



Review draft of a paper jointly prepared by the National Association for the Education of Young Children, the Division for Early Childhood of the Council for Exceptional Children, and the National Head Start Association.

Frameworks for Response-to-Intervention in Early Childhood: Description and Implications

Across the nation there is an increased focus on ensuring that all young children experience positive outcomes and enter school ready to learn. Moreover, significant national investments have been made to align policies and resources to support the implementation of research-based teaching and caregiving practices within all programs and classrooms, from early childhood to post-secondary settings. One key piece of legislation that underscores the increased attention and investment in intervening early is the reauthorization of the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA, 2004). IDEIA includes a specific provision highlighting the need for early intervening services (EIS) for kindergarten (K) - 12th grade students (with a particular emphasis on children in K - 3rd grade) who require additional academic and/or behavioral support, with an aim to reduce or eliminate the future need for special education. Early intervening services ensure that students who are not currently identified as needing special education or related services, but who need additional instruction or intervention to succeed in a general education environment, receive the necessary support in an appropriate and timely manner. The EIS provision was added in order to align IDEIA with the goals and accountability measures that were a part of the 2001 reauthorization of the Elementary and Secondary Education Act (ESEA), much more commonly known as No Child Left Behind (NCLB, 2002). In fact, the IDEIA statute and commentary reference the ESEA 162 times. Early intervening services generally have been organized under frameworks known as response-to-intervention (RtI) or multi-tiered systems of support (MTSS) (National Early Childhood Technical Assistance Center [NECTAC], 2012 [<http://nectac.org/topics/RTI/RTI.asp>]; Walker & Shinn, 2010). These and other shifts in policy and practice provide important opportunities for early childhood practitioners to work closely together to support the development and learning of all young children. As RtI has become an important part of how educational programs are organized within schools serving children in kindergarten through 12th grade, there has been increased interest in the application of RtI to young children (NECTAC, 2012).

The Division for Early Childhood (DEC), the National Association for the Education of Young Children (NAEYC), and the National Head Start Association (NHSA) have created this joint paper to provide guidance on the relationship of RtI frameworks to the unique contexts of early childhood education (ECE) programs¹. The collaborative paper has three purposes: first, to present a broad definition and

¹While the term *early childhood* generally refers to a period from birth to grade three, the issues associated with RtI have, to a large degree, been defined for students in K–3, while the practices for infants, toddlers, and preschoolers are still evolving. Therefore, the paper addresses RtI frameworks as they may apply to young children from birth until entry into school-age

description of the features of RtI frameworks as they are evolving in ECE; second, to provide a description of common misconceptions about RtI in ECE; and third, to identify future directions related to RtI research and practice in ECE. It is, however, beyond the scope of this paper to offer specific examples regarding implementation strategies, to provide full descriptions about the pros and cons of RtI approaches, or to discuss different interpretations of RtI features. The paper is designed to help those working in ECE conceptualize the common features of RtI frameworks, to understand why there are differences across states and programs, and to stimulate further discussion about the application and utility of RtI in ECE. Additional resources about RtI for young children can be found at http://www.crtiec.org/Resources/progress_monitoring.shtml.

While states and local programs have conceptualized RtI for young children in many different ways, the focus of this paper is on the common features of RtI frameworks and how they are designed to ensure high quality teaching and responsive caregiving for all young children. Readers should note, however, that the science or practice of RtI for young children is still evolving, and this paper is based upon current conceptualizations and practices.

Context for RtI in K-12 and Early Childhood Education

Although current federal statute does not specifically mention the use of RtI, IDEIA broadly describes the applicability of such frameworks as part of EIS, and Section 681 states that the Secretary will develop a comprehensive plan for Subpart 2 of the Act following input from relevant experts. Further, NCLB promotes the use of school wide reforms that ensure children have access to scientifically-based instructional strategies, and frameworks such as RtI are clearly aligned to this mission. In fact, as Congress prepares to reauthorize ESEA, special education organizations such as the Council for Exceptional Children (CEC, 2010), the Council of Administrators of Special Education (CASE, 2011), and others have issued recommendations calling on Congress to include provisions that would require a proportion of ESEA funds to be used for EIS, and to include language that provides guidance regarding the use of RtI.

