999).

Enthusiasm notwithstanding for the problem solving involved in differentiated instruction, there is considerable evidence that most teachers do not use it, a fact undiminished by the occasional description of exemplary instructors (cf. Pressley, Allington, Wharton-McDonald, Block,

& Morrow, 2001). Baker and Zigmond (1990), for example, conducted interviews and observations in reading and math classes in an elementary school and found little evidence that teachers implement routine adaptations (e.g., differentiating instruction by creating multiple reading groups to accommodate weak-to-strong readers at the start of the school year). Rather, the teachers typically taught to large groups, using lessons incorporating little or no differentiation based on student needs. Writing online, Fabel (2009) described findings from a survey of teachers in the Montgomery County (MD) schools, which documented "that only about 25 percent of teachers used 'differentiated' instruction with the special-needs students, meaning different assignments and varied presentations of the information to best reach each learner" (para. 3). Whereas in principle Gersten et al. (2009) supported differentiated instruction at Tier 1, they "judged the level of evidence for this recommendation as *low*" (p. 17). They could find but one "descriptive-correlational study" supporting it.

Tiers 2 and 3: Behavioral Consultation. As already described, at Tier 2 of Heartland's problem-solving approach, in accordance with behavioral consultation, a teacher with a difficult-to-teach student meets with the building assistance team, which helps select, implement, and determine the effectiveness of an intervention (e.g., Grimes, 2002; Ikeda & Gustafson, 2002). Should the teacher and team require assistance, Heartland's school psychologists (again) use behavioral consultation at Tier 3 to refine or redesign the intervention. In principle, the behavioral consultation approach to problem solving may be seen as superior to the use of standard protocols because this form of problem solving calls for individualizing instruction at all tiers. However, in addition to challenges to its implementation previously noted, behavioral consultation's indirect, individualized, and sometimes recursive nature burdens schools logistically and taxes educators' collective capacity to generate empirically validated, instructionally intensive, and practical solutions.

In 1999–2000 and 2000–2001, Ikeda and Gustafson (2002) and their colleagues conducted an evaluation of Heartland's problem-solving model in a small proportion of districts, schools, and classrooms in the Heartland Area Education

Agency. Unfortunately, they did not report student outcome data or fidelity of treatment information. The absence of fidelity data is particularly noteworthy in light of Flugum and Reschly's (1994) evaluation of the quality of prereferral interventions across Iowa, a forerunner of the problem-solving model studied by Ikeda and Gustafson. Those interventions, according to Flugum and Reschly, did not reduce special education placements because "(a) Few pre-referral interventions [were] being provided to students; and (b) those . . . that [were] being provided [were] poor in quality" (p. 12).

Tilly (2003) and colleagues conducted an evaluation of the Heartland Early Literacy Project and their problem-solving model as they were reducing the problem-solving model from four to three levels. Unlike the Ikeda and Gustafson (2002) evaluation, Tilly and associates provided reading data across 4 years and four cohorts (kindergarten children in Year 1; first-grade students in Year 2, and so forth). In the absence of control or contrast groups, which may have permitted cause-and-effect attributions, Tilly and colleagues reasoned that increasing gains of successive cohorts (e.g., the third-grade cohort performing better than the second-grade cohort) would provide a basis for concluding that teachers were becoming increasingly effective as a function of their experience in the literacy project.

Whereas Tilly's (2003) student cohorts showed improvement over time on two phonological measures, Cohort 4 performed less well than Cohort 3 on oral reading fluency. Moreover, different students were involved in the different cohorts; no data were presented on whether and how teachers implemented reading instruction; and no determination was made about whether Tiers 1, 2, and 3 worked as intended. That is, Tilly did not analyze data by level of intensity of instruction. These weaknesses in study design, together with contradictory findings, should give pause to those promoting Heartland's problem-solving approach.

