

Reducing the Over-Identification of Children from Culturally Linguistically Diverse Backgrounds through RtI

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Abstract

Over-identification of children from culturally linguistically diverse (CLD) families for special education remains an issue. Factors associated with the over-identification include stereotypical opinions towards certain cultures, lack of multicultural knowledge among K-12 teachers, adoption of single assessment method for eligibility of special education categories, and ignorance of the impact of language delay on academic development among young children from CLD backgrounds. In this study benefits of adopting Response to Intervention (RtI) to reduce over-identification of CLD children in special education are discussed in depth, followed by a discussion of challenges posed to K-12 teachers when adopting RtI and related solutions to these challenges.

Keywords: RtI, CLD children, over-identification.

Over-identification of children from culturally linguistically diverse (CLD) family backgrounds in special education is an emerging issue. Previous research (Arnold & Lassmann, 2003; Proctor, Graves, & Esch, 2012) indicates that unconscious bias against certain ethnic culture, inappropriate placement test and limited literacy exposure at home cause overrepresentation of CLD children in special education. In addition, the identification and diagnosis model for special education do not catch the delays in a timely manner; children “must fall dramatically behind their peers in academic achievement” to qualify for special education services such as Learning Disability (Fuchs & Fuchs, 2006, p. 96). On the contrary, response to intervention (RtI), a multi-tiered system used to address academic challenges at-risk students experienced, catches the performance delays in a timely manner and thus informs teachers that appropriate intervention strategies can be designed to address the weaknesses. RtI was first introduced with the reauthorization of the Individuals with Disabilities Education Improvement Act (IDIEA) in 2004 and it targets academic issues rather than behavioral problems. According to RtI children who struggle in any subject areas can receive immediate intervention prior to referral for diagnostic assessment and special education thus reducing waiting time. There are three tiers in RtI, among which Tier I is for the majority of students who function well with general curriculum and assessment; in Tier II small group instruction is delivered with more attention from teacher and/or assistants; and in Tier III individualized instruction and attention are provided.

RtI is especially helpful in reducing over-identification of CLD children in special education because it is built upon general education curriculum and used to assess student response to intervention and instruction so CLD children can receive assistance at an early stage if they struggle to master fundamental knowledge (Proctor, Graves, & Esch, 2012). Through RtI general education teachers can work closely with other professionals and the CLD families to develop a deeper understanding of risk factors and possible intervention plans when a red flag is raised instead of referring the CLD children to diagnosis assessment right away. This will drive the general education teachers to learn more of other cultures and cultural differences, thus developing a better understanding of different expectations of children’s behaviors, the gap between CLD children home culture and school culture and language barriers that CLD students experienced. CLD families also benefit from this close interaction with K-12 teachers, through which they develop a better understanding of the American culture and assist with bridging the gap between home and school culture.

When teachers know more of the CLD family structure and their socioeconomic status, teachers can arrange special services and provide instructions to these children to reduce struggle in academic areas, challenging behaviors, or social isolation. Below is an example of how a child from CLD background benefits from RtI and avoids being diagnosed with a learning disability or challenging behavior.

David's Story (Hypothetic Story)

David was born in Japan and was brought to the United States when he was eighteen months old. His parents chose to speak Japanese at home and sent him to an English speaking only preschool when David was three years old. At that time David has already shown some language delays compared to his same age native English speaking peers such as possessing limited vocabulary and communicating with incomplete sentences. Although he made progress in language development during the preschool years, at kindergarten screening test, he was still identified as having delays in reading, speaking and social skills. Therefore, he was placed in a three-week summer enrichment program for children who failed kindergarten screening test. At kindergarten, he was pulled out twice a week receiving intensive instructions for speaking and reading in the ESL program at school where he worked on rhyming, phonemic awareness and decoding practices. Besides the ESL program, his homeroom teacher also provided small group and individualized instruction to him and several other students who struggled in certain subject areas. The teacher is a strong believer that many children especially those from CLD backgrounds experience academic, social or behavioral challenges mainly because of the English deficiency, so she would never refer a struggling student to a disability eligibility test without some intensive, individualized instruction and alternative assessment. The classroom teacher worked collaboratively with the ESL teacher to plan lessons based on David's unique needs.