That said, while key principles of RtI approaches are a component of federal statutes (e.g., IDEIA, 2004; NCLB, 2002), the principles have always been the focus of high-quality intentional teaching and caregiving efforts in ECE. **Among the core principles of various RtI approaches are the following: specification of a multi-tiered system of supports; early provision of support or intentional teaching/caregiving with sufficient intensity to promote positive outcomes and prevent later problems; use of child data to inform teaching and responsive caregiving practices; and use of research-based scientifically validated practices to the maximum extent possible** (Batsche et al., 2005). Again, such principles are at the core of ECE recommended practices related to assessment, intentional teaching, differentiated instruction, and ongoing progress monitoring (Copple & Bredekamp, 2009; Sandall, Hemmeter, Smith, & McLean, 2005).

While tracing the historical and contemporary context of RtI as applied in K-12 (see Batsche et al., 2005; Fuchs, Mock, Morgan, & Young, 2003; Graner, Faggella-Luby, & Fritschman, 2005; Hollenbeck, 2007; Jimerson, Burns, & VanDerHeyden, 2007; National Center on Response to Intervention, 2010) is beyond the scope of the paper, it is important to understand that RtI approaches have evolved as a response to two primary concerns:

programs. The application of the features discussed here, however, may apply to K-3 settings as further refinement of RtI approaches for students are made.

1. An existing “wait to fail” model where teams had to *wait* until a child/student demonstrated a significant discrepancy between intellectual ability and academic achievement (i.e., *failed*) before determining that a student had a learning disability and thus was eligible for special education services.
2. A commonly occurring practice in which students were identified as having a delay or disability without consideration of the quality, type, or relevance of teaching efforts they may have received in general education settings prior to this identification.

These two concerns fueled changes to federal regulations, state rules, and district policies as well as led to the widespread implementation of a variety of RtI approaches (Berkeley, Bender, Peaster, & Saunders, 2009). The demonstrations of the effectiveness of RtI in K-12 settings (e.g., Gersten et al., 2008a; Gersten, et al., 2008b; Gersten, et al., 2009; Glover & Vaughn, 2010; Shapiro, Zigmond, Wallace, & Marston, 2011; Torgesen, 2009) have led to discussions about applications in ECE (e.g., Buysse, Peisner-Feinbert, & Burchinal, 2012; Fox, Carta, Strain, Dunlap, & Hemmeter, 2010; VanDerHeyden & Snyder, 2006; VanDerHeyden, Snyder, Broussard, & Ramsdell, 2008). Until recently, RtI has been viewed as a K-12 initiative, but many programs and states are applying RtI in ECE programs given the core principles align with ECE recommended practices (Greenwood, et al., 2011).

Understanding the context for RtI in K-12 may be useful for helping to inform implementation of RtI in ECE; however, as the authors cited above and others have noted, adoption of frameworks and practices used with older children would not be appropriate. Programs for young children (birth until entry into school-age programs) are under the direction of a variety of agencies (e.g., education, health and human services, child care), resulting in services provided in diverse settings including public school classrooms, family homes, community child care centers, and Early Head Start and Head Start programs. Personnel with highly variable preparation and training (e.g., no formal education in early childhood, child development associate degree, early childhood certification, master’s degree, licensed teachers and other licensed practitioners) are responsible for teaching and responsive caregiving in these programs. Moreover, the resources available for implementing RtI frameworks (e.g., identifying children who might benefit from additional support to promote early development and learning, carrying out individualized teaching, and continuously monitoring children’s growth toward desired outcomes) vary across early childhood programs. Additionally, the developmental needs of young children addressed in early education and care settings are broader than those addressed in K-12 schools. Thus, the context and subsequent application of RtI approaches to ECE are sufficiently different than those of K-12 and warrant a discussion and exploration by the fields of early education, intervention, and care.

