Summary from Listening Sessions

Background

Between December 2009 and November 2010, seven listening sessions at national conferences and one online webinar were conducted to obtain input on key issues related to RTI in early childhood. Participants from 44 states, the District of Columbia, and Puerto Rico representing a variety of disciplines, professional roles, and organizational affiliations attended the listening sessions.

Date	Listening Session
Dec. 8, 2009	OSEP National Early Childhood Conference,
	Washington DC
May 6, 2010	NHSA Annual Conference, Dallas TX
May 18, 2010	National Inclusion Institute, Chapel Hill NC
June 7, 2010	NAEYC National Institute for Early Childhood
	Professional Development, Phoenix AZ
July 21, 2010	OSEP Project Directors' Conference, Washington DC
Oct. 16, 2010	DEC Annual Conference, Kansas City MO
Oct. 27, 2010	National Association of Early Childhood Specialists
	in State Departments of Education, webinar
Nov. 4, 2010	NAEYC Annual Conference, Anaheim CA

Questions Posed

Facilitators posed the following questions at each session:

- 1. How much is RTI occurring in your state, community, or program?
- 2. What do you think are the key features of an early childhood RTI system?
- 3. What do you already have in place to implement RTI effectively in your state, community, or program? What do you think is still needed to implement RTI effectively?
- 4. What do you think is important to include guidance on RTI in early childhood?

Summary of Key Themes

Listening session discussions were documented and later summarized around the following key themes that emerged:

• How much RTI is occurring across the country varies widely, but participants reported that many people in early childhood are talking about it, if not implementing it. Across all sessions, participants exhibited widely varying levels of awareness and understanding of RTI in early childhood, with some acknowledging that they had little or no awareness of this topic, a few reporting that programs in their localities had begun to implement RTI or some component of the model such as screening and progress monitoring, and others stating that they understood RTI but were at an early stage in adopting and implementing it. Participants also reported that there was confusion

- about the connections between RTI and the referral process for children with suspected disabilities, particularly within Head Start^a.
- Participants noted the need for a definition of RTI in early childhood that includes the key components of this **approach.** Across all sessions, participants nominated many different components of an RTI approach in early childhood. A small number described RTI as an integrated system designed to link formative assessments to evidence-based instruction and interventions. But most participants discussed the need to incorporate one or more of the following separate features of RTI in early childhood: assessment, intentional teaching, researchbased curricula, data-based decision-making, family involvement, professional development, infrastructure supports such as policies and resources, and early childhood core values and recommended practices such as family-professional partnerships, developmentally appropriate practices, and an emphasis on the whole child that represents an integrated approach across all domains of development and learning.
- Participants mentioned some supports already in place for implementing RTI in early childhood as well as resources that were lacking in this regard. Participants reported that widespread implementation of RTI in public schools was helping to spur interest and the adoption of some RTI practices in pre-k programs and settings. Some participants noted that RTI principles such as intervening as early as possible and using assessment results to make sound decisions were consistent with early childhood values and recommended practices. In contrast, participants also mentioned that information and guidance about how to implement RTI in early childhood was lacking, specifically with respect to the tools and resources that should be used, the roles of practitioners and specialists, communication and collaboration with families, and infrastructure supports such as administrative leadership, professional development, and financial resources.
- Participants stressed that guidelines are needed about how to implement RTI, build on available resources, and improve the quality of programs. They also described a need for specific guidelines for implementing RTI (e.g., guidelines relating to ages, settings, the roles and responsibilities of professionals, the determination of children who need additional learning supports, the selection and use of assessments and tiered interventions, family participation, and professional development). Participants emphasized that guidance should be written in language that is accessible to a variety of audiences and provide recommendations that contribute to program quality improvement efforts already underway throughout the country.

a In 2010, OSEP issued informal guidance to address this issue, but questions remain about the use of RTI for children who may not be eligible for special education.