

Parent Advocacy Brief

A Parent's Guide to Response-to-Intervention



Millions of school age children experience difficulties with learning. Their struggles in school may be due to factors such as inadequate instruction, cultural or language differences or, in some cases, a disability such as a learning disability. For years schools have attempted to provide help to these students using a variety of approaches – including programs such as teacher assistance teams, special education and Title I (early reading and math assistance).

In recent years, Congress has added new provisions to our nation's federal education laws – the Individuals with Disabilities Education Act (IDEA 2004) and the No Child Left Behind Act (NCLB) – that are designed to encourage school districts to provide additional support for struggling students within general education. This support should be provided as early as possible – when students show the earliest signs of difficulty.

While schools have attempted many ways to help struggling students, including those with disabilities, the current focus is on a improved, research-based process known as **Response-to-Intervention** (or Responsiveness-to-Intervention) (RTI) (see box). Like any successful school initiative, parents play a critical role in RTI.

NCLD has written this Parent Advocacy Brief to provide an overview of the RTI process, describe how it is implemented in schools and offer questions that parents can ask.

Note: The manner in which states and school districts might implement a Response-to-Intervention model will vary greatly, so be sure to check with your state or local school district for additional information about RTI.

What is Response-to-Intervention (RTI)?

The RTI process is a multi-step approach to providing services and interventions to students who struggle with learning at increasing levels of intensity. The progress students make at each stage of intervention is closely monitored. Results of this monitoring are used to make decisions about the need for further research-based instruction and/or intervention in general education, in special education or both.

The RTI process has the potential to limit the amount of academic failure that any student experiences and to increase the accuracy of special education evaluations. Its use could also reduce the number of children who are mistakenly identified as having learning disabilities when their learning problems are actually due to cultural differences or lack of adequate instruction. Information and data gathered by an RTI process can lead to earlier identification of children who have true disabilities and are in need of special education services.



Benefits of Response-to-Intervention

The use of an RTI process as part of a school's procedures for determining whether a student has a learning disability and needs special education services can potentially:

- Reduce the time a student waits before receiving additional instructional assistance, including special education if needed
- Reduce the overall number of students referred for special education services and increase the number of students who succeed within general education
- Provide critical information about the instructional needs of the student, which can be used to create effective educational interventions
- Limit the amount of unnecessary testing that has little or no instructional relevance
- Ensure that students receive appropriate instruction, particularly in reading, prior to placement in special education.

Limitations of Response-to-Intervention

- While many schools have been using RTI for a number of years, RTI is generally being used as a school-wide prevention model – not specifically as an approach used to identify students who have learning disabilities.
- In addition, schools' use of RTI tends to be focused on the early elementary grades and limited to the academic area of reading, with some focus on early math. As schools attempt to develop RTI processes that address and strengthen other academic areas and focus on students beyond elementary school, little information or research on which to base such models is available.
- Since an RTI process identifies the lowest performing students within a group – such as a class or grade – within the school, students who are highly intelligent (frequently referred to as “gifted”) yet aren't performing up to their potential will most likely not be identified for intervention. While these students may have a learning disability, they typically would not be identified as needing special education through an RTI process.
- Lastly, RTI alone is generally not sufficient to identify a learning disability. While the information collected during the RTI process will, as mentioned above, play an important role in making decisions about student need and creating effective instructional plans, additional information is needed to satisfy the evaluation requirements of IDEA and make a well-informed, individualized decision about each student.

Despite these limitations, a well implemented, research-based RTI process promises to offer earlier, more relevant help for students at risk for learning disabilities and provide critical information about the instructional needs of the student, which can be used to create effective educational interventions.

Important Terms to Know

Intervention: A change in instructing a student in the area of learning or behavioral difficulty to try to improve performance and achieve adequate progress.

Progress monitoring: A scientifically based practice used to assess students' academic performance and evaluate the effectiveness of instruction. Progress monitoring can be implemented with individual students or an entire class. (See page 4 for more information)

Scientific, research-based instruction: Curriculum and educational interventions that are research based and have been proven to be effective for most students

Universal screening: A step taken by school personnel early in the school year to determine which students are “at risk” for not meeting grade level standards. Universal screening can be accomplished by reviewing a student's recent performance on state or district tests or by administering an academic screening to all students in a given grade. Students whose scores on the screening fall below a certain cut-off point are identified as needing continued progress monitoring and possibly more intensive interventions.