Definition and Features of RtI Frameworks in Early Childhood Education

The primary application of RtI in ECE may be seen as a means of providing high-quality teaching and responsive caregiving through the delivery of differentiated support for all young children. In other words, in ECE, RtI frameworks are a means for implementing a *hierarchy* of support that is *differentiated* through a *data-based decision-making process* (Greenwood et al., 2011; National Professional Development Center on Inclusion, 2012). Figure 1 presents one way of conceptualizing an ECE RtI framework. Specifically, the triangle represents three tiers of teaching and/or caregiving. Tier 1 represents high quality teaching and responsive caregiving that should be available to all young children. Tier 1 is purposefully wider to symbolize that it serves as the foundation for other practices, and proportionally deeper than Tiers 2 and 3, to indicate that more intensive support or instruction will not be needed if high quality Tier 1 support and instruction are in place. Similarly, Tier 2 is depicted as proportionally deeper than Tier 3, again, indicating that the added implementation of effective Tier 2

support and instruction reduces the need for highly individualized Tier 3 efforts. The arrows going up and down the left side of the triangle are to illustrate that teaching and responsive caregiving efforts increase (or decrease) in intensity, frequency, and individualization as a child’s needs in a particular area increases (or decreases). The up and down arrows at the center of the triangle indicate that RtI frameworks should be dynamic in nature. Iterative processes are often used in RtI to implement systems of support or instruction and to evaluate responses to teaching and caregiving practices. Through such dynamic and iterative processes, teams revise or change any number of variables including what is taught, where the child is taught, when the child is taught, and how the child is taught. The goal of implementing an RtI framework with young children is to be aware of areas (academic, behavioral, etc.) in which each child has differing needs and to match instructional and behavioral systems of support to those needs. Creating a match between teaching/caregiving and children’s needs requires an iterative process of *gathering, summarizing and analyzing, decision-making, implementing, and evaluating* (see cycle around the triangle in Figure 1 that illustrates the iterative and dynamic process).

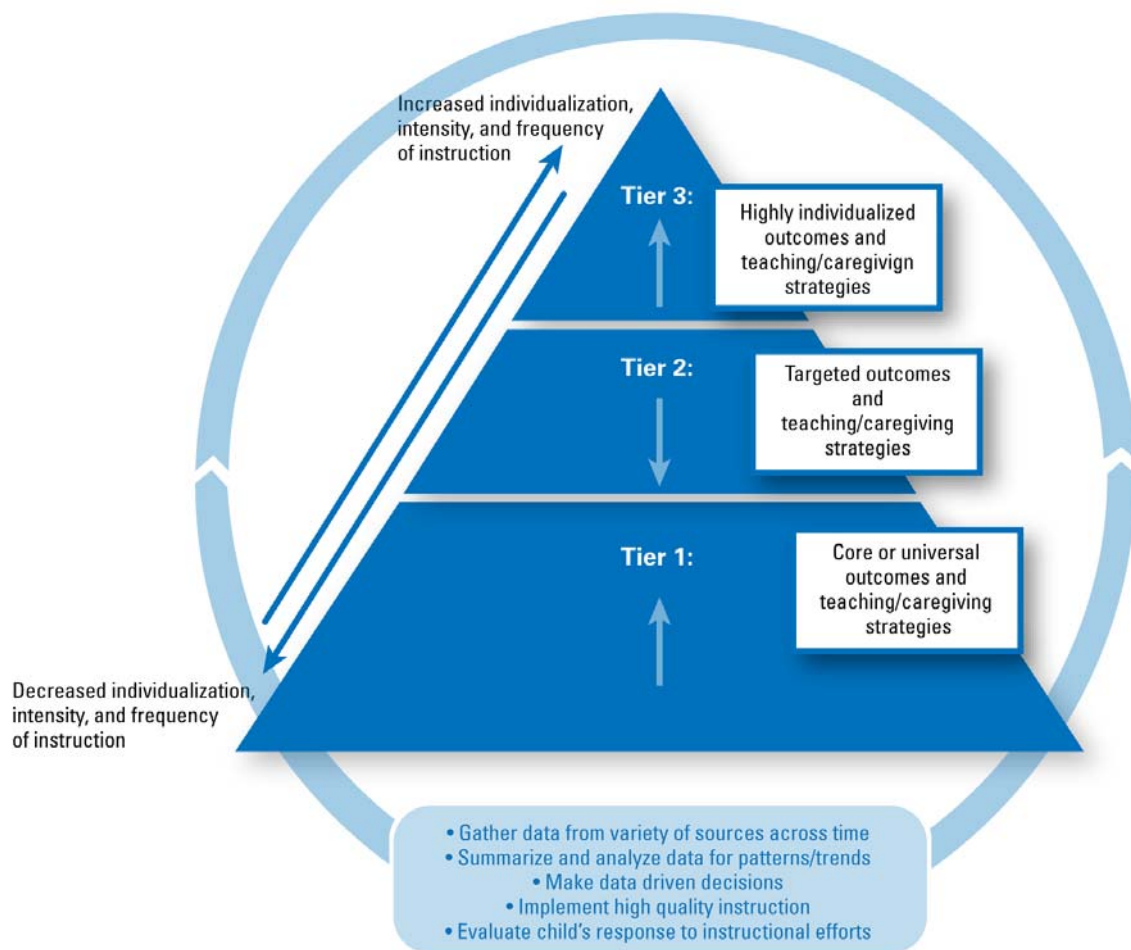


Figure 1. Illustration of an ECE RtI framework.