So, too, should two state-directed (or state-sanctioned) evaluations. The Iowa State Department of Education recently issued an important and candid study of 11 problem-solving RTI schools and 11 demographically similar non-RTI schools in Heartland (Ikeda, Rahn-Blakeslee, &

Allison, 2005). In each of the 22 study schools, and across 9 consecutive years, Ikeda et al. obtained fourth-grade reading and math scores of students without disabilities on a state-mandated test. Reading and math scores for 1 year at three grade levels were collected on students with disabilities. Ikeda et al. reported, "On the majority of measures, RTI [schools] did not differ significantly from comparison schools" (p. 2). In 1996–1997, Telzrow, McNamara, and Hollinger (2000) conducted a statewide evaluation in Ohio of Intervention Based Assessment (IBA), a team approach to prereferral intervention that combines behavioral consultation with collaborative consultation. They wrote, "Ohio's [IBA problem-solving implementation] was frequently inconsistent and below desired levels of fidelity" (p. 457); and "The [data] suggest that reliable implementation of problem solving approaches in schools remains elusive" (p. 458).

SUMMARY

The standard protocol approach of the IDEA group refers to the use of research-principled curricula and evidence-based, classwide programs at Tier 1 and small-group tutoring accompanied by scripted protocols at Tier 2. It is top-down because the nature of instruction is researcher-determined. After reviewing the evidence on the standard-protocol approach to Tier 2 instruction, Gersten et al. (2009) characterized it as strong. However, there are at least two obstacles to its widespread implementation. First, there are few validated protocols for skill development beyond those associated with early reading and math; there are none in the content areas. Second, its top-down, prescriptive nature will grate on at least some teachers' sense of professionalism.

Typical NCLB group versions of problem solving are bottom-up. They rely on the experience and innovation of the practitioner to recreate standard practice by extending or combining it with other practices to personalize it for each student and circumstance. Problem solving frequently takes the form of differentiated instruction at Tier 1 and behavioral consultation at higher tiers. Gersten et al. (2009) found only a correlational study of differentiated instruction. A much more sizable (experimental and quasi-ex-

perimental) literature exists on behavioral consultation, which indicates that researchers using it have improved students' school misbehavior and work productivity (e.g., D. Fuchs, Fuchs, Bahr, Fernstrom, & Stecker, 1990; Sheridan, Welch, & Orme, 1996), sometimes impressively so. But there is scant evidence that researchers have used it to accelerate the academic progress of students with serious learning problems not caused by low motivation or weak task orientation (cf. Sheridan et al., 1996). Moreover, there is little in the literature demonstrating that behavioral consultation improves school achievement or behavior when conducted by practitioners rather than researchers.

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Some would disagree with this last point. NASDSE (2006) wrote that "the research base on . . . the use of problem solving models for students at risk for . . . behavior problems [and reading problems] is . . . substantial" (p. 2). Moreover, "Analyses of outcomes in RTI implementations [show] improved outcomes in *all* students [emphasis added]" (p. 2). We will leave it to others to characterize this last assertion, except to state the obvious: There's much, hard-to-dismiss evidence today—as there was in 2006 when the claim was made—that's at odds with it. Many stakeholders recognize the complexity and ambitiousness of RTI and that its success depends in good measure on the availability of accurate and nuanced information—on what works and doesn't work under which conditions and why. Sweeping generalizations are not helpful to those engaged in the hard work of systems change. (Yes, we've characterized the NASDSE statement, after all.)

Research suggests that the standard-protocol approach is superior to problem solving in accelerating the progress of children with serious learning problems. Nevertheless, because there are insufficient numbers of such protocols in many academic areas and in the higher grades, and because "the school bus arrives every morning,"

many practitioners may have little choice but to rely on some variant of problem solving.