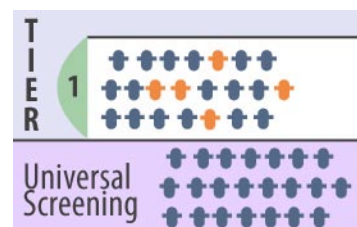
A Three-Tier RTI Model

While there is no single, thoroughly researched and widely practiced “model” of the RTI process, it is generally defined as a three-tier (or 3-step) model of school supports that uses research-based academic and/or behavior interventions. At all stages of the process, RTI should focus on discovering how to make the student more successful rather than focusing on the student’s lack of success.

A three-tier RTI model includes:

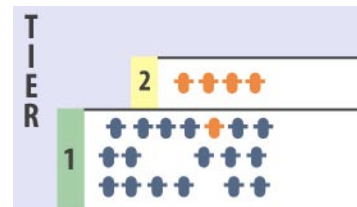
► Tier 1: Screening and Group Interventions

Students who are “at-risk” are identified using universal screenings and/or results on state or district-wide tests and could include weekly progress monitoring of all students for a brief period. Identified students receive supplemental instruction, or interventions, generally delivered in small groups during the student’s regular school day in the regular classroom. The length of time for this step can vary, but it generally should not exceed eight weeks. During that time, student progress is closely monitored using a validated screening system such as curriculum based measurement (see below). At the end of this period, students showing significant progress are generally returned to the regular classroom program. (Note: this step may be broken into 2 separate tiers in a 4-tier model) Students not showing adequate progress are moved to Tier 2.



► Tier 2: Targeted Interventions

Students not making adequate progress in the regular classroom in Tier 1 are provided with more intensive services and interventions. These services are provided in addition to instruction in the general curriculum. These interventions are provided in small group settings. In the early grades (K-3) interventions are usually in the areas of reading and math. A longer period of time may be required for this tier, but it should generally not exceed a grading period.

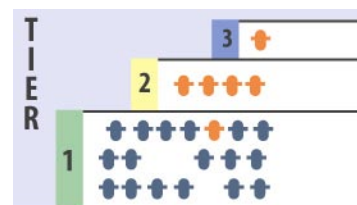


Students who continue to show too little progress at this level of intervention are then considered for more intensive interventions as part of Tier 3.

Depending on a school’s particular model of RTI, parents may or may not be involved in Tier 2. Ideally, schools involve parents at the earliest stages of RTI by explaining the process in face-to-face meetings, providing written intervention plans and requesting parental consent.

► Tier 3: Intensive Interventions and Comprehensive Evaluation

Students receive individualized, intensive interventions that target the student’s skill deficits. Students who do not respond to these targeted interventions are then considered for eligibility as required by the Individuals with Disabilities Education Act (IDEA). The data collected during Tiers 1, 2 and 3 are included and used to make the eligibility decision. (Note: This part of the process may be broken into 2 separate tiers in a 4-tier model).



At any point in an RTI process, IDEA allows parents to request a formal evaluation to determine eligibility for special education. An RTI process cannot be used to deny or delay a formal evaluation for special education. For more information on IDEA provisions see NCLD’s Parent Guide to IDEA at www.LD.org/IDEAGuide.

The Importance of Progress Monitoring

Progress monitoring is a scientifically based practice used to assess students' academic performance and evaluate the effectiveness of the instruction they are receiving. It can be implemented with individual students or an entire class.

Progress monitoring is a fundamental and necessary component of RTI. The information gathered through progress monitoring is used throughout the RTI process to make important instructional decisions about the student.

To implement progress monitoring, the student's current levels of performance are determined and goals are identified for learning that will take place over time. The student's academic performance is measured on a regular basis (weekly, bi-weekly or monthly). Progress toward meeting the student's goals is measured by comparing expected and actual rates of learning. Based on these measurements, teaching is adjusted as needed.

Whatever method of progress monitoring a school decides to use, it is most important that it is a scientifically based practice that is supported by significant research.

Curriculum Based Measurement (CBM)

The form of progress monitoring that is scientifically validated is Curriculum Based Measurement or CBM. CBM is one way of tracking and recording a child's progress in specific learning areas. Using CBM, teachers regularly assess students' performance (e.g., each week) using very brief, simple tests. The results help teachers determine whether students are learning well from their instructional program. CBM results also provide the teacher with the information needed to tailor instruction for a particular student. CBM practices, supported by a great deal of research, are available in pre-reading, reading, spelling, mathematics and written expression for grades 1-6. CBM procedures have also been developed for kindergarten and middle school.