As RtI frameworks have evolved in ECE, four common features have emerged including: *multi tiered systems of teaching and caregiving practices; a high-quality curriculum; ongoing assessment and*

continuous progress monitoring; and collaborative problem solving among team members. The four common features of ECE RtI frameworks are described next.

Features of Early Childhood Education RtI Frameworks

The first feature, ***multi-tiered systems of teaching and caregiving practices***, is based as much as possible on research-validated approaches (Sugai & Horner, 2009). Teaching and caregiving practices are used within and across tiers to support the diverse needs of individual children and groups of young children. The number of tiers within an RtI framework will vary; however, the notion is that the bottom tier is comprised of the core or universal content as well as foundational teaching and caregiving practices deemed appropriate for all young children. The next set(s) of tiers usually refer to supplemental teaching and caregiving practices that are provided for children who may benefit from more support. While the nature of supplemental practices used will vary depending on the outcome being addressed, the child's unique needs, and the age of children involved, commonly used strategies include extra scaffolding, repetition, and guided practice in the context of developmentally appropriate activities and routines. The top tier is composed of highly individualized teaching and caregiving practices. These practices are designed to support the child to learn skills that are critical or considered prerequisite to achieving common outcomes being addressed at the bottom tier.

An important feature of multi-tiered systems of support is that the type and intensity of support is matched to children's needs versus placing a child at a particular tier to guide instruction across all outcome areas. Matching support means a child may receive different levels of intensity or instruction/caregiving for different outcomes. For example, a child may receive Tier 1 literacy instruction while at the same time participating in Tier 2 instruction related to a social-emotional outcome. Likewise, a toddler might receive Tier 1 caregiving strategies that support the child's development of expressive language to get wants and needs met, while simultaneously obtaining Tier 3 instruction for walking without support. Again, children are not identified for a specific tier of instruction across outcome areas and we do not label a child as being a "Tier 2" or "Tier 3" child. Rather, a child may change in their need for a specific tier of instruction given the demands of the situation or the outcome identified, and thus can "move within and across tiers." If a child is receiving a higher tier of support related to a specific outcome area, and progress-monitoring data demonstrate the child is making adequate growth toward that outcome, the intensity or type of instructional support would be reduced. Similarly, if progress-monitoring data demonstrate that a child has not responded to the enhanced support, a higher tier of instruction might be added. Across the tiers, teams can increase the level of support, the frequency with which planned instruction is delivered, or the degree to which outcomes are individualized (Grisham-Brown & Pretti-Frontczak, in review).

It is important to note, however, that regardless of tier or level of support, ECE teams (which include family members) should adhere to recommended practices and performance standards related to effective teaching and caregiving practices (i.e., Copple & Bredekamp, 2009; Division for Early Childhood [DEC], 2007; U.S. Department of Health and Human Services Administration for Children and Families Office of Head Start [HHS-ACF-OHS], 2011). Regardless of tier, all teaching and caregiving efforts should be planned and delivered in developmentally appropriate ways that build upon children's strengths, interests, and preferences. Further, teams enhance learning and development across tiers by incorporating a variety of materials and toys within playful activities, games, and regular daily routines, and by creating interesting and engaging learning environments.