When validated protocols are used, one may still expect nonresponders, which leads to the question, How should educators help such children? As indicated by Berkeley et al. (2009), the greatest confusion and variation in states' implementation of RTI concerns the most intensive tier. The IDEA group says it should be special education, but fails to offer specifics. Most in the NCLB camp say it should be problem solving, but this is an often inadequately defined and unvalidated strategy to help students with severe learning needs. The NCLB group's support of problem solving, together with its advocacy of a blurred special education, is likely to leave schools with diminished capacity to provide intensive instruction. Finally, neither the IDEA nor NCLB group acknowledges experimental teaching as a possible operationalization of the most intensive tier in an RTI framework.

EXPERIMENTAL TEACHING: THE CASE OF "LOULEE" AT LINCOLN ELEMENTARY

We support RTI for many of the reasons expressed by IDEA- and NCLB-group members. At the same time, its conceptualization, or blueprint, is incomplete—dangerously so for children with severe learning needs. Following is a fictitious case study of a little girl with severe learning needs and the specification of an RTI framework that we think is more complete and more likely to help a fuller range of struggling students. It reflects more of an IDEA than NCLB perspective, but draws on the contributions of members of both camps. It is also a means of detailing the added value of experimental teaching. We offer it in the spirit of a speech given by Secretary of Education Arne Duncan at the Institute of Education Science's June 2009 meeting, in which he called on the education research community to look past ideology and focus instead on what works—or is likely to work—for children who have historically been disenfranchised by society and schools ("U.S. Secretary Calls on State Officials," 2009). We expect and accept that some will be dissatisfied by our RTI framework. We don't pretend to have a per-

fect solution. We will be content if it helps those interested in reform and the education of struggling students (and those with special needs) to think productively about how to develop stronger RTI frameworks.

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GENERAL EDUCATION: TIERS 1 AND 2

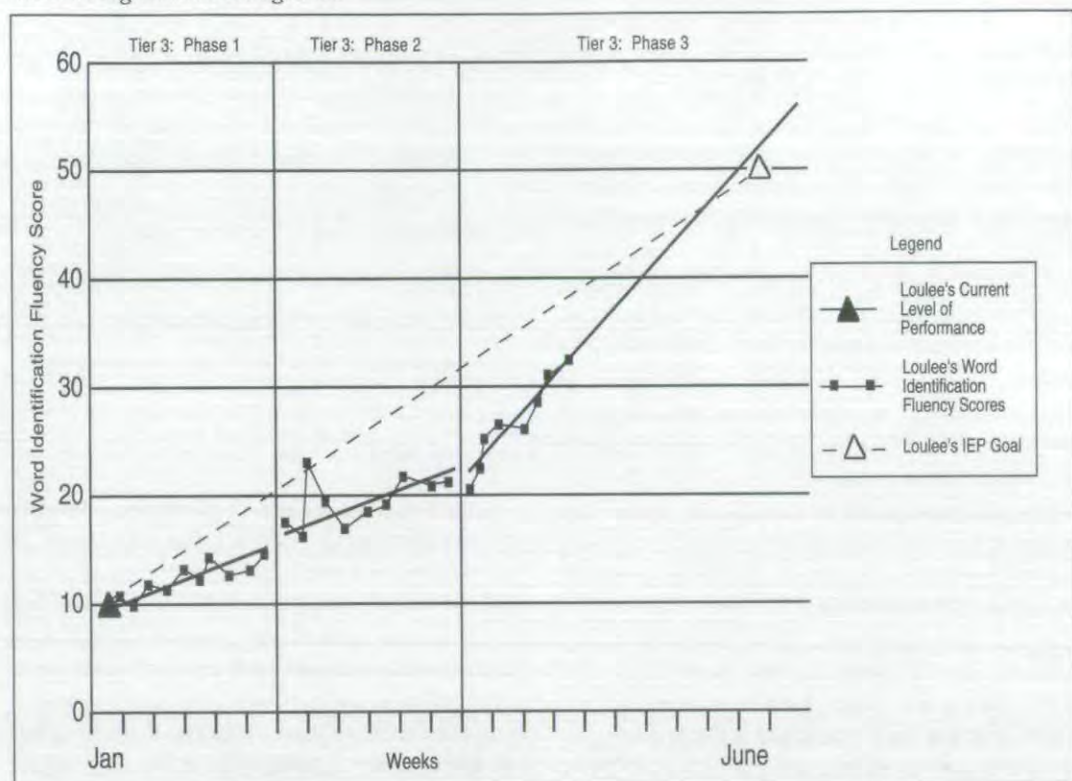
Tier 1. At Lincoln Elementary, teachers screen all first graders during the third week of school. They test every child with two alternate forms of word identification fluency (i.e., number of words read correctly in 1 min from a list of high-frequency words). Each child's average score is compared to an empirically validated criterion to determine if she or he might be at risk for reading difficulties. Loulee, a student in Ms. Montoya's first-grade class, read an average of 5 words correctly in 1 min, well below the 14-word "cut-point," or criterion, established to identify possible risk.

