

The Response to Involvement Approach in Right to Information (RTI) For Children

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ABSTRACT: RTI is a framework that encourages teachers to differentiate instructional interventions for individual students depending on their proven needs. RTI employs a one-of-a-kind measuring strategy that starts with universal screenings of all students at various times during the school year. The goal of this paper was to look at the present state of RTI implementation in early childhood settings that serve children from newborn to five years' old who are not yet in kindergarten. The aim was to examine implementation as reported by state-level directors and coordinators, rather than to conduct a comprehensive assessment. In early childhood, we highlighted advancements in RTI models, practices, and examples. We looked at the socio-emotional, linguistic, and early literacy abilities that should be the results of early childhood education, according to studies. Following that, we went through the early childhood system and the disciplines that the RTI method is based on. We looked at elements of early childhood that are compatible with RTI. We discussed recent achievements, continuing research and development, and policy requirements for early childhood RTI implementation. We spoke about obstacles, such as misconceptions that may be hurdles to implementation and should be addressed in future study, professional development, and practice.

KEYWORDS: Children, Interventions, Kindergarten, RTI, Students.

1. INTRODUCTION

RTI is a framework that encourages teachers to differentiate instructional interventions for individual students depending on their proven needs[1]. RTI employs a one-of-a-kind measuring strategy that starts with universal screenings of all students at various times during the school year. Educators utilize this information to identify youngsters who aren't making the anticipated short-term development and may benefit from more intense instruction. Children who have been identified get extra intervention, as well as more regular progress monitoring and intervention decision-making. Interventions of increasing intensity, also known as Multi-Tier Systems of Support (MTSS), are used to offer an appropriate level of service, one that matches a child's proven response to intervention.

Given the overall classroom curriculum and instructional methods, the screens are used to determine the subset of students in a school, program, or classroom that fall below a benchmark level. These youngsters get more intense treatment and have their skill development evaluated on a more regular basis[2]. If the children's development continues to lag, the choice is taken to offer more intense treatment. Alternatively, if the kid has made sufficient progress, the decision is made that the child no longer requires the intense intervention and the child is sent to less intensive treatment. MTSS services are given sooner in RTI than in conventional special education programs. Children who get more intense assistance may or may not have an Individual Family Care Plan (IFSP) or an Individual Education Plan (IEP), and mobility between levels of service is dynamic and dependent on proven improvement over the course of a school year. Additionally, the locally obtained progress data is utilized to make yearly program changes such as a curriculum change, additional professional development in support of the RTI method, or both, based on the locally collected data [3].

1.1. Possible Benefits

A growing number of children join early education programs with little or no exposure to early literacy activities at home or in daycare, placing them at risk of failing to meet expectations in language, literacy, and social-emotional development in preschool. A significant percentage of these children struggle with reading, eventually requiring special education assistance for reading impairments. We do know, however, that special education

service prices are rather flexible. Preschool attendance, for example, was linked to a 12 percent reduction in the incidence of special education identification, according to Belfield[4].

Preschoolers had a 38 percent reduced incidence of special education services for learning impairments. We also know that children who have difficulty learning to read are more likely to have behavior issues in elementary school[5]. The ability to provide key social–emotional and early literacy experiences for those children who lack these experiences and the key skills to prevent the need for special education services for language, literacy, and behavior disorders, especially for this population of children with experiential deficits, is a potential benefit of RTI in early childhood.

The benefit of RTI for children with disabilities is the potential for improved outcomes due to its ability to provide seamless interventions for individual children that result in progress and less regression and loss of function over time than would otherwise be expected if these early and intensive services were not provided. The advantage of RTI in early childhood is that it may help children and programs achieve overall better effectiveness. The RTI approach in early childhood programs is gaining traction, and its designers must consider the unique challenges that the early childhood system faces, not least of which is the lack of universal access to early education and a unified early childhood education system [6]. The goal of this article is to assess the present state of RTI implementation in early childhood institutions that serve children from newborn to five years old before entering kindergarten.

The aim is to examine implementation as reported by state-level directors and coordinators, rather than to conduct a comprehensive evaluation. In early childhood, we also highlight advancements in RTI concepts, research, practices, and program examples. We set the scene by explaining (a) the backdrop for RTI in the early education system and (b) the abilities that research suggests early education must help children acquire in order to be ready for kindergarten. Following that, we look at elements of early childhood that are relevant to RTI, as well as difficulties and misconceptions that may need to be debunked in future study and practice. We discuss existing achievements as well as continuing research and development, as well as policy recommendations for early childhood RTI implementation. We end with research, policy, and practice implications.