The second feature is the presence of a **high-quality curriculum** for all children. While the term *curriculum* has many different meanings, the term has been conceptualized as a “complex idea containing multiple components including goals, content, pedagogy, and instructional practices” (NAEYC & NAECS/SDE 2003, p. 6). Taba (1962) notably described curriculum more simply as a plan for learning, while Grisham-Brown, Hemmeter, and Pretti-Frontczak (2005) define curriculum more comprehensively to include assessment for planning purposes, procedures for determining which children need what level of support, the provision of differentiation and intentional instruction, and ongoing performance monitoring. Regardless of definition, a high quality curriculum is developmentally and culturally appropriate, guided by team/family decisions, and employs research-based strategies that maximize differentiation and learning. Further, a high quality curriculum within an RtI framework includes a comprehensive and relevant set of learning outcomes that serve as a guide for teaching and caregiving efforts. For young children, determining what is taught is primarily derived from theories of child development and associated milestones, and increasingly from state and agency early learning standards, guidelines, or foundations (Daily, Burkhauser, & Halle, 2010). A high-quality curriculum at Tier 1 serves as a foundation for all other tiers of teaching and caregiving and should ensure sufficient learning opportunities embedded within daily routines and activities (Grisham-Brown, et al.).

A third feature is **ongoing assessment and continuous progress monitoring** for all children. Across RtI frameworks, the use of terms such as *assessment*, *progress monitoring*, and even more widely, *universal screening*, are used. Each term, as they apply to RtI frameworks, is described next.

Assessment is a term used throughout the ECE literature and typically refers to a process of gathering data to make a variety of decisions including decisions about the need to conduct further testing; a child’s status compared to their peers; what, when, where, and how to teach; when to revise instruction; and a program’s overall effectiveness (Grisham-Brown & Pretti-Frontczak, 2011). Within an RtI framework, the gathering of systematic information (i.e., engaging in ongoing assessment) is necessary in order to “check” or obtain a “snapshot” regarding children’s performance on a variety of skills to help inform teaching and caregiving decisions.

Universal screening is a term used in K-12 RtI approaches and is distinct from “developmental screening,” which is a term used in ECE. Universal screening is distinct from developmental screening in at least two respects: (1) universal screening examines how well all children are performing relative to a benchmark for a specified outcome area (e.g., early literacy, language, and behavior/social-emotional development) instead of across multiple developmental domains (e.g., fine motor, gross motor, adaptive); and (2) universal screening is carried out for all children on an ongoing basis—usually at least three times a year. The systematic nature of the ‘universal screening’ ensures that children who need additional support will be identified early to continue to benefit from Tier 1 teaching and caregiving whereas developmental screening helps teams make decisions regarding the need for further testing.

In ECE, programs can engage in the universal screening of all children’s performance toward specific outcomes through the use of curriculum-based assessments or curriculum-based measures at select points across the year. For example, a home visitor may administer and interpret the results from a curriculum-based assessment (e.g., *Assessment, Evaluation, and Programming System*[®] [Bricker, 2002]; *Teaching Strategies GOLD*[®] [Heroman, Burts, Berke, & Bickart, 2010]; or the *Hawaii Early Learning Profile*[®] – *HELP* [Parks, 2007], etc.) quarterly to determine if a child is responding to the family’s caregiving and promotion of learning. Similarly, a preschool teacher may administer curriculum-based measures such as *myIGDIs*[™] (Early Childhood Research Institute on Measuring Growth and Development, 1998; <http://www.myigdis.com/>) three times a year to monitor all children’s performance

on picture naming, sound identification, rhyming, and alliteration, which are key skill indicators of progress toward literacy outcomes.

Progress monitoring is a term used to describe the systematic and continuous process of informing decisions about whether children receiving research-based instruction or caregiving practices at any tier are responding to that instruction (Buzhardt, 2012; Copple & Bredekamp, 2009; Hojnoski & Missall, 2007; Grisham-Brown & Pretti-Frontczak, 2011; Raver, 2003; Ysseldyke, Thurlow, & Christenson, 1987). Teams examine trends in progress monitoring data to see if children’s rates of learning are increasing, or alternatively, whether they are making little or no change in their trajectories of learning. Oftentimes, progress monitoring occurs more frequently when children are receiving higher tiers of instruction. For example, progress monitoring may occur every 12 weeks at Tier 1, every 4 weeks at Tier 2, and weekly at Tier 3. Decision-rules are typically provided to help identify when children are responding well enough to change their level of support or intensity of instruction. For instance, a child making adequate progress for a specific length of time with Tier 3 instruction may no longer need to receive this level of individualized support and, after a prescribed period of time showing good progress, might only need Tier 2 supports to continue to make progress. On the other hand, a child receiving Tier 2 instruction might show little progress or response and after a period of time of no growth, might require Tier 3 instruction or support. The important point here is that the system is dynamic and that children are not assigned or “stuck” in a level of support in which they show no progress. The identification of rules for determining how much change is necessary before providing children with a higher or lower tier of support is a critical aspect guiding this dynamic process.