Some examples of CBM are:

Dynamic Indicators of Basic Early Literacy Skills (DIBELS)
<http://dibels.uoregon.edu>

AIMSweb
<http://www.aimsweb.com>

Monitoring Basic Skills Progress (MBSP)
<http://www.proedinc.com>

Yearly Progress Pro
<http://www.mhdigitallearning.com>

More information on these and other scientifically based progress monitoring tools is available from the National Center on Student Progress Monitoring at www.studentprogress.org.

Essential Components of RTI

According to the National Research Center on Learning Disabilities (NRCLD) (www.nrcld.org) the essential components of Response-to-Intervention include:

- Monitoring a student's progress in the general curriculum using appropriate screenings or tests (assessments)
- Choosing and implementing scientifically proven interventions to address a student's learning problems
- Following formal guidelines to decide which students are not making sufficient progress or responding to the intervention
- Monitoring how the student responds to the intervention by using assessments at least once a week or once every two weeks
- Making sure the interventions are provided accurately and consistently
- Determining the level of support that a student needs in order to be successful
- Giving parents notice of a referral and a request to conduct a formal evaluation if a disability is suspected as required by IDEA.

Response-to-Intervention vs. Pre-referral Interventions

Many schools, school districts and even some states have established procedures for pre-referral interventions. Such interventions are designed to provide additional support to struggling students prior to recommending that a student be evaluated for special education. However, little research has been done on the effectiveness of this approach.

Pre-referral interventions have frequently been used without close monitoring or documentation of the student's progress. Monitoring and record keeping provide the critical information needed to make decisions about the student's future instruction. If monitoring and record keeping doesn't occur along with pre-referral strategies, the opportunity to make informed decisions about the student's future instruction and intervention needs is lost.

Equally important, the adequacy of the instruction being delivered in the general education classroom where the student was experiencing learning difficulties has not usually been examined. Frequently, the instructional program being used in general education, such as the beginning reading program, is not scientifically based and does not have a high success rate for most children.

In contrast, successful implementation of RTI requires a number of essential components that ensure high-quality instruction, careful monitoring and documenting of progress and close collaboration between general education and special education.

Written Intervention Plans

If your child's school is using an RTI process to address your child's difficulties, you should expect to receive a written intervention plan. This plan should include details about how the school is planning on helping your child. The written intervention plan should be fully explained to you and should include the following:

- A description of the specific intervention
- The length of time (such as the number of weeks) that will be allowed for the intervention to have a positive effect
- The number of minutes per day the intervention will be implemented (such as 30 to 45 minutes)
- The persons responsible for providing the intervention
- The location where the intervention will be provided
- The factors for judging whether the student is experiencing success
- A description of the progress monitoring strategy or approach, such as CBM, that will be used
- A progress monitoring schedule
- How frequently you will receive reports about your child's response to the intervention.

The instructional interventions used as part of an RTI process should provide targeted assistance based on progress monitoring, be delivered by a highly qualified classroom teacher or another specialist and provide additional instruction on an individual or small group basis (with or without technology assistance).

The following practices are not appropriate instructional interventions and should not be part of an RTI intervention plan:

- Special or re-assigned seating in the classroom
- Shortened assignments
- Communications with the parent about the child at regular parent-teacher conferences or other informal communications
- Classroom observations
- Suspension
- Retention
- More of the same/general classroom instruction and/or assignments.

Response-to-Intervention in Action: Paul and Susan

The cases below are based on a fictitious school and students in that school. It offers a snapshot of how a school might implement RTI and how the RTI process might operate for two students in the school.

Paul and Susan are students at White Oaks Elementary School. Their school has a 3-tier (or step) RTI process in place for the entire first grade. Parents of all students in first grade are provided with information about the program at the beginning of the school year. The school's process includes:

- Use of a strong reading curriculum, Open Court (Tier 1)
- Monitoring of every first-grade teacher to ensure that the reading program is taught as required (See box)
- Universal screening of all students using a validated progress monitoring tool known as curriculum-based measurement word identification fluency to identify students at-risk for reading failure (Tier 1)
- Weekly monitoring of the reading progress for all students (Tier 1)
- At-risk students, whose weekly progress monitoring shows poor improvement with the general education program, receive a validated reading tutoring program as a Tier 2 intervention. In Tier 2, these students receive an intervention program that lasts 8 weeks and includes:
 - 45 minutes of tutoring four times each week
 - Groups of 3 students

These supplementary sessions focus on phonological awareness, letter-sound recognition, decoding, sight word recognition, and short-story reading (Tier 2).