Based on Loulee's performance, Ms. Montoya monitored her progress for the next 7 weeks, still using the word identification fluency task. The data showed that Loulee improved minimally, from 5 to 9 words during the 7 weeks. This is the equivalent of a weekly gain of about 0.5 words, dramatically below 1.8 words—the weekly gain of typically developing first graders. So, it became clear that Loulee was not responding adequately to the core reading program, and the gap between her performance and that of her classroom peers was widening. Given her low performance level and her minimal growth, the Student Support Team recommended that she enter Tier 2 supplemental instruction. Ms. Montoya invited Loulee's parents to school to discuss this next step.

Tier 2. Ms. McKnight, a tutor who frequently collaborated with the Lincoln Elementary reading specialist, worked with small groups of at-risk readers at Tier 2, providing 30 min of

FIGURE 3

Loulee's Progress Monitoring Data



instruction 4 days per week in phonemic awareness and phonics activities. The 10-week tutoring program was based on an empirically validated, carefully specified, standard protocol. During each week of tutoring, Ms. McKnight also monitored Loulee's progress with the word identification fluency task. At the end of the 10 weeks, Loulee's performance level (16 words read correctly in 1 min) was well below the criterion for responsiveness, as was her weekly rate of improvement (0.7 words). When Loulee's tutoring ended, her classmates' average word identification fluency score was 55; their average weekly rate of improvement was 1.8. Loulee's disappointing response prompted Ms. Montoya and Ms. McKnight to ask the Student Support Team to consider her for Tier 3 intervention. A multidisciplinary team designed an evaluation to supplement the data already generated during Tier 1 and Tier 2 programming. The team (including Loulee's parents) subsequently diagnosed Loulee

with a learning disability in basic reading skills and developed an IEP for her.

SPECIAL EDUCATION: TIER 3

IEP Goal Development. By January, Tier 1 and Tier 2 activities and the multidisciplinary team evaluation had all been completed. The IEP team determined that Loulee's long-term goal should be set for mid-June—the end of her first-grade year. In early January, her word identification fluency score was 10, suggesting a regression over winter break. On the IEP, this current level of performance was written as "Given high frequency words presented on a list, Loulee currently reads 10 words correctly in 1 min." Using a 1.8 word increase per week (the rate of typically developing first-graders); recognizing that 22 weeks separated the beginning of January from mid-June; and adding her current performance level of 10 words ($1.8 \times 22 + 10$), the IEP team set Loulee's mid-June goal at 50 words read correctly in 1 min (see the open triangle in Figure 3).

On the IEP, then, Loulee's short-term objective was, "Given high frequency words presented on a list, Loulee will improve each week by 1.8 words read correctly." Her annual goal was, "Given high frequency words presented on a list, Loulee will read 50 words correctly in 1 min. following 22 weeks of Tier 3 instruction." The broken line in Figure 3 reflected the goal line connecting current performance to the long-term goal. The goal line illustrated Loulee's necessary rate of progress if she were to achieve her annual goal by mid-June.