The fourth and final feature of RtI in ECE is a ***collaborative problem-solving process*** that helps guide team decisions about quality curriculum, the use of research-based practices and supports to promote learning, and the determination of what an individual child needs as support for learning and development. Collaboration and partnerships between program personnel and families or other members of the community serve as the support structure for implementing RtI in ECE frameworks (Coleman, Buysse, & Neitzel, 2006; Jackson, Pretti-Frontczak, Harjusola-Webb, Grisham-Brown, & Romani, 2009; Al Otaiba, 2005). In the design of supports for individual children, those knowledgeable about the child (e.g., the teacher, parents, administrators, school psychologists, social workers, paraprofessionals, other related professionals) gather, document, summarize, analyze, and interpret data to see how a child is progressing and use the decision-making “rules” to identify what tier of support the child needs and what type of instructional strategies would help the child be most successful (Wolery, 2004). These individuals collaborate to track the child’s progress and determine when changes are needed.

Collaboration and establishing partnerships has long been valued in ECE with emphasis on the importance of the role of families in designing, implementing, and evaluating intervention for their children (Allen & Schwartz, 2001; Christenson & Sheridan, 2001; Sheridan, Marvin, Knoche, & Edwards, 2008). Thus, across ECE RtI frameworks, it is important for all individuals who are knowledgeable about the child to contribute to the process of determining a child’s strengths, preferences, needs, and response to instructional and caregiving practices.

Misunderstandings and Misconceptions

Although there is no single or uniform way of carrying out RtI, a set of common features have been described to help define and conceptualize RtI in ECE. Given the widespread movement toward implementing RtI across ages and settings, and the varied strategies used in implementation, a number

of misunderstandings and misconceptions have arisen (Greenwood, et al., 2011). Five common misconceptions associated with RtI in ECE are discussed below.

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

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

Misconception #2: RtI focuses only on academic skills.

A fundamental element of RtI in ECE frameworks is the use of appropriate teaching and caregiving practices to match the child's needs and enhance outcomes. Within RtI in ECE frameworks, matched support can be appropriately applied to outcomes from across any curricular area (e.g., mathematics, literacy, and science) and developmental domain (e.g., language, social-emotional, and motor), and as such does not exclusively apply to academic outcomes (Greenwood et al., 2011). To date, much of the research on RtI has focused on the areas of language and literacy (e.g., Bailet, Repper, Piasta, & Murphy, 2009; Koutsoftas, Harmon, & Gray, 2009; McMaster, Fuchs, Fuchs, & Compton, 2005; Spencer et al, in press; VanDerHeyden, et al., 2008); however, there exists some research in other domains or areas of learning such as mathematics (e.g., Duhon, Mesmer, Atkins, Greguson, & Olinger, 2009; Fuchs, et al., 2005) and social-emotional competence (e.g., Pearce, 2009). Further, in ECE, there are multiple curricula and models for implementing supports that address a range of domains and align well with the features of RtI, including but not limited to:

- Building Blocks for Teaching Preschoolers with Special Needs (Sandall, Schwartz, Joseph, Horn, Wolery, et al., 2008; Sandall, Schwartz, Joseph, Chou, Horn, Lieber, et al., 2002)
- Center for Response to Intervention in Early Childhood [CRTIEC] (<http://www.crtiec.org>)
- Curriculum Framework (Grisham-Brown & Pretti-Frontczak, in review; Horn, Peterson, & Fox, 2007; Jackson, et al., 2009)
- Pyramid Model (Fox, et al., 2010; Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003; Hemmeter, Ostrosky, & Fox, 2006)
- Recognition and Response (Buysse & Peisner-Feinberg, 2010; Buysse, et al., 2012; Coleman, et al., 2006; Fuchs, Buysse, & Coleman, 2007; <http://www.recognitionandresponse.org/>)

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

All features of RtI described previously align with recommended practices in ECE, and the basis of any RtI framework is an emphasis on effective and differentiated teaching and caregiving practices to help all children reach intended outcomes. Concerns may arise in the implementation of RtI with young children when the practices and principles of K-12 are pushed down and applied without consideration for the uniqueness of early childhood development and learning. Concerns may also arise in the way programs choose to implement higher tiers of instruction or support within RtI in ECE frameworks, because how to do so is still open to debate. ECE RtI frameworks embody the characteristics of intentional teaching and developmentally appropriate practice. For example, teachers and parents can increase the level of support for children by intentionally embedding learning opportunities throughout daily routines. Teams can also provide additional support by using a wide variety of materials, creating interesting and engaging environments for purposive play and learning, and supporting prosocial behavior and peer relationships.