- Use of curriculum-based measurement word identification fluency to measure at-risk students once each week (Tier 2)
- Use of an abbreviated evaluation for students who are found to be unresponsive to Tier 2 intervention. Parents are asked to give written consent if their child is unresponsive to Tier 2 tutoring so evaluations can be given that will provide additional information needed to distinguish whether the child may have a disability that is interfering with learning, such as a learning disability, mild mental retardation, a language impairment or emotional behavior disorders.
- Use of information gathered in Tier 1 and Tier 2 to design individually-tailored special education programs for students identified as needing special education
- Use of various research-based strategies to assist the child, such as:
 - Lower student-teacher ratios (typically 1 teacher to 1 student, or 1 teacher to 2 students)
 - More instructional time (up to an additional 1.5 hours per day)
 - Ongoing progress monitoring to continue to refine the individualized special education program (Tier 3).

Ensuring effective school wide programs

The careful analysis of performance data for all students is critical to a successful RTI process. It provides evidence that the school's curriculum and instructional process is providing acceptable progress for most students.

For example, if 20 percent of the students in the general education program are not making acceptable progress based on desired benchmarks, the school must work to improve the overall curriculum and/or instructional program. If less than 20 percent are not making satisfactory progress, the general education program can be considered to be sufficiently effective and more intensive interventions are required for those students not meeting expectations.

Paul

Tier 1: Paul is a first-grade student. At the beginning of the school year, Paul's score on the universal screening fell below the school's cut-point used to identify students who are at-risk for reading failure. So, Paul was considered to be at risk for reading failure. All students were monitored for 5 weeks to gauge their response to the reading curriculum.

At the end of 5 weeks, Paul's scores on the progress monitoring curriculum-based measurement word identification fluency fell below the performance needed to indicate positive response. So, Paul was considered unresponsive to Tier 1 general education and in need of additional support.

Tier 2: The school held a face-to-face meeting with Paul's parents. During the meeting, they explained Paul's scores and the reasons why they were concerned about Paul's lack of progress in reading. The school asked Paul's parents for written consent so Paul could enter Tier 2 of the school's Response-to-Intervention (RTI) program, called preventative tutoring. Paul's parents received a written Intervention Plan that provided details of the next phase of intervention that Paul would receive.

For the next 8 weeks, Paul received preventative tutoring four times each week for 45 minutes per session, in small groups with 2 other students.

Progress monitoring was done weekly and Paul's parents received a detailed report of his progress, including graphs of his progress monitoring, every two weeks. These graphs helped Paul's parents understand the results of the preventative tutoring. They could ask questions at any time about any information in the progress reports. They were also advised that they could request a formal evaluation as allowed under the Individuals with Disabilities Education Act (IDEA) if they suspected that Paul might have a disability.

After 8 weeks under Tier 2 preventative intervention, Paul showed positive progress which exceeded the school's expectations for response to the intervention. So, Paul was considered to be responsive to the Tier 2 preventative intervention and was returned to Tier 1 general education, with the hope that he would now be able to continue to progress adequately. The school watched Paul closely and continued to monitor his progress weekly. If necessary, Paul could reenter Tier 2 preventative intervention if he once again struggles to progress as expected within the general education classroom.



Susan

Tier 1: Susan is also a first-grade student at White Oaks Elementary School. At the beginning of the school year, her mother reported that she had shown signs of difficulty with beginning reading skills. Susan's mother told the first-grade teacher that her older brother and sister both learned the alphabet more quickly and easily than Susan.

On the universal screening at the beginning of first grade, Susan's score put her in the group of students who are considered to be at-risk for reading failure. Like all parents, Susan's parents received notice of her performance on the class-wide screening. Susan, along with the other students considered at-risk, had her performance monitored for 5 weeks. It was hoped that, despite her mother's concerns, Susan would progress at an appropriate rate in the strong reading curriculum used by the school.



Tier 2: At the end of 5 weeks, Susan's progress-monitoring information showed that her performance was below the cut-point that would show a positive response. So, Susan was considered unresponsive to Tier 1 general education. The school held a face-to-face meeting with Susan's mother and explained that Susan continued to show difficulty with reading. The school asked Susan's mother for her written consent to begin Tier 2 preventative intervention. Susan's mother agreed to the school's intervention plan. She also asked for information and materials that she could use at home to help Susan benefit from the tutoring she would receive in Tier 2. Susan's mother received a written intervention plan and a kit of materials to use every night at home to help develop important reading skills such as phonological awareness, letter-sound recognition, decoding and sight word recognition. Susan's mother began working with her each night for 20 minutes.