Experimental Teaching. Mr. Lyons, Loulee's special education teacher, worked with her 60 min daily, 5 days per week, on reading activities specific to her needs. He emphasized decoding skills and word identification. He required her to learn letter-sound correspondence for consonants and short vowels and to blend parts of words to sound them out. He involved her in timed drills on high-frequency sight words presented both in and out of context, developed word lists, and identified short reading passages that incorporated the decodable patterns and sight words she was practicing. He did not assume his one-to-one instruction would necessarily accelerate her reading progress. So, he continued to collect weekly word-identification fluency data. Figure 3's trend line indicating rate of progress in this first phase of the Tier 3 experimental teaching process (first panel) illustrates Loulee's increasing scores. Despite improvement, her rate of growth (solid diagonal line through the scores) was flatter than what was desired (broken diagonal line across the entire graph), suggesting that if nothing changed Loulee and Mr. Lyons would not meet her end-of-year, long-term goal.

Mr. Lyons revised Loulee's instructional program. He added a larger corpus of sight words, and introduced decodable books for reading practice. After each reading, Loulee spelled and wrote missed words. This instructional change (signified by the vertical line between Phase 1 and Phase 2 in Figure 3) represented Phase 2 of Loulee's intervention. As he implemented this revised program, Mr. Lyons continued to collect weekly progress-monitoring data and, after 6 more weeks, he calculated Loulee's rate of progress (solid diagonal line in the second panel of the figure). Although one of Loulee's scores exceeded her goal line, her

trend line was still less steep than her goal line. Again, it looked like Loulee would not achieve her long-term goal.

Mr. Lyons continued with the Phase 2 decoding instruction because it seemed to boost her learning rate (although not sufficiently to put her on the desired trajectory). However, he added (a) a repeated reading activity to strengthen her oral reading fluency, (b) previewing activities that focused on challenging vocabulary, and (c) an expanded repertoire of texts. He also continued to monitor her progress. This Phase 3 revision of Loulee's program produced a dramatic boost in her rate of reading, with her trend line indicating the year-end goal would be achieved. Even so, Mr. Lyons continued to collect data. By the end of first grade, Loulee had met her IEP goal. Her year-end score of 50 words read correctly in 1 min still fell below the average of her peers' 65 words. But had she continued on the trajectory she demonstrated during the first half of first grade (0.7 words improvement per week), instead of the progress she achieved in Tier 3 intervention (1.8 words), the gap between her and her peers would have been much greater.

Movement Among Tiers. Mr. Lyons used an experimental teaching process to strengthen Loulee's reading performance. He relied on progress monitoring data to gauge the effectiveness of his program, frequently comparing her current rate of progress against her necessary rate of progress (the goal line). He relied on these data as he designed and redesigned her program, eventually developing an approach that helped her achieve the ambitious goals he and the IEP team set for her at Tier 3. After studying the data, the IEP team decided that at the start of second grade Loulee would exit Tier 3 and enter one 10-week cycle of Tier 2 tutoring. Mr. Lyons would monitor her progress. If she continued to do well, she would enter Tier 1 instruction. If, on the other hand, the data showed her progress was slowing, Tier 3 instruction would be reinstated. Thus, the IEP team did not disconnect Loulee from special education, but rather changed her instructional placement with hopes that she would eventually participate fully in the core reading program.

BACK TO THE FUTURE

Back to the Future is a science-fiction comedy directed by Robert Zemeckis and produced by Steven Spielberg. The plot involves Marty (Michael J. Fox) who travels back to 1955 in a De Lorean time machine invented by Dr. Emmett Brown (Christopher Lloyd). Marty meets his parents, then in high school. Through various twists and turns, he saves his father from getting hit by a car driven by the father's future father-in-law and, more importantly, he facilitates an event that leads to his weak-willed and bullied father asserting himself in dramatic and effective fashion. When Marty finally returns to the present, he discovers a more self-confident father and improved home life.