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

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

Misconception #5: The top tier of RtI is special education

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

referrals for eligibility for special education services diagnoses, RtI frameworks have the goal of supporting teaching and caregiving rather than identification of a delay or disability.

The Future of RtI in Early Childhood Education

As the nation becomes more focused on the importance of the early years of development and the relationship of early experiences to future academic success, ECE programs may benefit from RtI frameworks designed to ensure that each and every child receives the developmentally appropriate and intentional learning opportunities that are needed for optimal growth and learning. The implementation of RtI frameworks in ECE is not without challenges, including the difficulty of applying core principles to widely diverse settings and the complexities involved with ensuring that all providers have the professional development necessary to implement the features of RtI successfully using available resources in ways that are developmentally appropriate for the children they serve. The additional demand to include related service personnel (mental health professionals, occupational and physical therapists, speech/language pathologists) in professional development efforts and RtI implementation may also pose a challenge in some settings. Other implementation challenges include:

- Limited research on comprehensive tiered frameworks for use with young children, particularly for infants and toddlers;
- Limited research on the impact of RtI on teaching and child outcomes, particularly for infants and toddlers;
- Need for additional and adequate assessment instruments designed for the purposes described within RtI frameworks;
- Need for systems that support collaboration between general education and special education teachers, service providers, parents, and others;
- Importance of understanding how developmentally appropriate assessment, instruction, and intervention practices vary for diverse groups of children;
- Blurred distinctions between the use of RtI and special education referral and delivery of services;
- Need for greater professional development for providers on how to collect sufficient data to interpret and draw conclusions regarding children's growth and development in response to differentiated support or instruction.

All of these challenges offer directions for future research on the implementation of RtI frameworks in ECE.

Opportunities through Innovation

Despite many program and system-level challenges, RtI frameworks in ECE provide a number of opportunities to integrate programs and supports for all young children and their families. Unifying RtI in ECE should lead to improved decision-making about which supports are needed for which children and under what circumstances. Further, RtI approaches in ECE offer opportunities to improve both assessment and professional development practices, and ultimately the learning trajectories of children. For example, there is growing interest in the field to use measures such as Individual Growth and Development Indicators (IGDIs) and other progress-monitoring approaches that allow ongoing assessment of an individual child's development and learning. Using such an approach allows practitioners to track a child's growth over time and guides decision-making about services and supports (Carta, Greenwood, Walker, & Buzhardt, 2010; Slentz & Hyatt, 2008).

The emphasis on providing research-based approaches for the provision of high-quality and responsive early education and care programs is also reflected in innovative models and approaches to professional development. The implementation of any comprehensive framework or innovation on the scale and complexity of RtI will require changes in practice. Research in professional development has resulted in a national trend across early childhood education systems to focus investments on the use of approaches that are most likely to result in supporting practitioners to implement practices likely to be effective for supporting young children’s development and learning (Snyder, Hemmeter, & McLaughlin, 2011; Zaslow, 2009; Zaslow, Tout, Halle, Whittaker, & Lavelle, 2010). These approaches include: providing professional development that has specific and well-articulated objectives; the use of practice-based professional development that focuses on change in practice as an outcome; providing professional development activities that involve the collective participation of teachers from the same classrooms or programs; providing intensive activities over time rather than one-shot workshops; including training on how early educators can use and examine child assessment information to evaluate the effects of their ongoing professional development; and the provision of professional development that is aligned to the program’s standards for practice (Sheridan, Edwards, Marvin, & Knoche, 2009; Zaslow et al., 2010).

Ultimately, the goal of RtI is the same as the mission that all ECE care providers and teams have: to deliver services that will help children achieve success both in school and in life. By addressing the needs of each child in a developmentally appropriate way, RtI in ECE provides a critical opportunity for the field to improve outcomes for all young children.

References will be included in the final version of the paper.