Susan received preventative tutoring for 45 minutes, four times each week, in groups with 2 other students and for 8 weeks.

Progress monitoring information was collected weekly. Susan's mother received a progress report each week that helped her understand Susan's performance. Despite both the preventive tutoring and the additional assistance provided by Susan's mother each night, Susan failed to respond to the Tier 2 preventative intervention. Her scores on the progress monitoring showed that she was still well below the achievement level needed to indicate a positive response.

Tier 3: Susan's lack of response to Tier 2 indicated that she might have a disability that was interfering with her learning. The school met again with Susan's mother and explained their concerns about Susan's lack of progress. They also explained that if Susan kept falling behind her classmates, she would soon be unable to participate meaningfully in the curriculum. The school asked Susan's mother for her written consent to conduct an abbreviated evaluation in order to gather additional information about Susan. The school recommended testing that could rule out mental retardation and measure Susan's language skills. Information from a classroom observation and a parent interview were also gathered, along with information from the progress monitoring records of Susan's performance in Tier 1 and Tier 2.

All of this information was used to determine that Susan had a learning disability. She was found eligible for special education. A team of people, including Susan's mother, met to develop an Individualized Education Program (IEP) for Susan. Susan's mother provided written consent for special education services to begin and Susan entered Tier 3, where a trained special education teacher began a more intensive intervention program.

In this program the special education teacher worked with Susan 1-on-1 each day for 1 hour and supplemented the hour each day with another half-hour of small-group tutoring with one other student.

The teacher monitored Susan's progress twice weekly and provided Susan's mother with a report of Susan's progress every grading period. The graphs showing Susan's performance helped her mother understand that, at last, Susan was making some progress in reading. To improve the progress even more, the special education teacher enhanced Susan's special education program by adding 30-minute sessions, four times per week, using the Read Naturally computer software program. That additional help increased Susan's rate of growth to a rate that would make up for her earlier lack of progress. Susan's mother also continued to work with her at home each night to reinforce the special education services. Susan's progress will continue to be monitored and reported to her mother. Should her reading level improve sufficiently, the school team and Susan's mother will meet to determine if Susan can discontinue special education services and receive all reading instruction in the general education classroom with continued monitoring.

LD Talk: Response-to-Intervention: What Parents Need to Know About This Approach to Identifying Students Most At-Risk for LD



Dr. Judy Elliott is the Assistant Superintendent in the Office of School Support Services, including special education, in the Long Beach Unified School District (LBUSD) in Long Beach, California. The district, which is the third largest urban school system in that state, serves 94,000 students and is situated in the most diverse U.S. city, according to the Census2000. In LBUSD, RTI problem solving teams have been in place since the early 1980's.

Below are excerpts from the April 18, 2006 LD Talk with Dr. Elliott.

Question: How does a parent determine if the amount of time and the skills that were implemented were of a sufficient level that enough progress was or was not shown by my child? Is all of this up to the discretion of the school? Is what I want to say, 'Keep trying what you are doing' rather than consider eligibility into a special education program?

Dr. Elliott: RTI is about looking at learning rate and level of performance. It is about monitoring student progress in response to robustly implemented instruction.

The progress and decision about eligibility or need for more intense instruction or programs is based on: the gap between the student and benchmark/peers; the student response to intervention within a reasonable period of time; how "much" the student improves, and; how "fast" the student improves.

None of these decisions can be made by a school in isolation. Many professionals need to be a part of these along with parents as partners.

Finally, RTI is not a one shot attempt at remediation. In other words, an intervention is not tried once and if not successful a student is referred for special education eligibility. RTI is a tiered approach to intervention where intensive instruction is delivered based on student need that is monitored through the use of student outcomes or data.

Question: I was wondering how the RTI model will affect the need for special education teachers and whether academic achievement testing will be obsolete once RTI is implemented?

Dr. Elliott: There will always be a need for special education teachers. And, in my opinion, RTI allows them to be even more effective with more students and teachers.

For example, many districts and schools use special education teachers to work with not only students with Individualized Education Programs (IEPs) but those at-risk for academic failure. Through the use of an RTI model - student interventions are developed and implemented. Special education teachers are invaluable to this process as they can work with students and monitor performance via curriculum based measures and other means to assess whether students are meeting goals.

RTI is not advocating to stop the use of achievement testing. It is simply putting into motion a way to assess student learning using multiple measures.