On the other hand, David excelled in math and had excellent logical thinking and problem solving skills. He mastered subject knowledge very fast and had capability of applying what he learned in understanding similar scientific facts and solving similar problems. The classroom teacher utilized this strength and provided him opportunities to solve problems with teacher's guidance and individual attention. In reading the teacher used visual prompts to assist him understand unfamiliar vocabulary. The teacher also instructed him to guess the meaning of vocabulary through context, a top down strategy. Other strategies such as bottom up strategy were also implemented, which guided him to break down the vocabulary and figure out the meaning through familiar morphemes, prefixes and suffixes. David is a hard working student and likes to do extra work. So, in addition to the typical assignment his peers received every day, David also got to do some extra reading and report back to his teacher the next day. The teacher also sent home reading comprehension questions based on the reading materials he was assigned to complete each day. David's parents agreed to supervise him in completion of the assignment and provide assistance when needed. The parents and teachers shared concerns and progress on a daily basis through notes, emails and phone calls. Parents also sent school ideas of projects/topics that David really liked to explore more, through which the teacher learned what interested him and designed activities accordingly. After one semester's hard work on his weaknesses through RtI, David's reading improved dramatically that he moved from the lowest reading group to the second highest reading group. His parents said that his reading improved so much that he can read first grade level books independently and more importantly, he developed a strong interest in reading and likes to share his thoughts with peers. This also led to him having more confidence in talking with peers and other adults both in school and in his community.

When he entered the first grade, similar strategies were still applied and teacher and parents worked collaboratively in designing unique plans for him to continue his growth in weak areas. As everybody else in his class, David was assigned books each day to read aloud at home with his parents; and after book reading, he was guided to retell the plots, characters, and settings of the story he just read. In addition, he was required to write down his thoughts about the story. His first grade teacher arranged show and tell time twice a week for David to share his notes with the class. This definitely helped David practice English speaking and reading comprehension skills, and builds up his confidence and comfort in sharing with peers. Also in the first grade, David was placed in second grade math since he continued to excel in math. In the classroom he was grouped with other advanced students in Math, who worked on mathematical projects and participated in math activities such as learning fraction through puzzle pieces and legos. At the end of the first grade, David's reading reached the second grade level: he was capable of reading chapter books, analyzing book characters and answering comprehension questions independently.

David's parents admitted that along this line, his memory also improved that he can remember and retell most of the plots in stories he just read, which in the past he would have right after reading a story. Although David still struggled in spoken language, he made remarkable progress in reading, writing, initiating discussion with teachers and parents and sharing opinions, and exploring scientific facts.

Reducing Over-identification of CLD Children through RtI

David's parents shared their appreciation of implementing RtI, through which David received individualized instruction in his homeroom and in the meantime he still has opportunities of socializing with peers. His parents also affirmed that the individualized instruction and assignment in reading and math help him practice skills in his weak areas. Also through RtI, parents and teachers develop collaboration in planning, monitoring David's progress, and modifying plans when necessary. David's parents claimed that without RtI David would have already been referred to diagnosis for a learning disability or social, emotional disturbances since he struggled in both academic areas and social interaction with peers. This would be misleading because what causes David's struggle is not learning disability or social, emotional disturbances, but his struggle in reading and spoken language due to deficiency in English. The language delays very often lead to deficits in social interaction and emotionally withdrawn, which are also commonly diagnosed among ELLs.

Prior to the implementation of RtI, once general teachers expressed concerns regarding ELL students' reading capability, comprehension or other language deficiency, the ELL students often will be referred for eligibility diagnosis and end up in receiving special services. This definitely leads to a negative impact on ELL students' self-esteem and inappropriate instruction and placement arranged for these students. In addition, the

Overrepresentation in special education cause financial burden on federal government as well as increased paperwork for special education teachers. Although children from CLD backgrounds shared signs of delays as other children who genuinely have learning disabilities, social emotional disturbances and other disability categories under Individuals with Disabilities Education Act (IDEA), these children do not truly qualify for disability criterion. So, appropriate levels of pre-referral intervention through RtI "leads to a reduction in special education enrollment and cost" (Fuchs, Mock, Morgan, & Young, 2003, p. 159) as well as paperwork and caseload on our special education teachers.

Authentic, Dynamic Assessment through RtI

When adopting RTI teachers will use tiered approaches in assessment which also can reduce over-identification of CLD children. Given one assessment tool is hard to capture an authentic picture of student performance, teachers should use multiple assessments including observations and written samples (Bean & Lillenstein, 2012). Some assessment result may be misleading and cause overrepresentation of minority students in special education (Proctor, Graves, & Esch, 2012). In order to avoid the false diagnosis multiple assessment tools and dynamic assessment should be used to assess students' performance. Let's take first grade social studies on *Around the World* as an example to explain authentic assessment through RtI. For students placed in Tier I they will be assessed by picking one country they have learned in class and writing about their understanding of the people living in this country, their languages, and traditions and festivals, to name a few. If CLD children happen to be in Tier II, they work in small groups completing matching games with visual supports or filling in blanks. For CLD children in Tier III who struggle in understanding other cultures due to limited English proficiency, teachers can assess their understanding of the around-the-world concept through matching pictures of people, dresses, or money with cultures and provide individual instruction based on their needs. This way, CLD children's mastery of knowledge can be demonstrated through this dynamic assessment mechanism. This also provides parents a clear picture of their child's curriculum, level of development and areas for improvement.