1.2. Early Childhood RTI Myths

A number of misconceptions have evolved regarding what RTI for early children is and how it should be applied, in addition to these difficulties. The misconceptions and answers listed below were referred to or recognized by CRTIEC employees.

Myth 1: RTI obviates the need for early childhood special education and its procedural protections, and implementing RTI implies that children cannot be submitted for special education assessment.

Preschool children and their families have a slew of legal rights and advantages when it comes to obtaining special education and associated services, and RTI models must not limit or restrict those rights. RTI does not take the role of early childhood special education or its protections, and children are not required to go through the RTI process before being referred or evaluated for special education services [7]. The presence of an RTI procedure does not negate a parent's or educator's authority to seek an initial assessment to establish whether a child has a delay or impairment.

RTI always causes a delay in referral, eligibility, or the initiation of special education services.

RTI should not create a delay, as stated in Myth 1. However, in the case of young children, a successful RTI model should enhance their access to beneficial programs rather than cause delays in referral, eligibility determination, or the initiation of special education and associated services. RTI's aim is to expand the variety of intervention methods used in general education, not to deny children access to services or supports that they may need to succeed. “The RTI procedure should not postpone the referral of a child suspected of having a disability for a thorough evaluation,” according to the CEC's official stance on RTI[5].

In order to obtain special education and associated services, children with recognized impairments may not be required to go through the RTI process". RTI is a preventive strategy for providing high-quality learning opportunities to children before they become eligible for special education and associated services. When such experiences seem to be few or nonexistent, a tiered model of teaching may assist determine if a child should be sent for a special education assessment.

Myth 2: RTI is divided into three levels, each with more personalized teaching, including children with impairments in Tier 3.

There is no optimum number of instructional levels. The basic idea of RTI is to provide a progression of more intense or alternative alternatives to suit the requirements of the people served. The amount of educational choices will vary, and there is no agreement on the scope of procedural variation that should be deemed a distinct tier of teaching at this time. If children did not show sufficient progress in a given tier, they would be designated for increased levels of assistance in higher tiers under an RTI approach[8]. Students with disabilities may be placed in any tier of instruction based on their development and performance in comparison to benchmarks on the skills in question.

Myth 3: Evidence-based curricula and instructional techniques are available to support RTI adoption in early education.

While the evidence base for curricula and instructional strategies to support children's school readiness and provide intervention across multiple tiers of an RTI model is growing, the evidence base for curricula and instructional practices to produce short-term outcomes for children is still in its infancy. The What Works Clearinghouse, the National Early Learning Panel's report, and the Preschool Curriculum Evaluation Research Consortium's report all include information on successful methods and curricula for promoting early literacy and other areas linked to school readiness. While the quality of evidence varies by field, research demonstrating that successful treatments and curricula can be scaled up, implemented, and maintained in community-based early education programs are uncommon[9]. Finally, the infrastructure needed to execute these curricula and instructional methods on a large scale and with high quality at any layer of intervention is still being developed.

Myth 4: There are presently no assessment instruments that can be utilized in RTI methods to identify preschool-aged children with learning difficulties or to track their development in response to intervention.

To present, there are few and widely accessible methods for measuring children's growth and development. In prekindergarten settings, an increasing number of metrics may be used to predict subsequent reading success and can be utilized to make instructional decisions. Even these measures have not been extensively field tested, and longitudinal studies to evaluate their general psychometric characteristics as well as intervention studies to investigate their sensitivity to treatment effects are needed. Researchers and local education authorities, on the other hand, are making fast progress in both the design and assessment of screening and progress tracking measures, as well as the development of tools to assist early childhood educators in their application and usage. As this study progresses, the number of tools accessible to practitioners will expand.

Myth 5: Once a kid is recognized as requiring instruction at a particular tier, they will not move tiers throughout the school year.

RTI is a dynamic model of service delivery that adjusts the teaching method based on a child's development. Children who show a positive response to intervention at one tier (i.e., achieve a particular growth standard) may be moved to a less intense tier. Similarly, if a child's development is insufficient to fulfill a tier's standard, they may be transferred to a more intense level of care. This is a significant problem in early childhood programs, since the period from matriculation to K-5 programs is frequently extremely short (usually less than a year). In these situations, regular evaluation and progression to a more suitable level of teaching are essential.

Myth 6: While RTI may be an acceptable approach for delivering more instructional assistance to school-aged children, most RTI models for prekindergarten students that concentrate on early reading are based on developmentally incorrect goals for young children.