Question: How do we convince parents to view RTI as prevention and not a commitment to special education?

Dr. Elliott: It is all in the way it is rolled out. A solid RTI approach should be coming from general education as the foundation of what good instruction is. This should not be introduced by special education personnel.

It must be a collaboration. It is absolutely imperative that both general and special education personnel sit together to operationalize and understand what RTI is truly about -- RTI is the practice of providing high quality instruction/ intervention matched to student needs, using learning rate over time and level of performance to make important educational decisions.

If you ask folks, this is what educating kids is about. It isn't a special education thing, it is an all kids thing.

Question: What systems have you established to involve parents in the Rtl process. Please discuss initiation of Rtl in a district, school, and classroom level.

Dr. Elliott: The involvement of parents in the education and decision making of their child is critical. There is an approach and a commitment to the involvement of parents from the very start of the process. Providing parents with frequent feedback using data and involving them in decisions is critical.

Districts and states have moved toward developing policies and practices that ensure parental involvement to be sure they are partners in the process.

Question: What criteria are you using to identify scientific-research based interventions used in the pre-referral process?

Dr. Elliott: Both No Child Left Behind (NCLB) and IDEA refer to the use of scientific, research-based strategies. The RTI principle of using research- based practices is to most importantly guard against wasting time on ineffective practice(s). On one hand, there is a great deal of research on what works in the area of learning and instruction in many of the content areas. However, on the other hand there are many areas in education where we don't have definitive research on what works best. In the latter circumstance, we have to implement promising practices and monitor the effectiveness of the strategies and ultimately modify and adjust our implementation based on the results or data we get. Therefore, the strategies that are a part of RTI must show promising data based improvement or sustainability. If they do not, they are systematically rejected and replaced.

The purpose of the requirement of scientifically-based curricula and interventions is to ensure that students are exposed to curriculum and teaching that has demonstrated effectiveness for the type of student and the setting.

Educators cannot make informed, consistent decisions about the effectiveness of interventions at any tier without valid data. The requirements of NCLB and IDEA 2004 to use scientifically based interventions and to document student outcomes necessitates the ongoing collection and analysis of data.

Full transcript of this LD Talk is available a www.nclb.org/content/view/930/

[LD Talk.org](http://LDTalk.org) is the Internet's only Web site featuring monthly discussions on issues critically important to people with learning disabilities. Funding for LD Talk is provided by the Charles and Helen Schwab Foundation, a nonprofit which also supports SchwabLearning.org and SparkTop.org, resources that provide parents of kids with learning difficulties, and kids themselves, with practical information, empathic support, and trustworthy guidance.

Response-to-Intervention: Ten Questions Parents Should Ask

As states and school districts work to implement an RTI process that provides early help to struggling students, parents need to understand the components essential to the appropriate implementation of RTI. Here are ten questions to ask about RTI to help guide you through the process.

1.	Is the school district currently using an RTI process to provide additional support to struggling students? If not, do they plan to?
2.	What screening procedures are used to identify students in need of intervention?
3.	What are the interventions and instructional programs being used? What research supports their effectiveness?
4.	What process is used to determine the intervention that will be provided?
5.	What length of time is allowed for an intervention before determining if the student is making adequate progress?
6.	What strategy is being used to monitor student progress? What are the types of data that will be collected and how will student progress be conveyed to parents?
7.	Is a written intervention plan provided to parents as part of the RTI process?
8.	Is the teacher or other person responsible for providing the interventions trained in using them?
9.	When and how will information about a student's performance and progress be provided?
10.	At what point in the RTI process are students who are suspected of having a learning disability referred for formal evaluation?

Resources

Response to Intervention: A primer

<http://www.nclld.org/index.php?option=content&task=view&id=598>

Response to Intervention: Tiers without Tears

<http://www.nclld.org/index.php?option=content&task=view&id=549>

SchwabLearning.org: Basic Principles of the Responsiveness-to-Intervention Approach

www.schwablearning.org/articles.asp?r=1056

SchwabLearning.org: Responsiveness to Intervention: Implementation in Schools

www.schwablearning.org/articles.asp?r=1057



The National Center for Learning Disabilities works to ensure that the nation's 15 million children, adolescents and adults with learning disabilities have every opportunity to succeed in school, work and life. NCLD provides essential information to parents, professionals and individuals with learning disabilities, promotes research and programs to foster effective learning and advocates for policies to protect and strengthen educational rights and opportunities.

For more information, please visit us on the Web at www.LD.org.

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