Challenges for K-12 Teachers

Swanson, Solis, Ciullo, and McKenna (2012) discussed that evidence based, quality instruction and intervention must be provided before special education referral and to ensure that lack of quality instruction was not the reason for academic delay. That is how RtI comes into play. One basic premise of RtI is classroom teacher utilizes evidence based quality instruction and intervention to address student unique needs and challenges, monitor progress, and make adjustment and modifications in instruction, assignment and assessment methods when necessary.

However, adoption of RtI poses challenges to K-12 teachers such as increased paperwork for general education teachers (Swason et al., 2012). Without implementing RtI the struggling students could have been diagnosed with disabilities and become the caseload of special education teachers. With the application of RtI some children who raise red flags may still remain in general education classroom with modified or individualized instructions and assessment. Another challenge associated with application of RtI exist in scheduling specialized or individualized instruction for students who struggle in multiple academic subjects (Swanson et al., 2012). How can K-12 teachers arrange specialized services for these students remain an issue for general education teachers.

The adoption of RtI also increases general education teachers' accountability for their students' development and requires increased collaboration between general education teachers, special education teachers and other specialists such as reading specialists. Bean and Lillenstein (2012) study indicated, however, collaboration provides teachers best professional development opportunities such that they are motivated to assume responsibility to team teach, learn new teaching strategies, discuss with specialist about student progress and modify instruction when needed. Usually general education teachers lack knowledge of differentiating between children who require special education and children who are potentially eligible for special education. Through a close partnership with special education teachers general education teachers learn signs that could differentiate students who need special instruction and those who potentially qualify for special education and plus, they learn to arrange appropriate instructions to accommodate CLD children in general classroom settings through RtI. This is also supported by Swanson et al.'s (2012) study that through RtI students who struggle in academic subjects can be caught earlier, and special education teachers are pleased that they can help with early identification. Likewise, Bean and Lillenstein (2012) discussed that special education teachers and school psychologists benefit from working together with reading specialists to help students who struggle in reading or other subjects. Similar to David's scenario discussed above many CLD children show delays in reading because the bilingual learning experiences impede their learning rate in both native languages and English. So, the collaboration between specialists such as reading specialist, special education teachers, general education teachers and school psychologists help everyone working with CLD children plan lessons and assess child growth in targeted areas.

Other challenge posed to general education teachers comes from requirement for continued professional growth. According to RtI general education teachers must keep abreast with most recent evidence based practices and apply these practices in their daily instruction. Undoubtedly this facilitates teachers to continue professional growth by learning new knowledge; on the other hand, this also put pressures on general education teachers. They must find some time out of their busy schedule to modify lesson plans and arrange special accommodations for children who struggle in certain areas. Challenges also exist in recruiting additional staff to support general education teachers (Swanson et. al., 2012). So the school may consider recruiting more additional staff to support the general education teachers.

Solutions

With Individuals with Disabilities Education Improvement Act (IDEIA) 2004 mandating RtI be introduced and implemented in general education, many pre-service teacher training programs should incorporate the RtI content into their methods courses and offer training for pre-service teachers in capstone field experience. When pre-service teachers master RtI related knowledge in college, they are prepared to apply differentiated instruction to address different levels of behavioral and academic challenges in general education settings. Also, with reform in general education, many special education major courses have been approved as general education courses so that all majors can take the relevant courses. Pre-service teachers who are not majoring in or with a concentration in special education are highly recommended to take these courses to improve knowledge of working with students with special learning needs.

In addition to coursework, pre-service teachers should have opportunities to practice working with CLD children and families through internship, practicum or field experiences. The National Council for Accreditation of Teacher Education (NCATE) and now Council for the Accreditation of Educator Preparation (CAEP) sets up high requirements that teacher training institutions should prepare high quality teachers with diversity working experiences. When general education teachers are well trained with multicultural knowledge, they are more likely to develop a rapport with CLD families and address CLD students' unique learning needs in general education settings and help reduce over-identification of CLD students in special education.

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