Arguably, special education instruction began to take shape in the 1930s with the "clinical teaching" methods of Samuel Orton and Marion Monroe. It was Monroe (1932) who first argued for systematic analysis of the reading errors that children make on achievement tests and why such analyses should be a basis for subsequent instruction. She also developed a method of producing individual profiles of these reading errors to both identify students for remediation and select appropriate instructional approaches.

Monroe (1932) defined clinical teaching as depending on direct observations; applying objective methods to the description, evaluation, and modification of human behavior. The clinical teacher would not assume the same methods apply to every child. Rather, the teacher expects that each child will present idiosyncratic problems that require adjustments to his or her approach, based in part on recognition of each child's strengths and weaknesses. In short, the teacher adjusts instruction; the child does not adjust to the teacher's methods.

It was the clinical teaching of Orton and Monroe as well as that of Kirk, Mykelbust, Johnson, and others that gave special education a core identity. It was an idiographic rather than nomothetic orientation, reflecting keen interest in and respect for children and youth with disabilities. For the most part, it was data-based when much of general education was not. It was a perspective and set of practices that marked special educators and their nascent field as "special." We know many readers can still remember when special ed-

ucators were regarded as expert instructors—"go-to" professionals at the building level to whom general educators would take their most difficult-to-teach children. Sadly, over the past quarter century, much of this has changed. In many places, special education's identity has weakened. If we think of identity as an anchor and special education a ship, then the anchor has lost its heft and the ship its mooring. There are many reasons why special education is adrift, but one of the more important is that special educators at all levels—maybe most regrettably those in colleges and universities—have forsaken their own history.

With calls for blurring special education ringing in their ears, special educators must go "back to the future." Not in a literal sense, of course. Not in a time machine. Rather, they must imagine a journey back in time and the discovery or rediscovery that their historic mission is to work with most difficult to teach children and youth and that their professional roots are in the instructional methods of clinical teaching. Further, they must do more than embrace this mission and set of methods. They must be willing to carry both into the present and connect them to contemporary evidence-based practices, many of which were developed and validated by special education researchers. In this way, they will be applying more powerful versions of assessment and instruction than that of their forebears as they continue special education's necessary and noble tradition.

We call for fundamental change in mission and practice. If taken to heart, it will engender many questions: If special educators once again become expert instructors, will they work exclusively at a most intensive tier in an RTI framework? Will they work only with certified special-needs children and youth? Will they instruct students inside or outside of general education classrooms? Will they use only the general education curricula or specialized programs, too? Who in the colleges and universities will conduct inservice and preservice training to prepare a new generation of expert instructors? Important questions all. But there is another, shorter list of even more important questions: Are school administrators, policy makers, researchers, and advocates willing to recognize that general education and special education have failed millions of America's

children and youth with severe learning problems? Are special educators and their organizations ready to grasp an opportunity to redefine special education in historic terms, to become capable of providing most intensive instruction, and to prove their value in RTI frameworks?

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AUTHORS' NOTES

This paper is dedicated to the memory of Ken Kavale—a scholar who always spoke his mind. It was written when the first two authors were visiting professors at New York University and is based in small part on a chapter written by the authors in a book edited by D. Fuchs, Fuchs, and Vaughn (2008), *Response to Intervention*, and published by the International Reading Association. We thank Joe Jenkins, Ralph Ferretti, Dan Hallahan, Marty Ikeda, and Karen Harris for their comments on earlier drafts. Their generous help should not be construed as an endorsement of what we have written.

Some readers may think that the phrase "NCLB group," like the Bush administration itself, is yesterday's news. As we write, there is continuing criticism of the education law by teacher unions and educational progressives who characterize it as overly prescriptive, unfair, and punitive. But there is also continuing support in Congress and at state and district levels, as well as in the Obama administration (Dillon, 2009), for its alignment of standards and accountability. We expect standards to continue to drive reform efforts in the next 4 years, irrespective of the name of the new law that formalizes and authorizes it.

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