RTI must be developed to be personally suitable for participating children, especially in early childhood. There is no one RTI strategy for prekindergarten children focused on early literacy, but a solid Tier 1 based on an evidence-based curriculum is a key component of all RTI models. It's essential to emphasize that RTI approaches to early literacy in Pre-K don't concentrate on training children to read; rather, they focus on emergent literacy abilities suitable for preschoolers. If RTI approaches to early literacy are to be effective in increasing children's school preparation, they should concentrate on teaching them the set of pre-literacy abilities that are shown to predict academic achievement in kindergarten. These curricula are usually implemented in the context of teacher-led group interaction and are integrated in classroom regular activities in early education. Instructional methods, like any purposeful teaching, must be individually and developmentally suitable to fulfill the short- and long-term requirements of each child.

Myth 7: RTI promotes the practice of "ability grouping," which may be harmful to the self-esteem of young children.

While some RTI models may contain homogeneous groups of children, these groupings may only last a few hours and can (and, in our opinion, should) be integrated into a complete and inclusive program. RTI enables teachers to offer the degree of teaching that a particular kid needs to succeed. RTI emphasizes dynamic allocation of educational resources based on the present needs of individual students, rather than "tracks." We are unaware of any evidence that supports the notion that categorizing children according to their degree of need reduces their self-esteem. On the other hand, evidence indicates that children who succeed early in life have better academic and social results later in life[10].

2. DISCUSSION

The RTI method is rapidly being used in US schools in order to achieve better efficacy in teaching the nation's young. Unlike previous approaches, which waited until children with learning and behavioral issues were qualified for disability assistance later in their education, RTI supports acting as soon as kids exhibit indications of not making progress. RTI presupposes the use of evidence-based methods, universal screening and progress monitoring with decision-making, and various support systems, in addition to administrative assistance and a trained, experienced workforce. The implications for research, development, and evaluation are found in the creation of the necessary practices, treatments, and measurements, with proof that they indeed generate demonstrably better outcomes. This study should be tested in the context of normal early childhood facilities and services, with typical early childhood personnel acting as implementers. RTI in early life, as this article demonstrates, is a new technique that has the potential to improve efficacy.

Practices are most advanced in the areas of screening and progress monitoring measurement (e.g., the IGDIs) as well as models for transferring RTI to the early childhood system and profession. RTI is being used by an increasing number of state-based local programs in preschool, while it is being used by much fewer with babies and toddlers. However, only a few language and early literacy curricula (Tier 1) are well-supported by research, while other elements of required infrastructure and practice remain unmet. In addition to the difficulties and misconceptions mentioned above, more work has to be done to integrate the social-emotional, language, and early literacy domains in early childhood RTI models, interventions, and assessments. Implementing RTI models in local programs and improving them year after year has implications for practice: the methods, processes, and measurements utilized in an attempt to achieve better yearly outcomes for children.

By combining resources, determining roles and responsibilities, and forming teams to select practices, review child data, and make intervention decisions, creative efforts to work collaboratively across early childhood sectors to serve all children appear to point the way to overcoming the lack of a unified system and achieving greater effectiveness. The consequences for state and federal policy call for integrating the early childhood system by

eliminating obstacles to the provision of services to children with diverse needs in inclusive, least restrictive environments where services by multiple experts may be delivered, if not by bridging sectors. Furthermore, policies that define the function of RTI inside and across early childhood system sectors would help to advance the goal of meeting the needs of all children.

3. CONCLUSION

The goal of this paper was to look at the present state of RTI implementation in early childhood settings that serve children from newborn to five years' old who are not yet in kindergarten. The aim was to examine implementation as reported by state-level directors and coordinators, rather than to conduct a comprehensive assessment. In early childhood, we highlighted advancements in RTI models, practices, and examples. We looked at the socio-emotional, linguistic, and early literacy abilities that should be the results of early childhood education, according to studies. Following that, we went through the early childhood system and the disciplines that the RTI method is based on. We looked at elements of early childhood that are compatible with RTI. We discussed recent achievements, continuing research and development, and policy requirements for early childhood RTI implementation. We spoke about obstacles, such as misconceptions that may be hurdles to implementation and should be addressed in future study, professional development, and practice. Clearly, EC RTI is gaining traction, and there are signs that it will continue to expand in the future. The greatest overriding influence on future implementation will be the increasing presence of evidence of greater effectiveness and a widening choice of component practices for use in implementation that are based on measurably superior results and that are feasible because they overcome the challenges inherent in early childhood.

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