English Language Learners and Response to Intervention
Referral Considerations

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When a school is implementing a response to intervention model (RTI), what are the special considerations for the assessment of and referral for special education services for English language learners (ELLs) with academic difficulties? An RTI model and evidence-based instruction can inform the three areas of prereferral, referral, and assessment, as well as IEP development, for ELLs—but the assessment team must understand how to use information on oral language proficiency and academic language in the process. There are specific, appropriate action steps for educators during each phase of the process that will ensure that this group of students with unique learning needs are appropriately assessed and serviced.

As the number of ELL students in the United States grows, so does the need for guidelines on how best to address their educational needs. Although approximately 14% of the total school age population in the United States was identified as students with disabilities in the 2003 to 2004 school year (U.S. Department of Education, 2005), the proportion of ELLs with disabilities is unclear due to questions relating to data collected during the referral and assessment of this population. In fact, recent research suggests that schools are having a very difficult time distinguishing between the difficulty of acquiring a second language and a language–based learning disability (Klingner & Harry, 2006; Lesaux, 2006; McCardle, Mele-McCarthy, Cutting, Leos, & D'Emilio, 2005; Wagner, Francis, & Morris, 2005). Research also indicates that schools lack both a comprehensive approach to assessing ELLs and appropriate professional development for their personnel (Figueroa & Newsome, 2006; Klingner & Harry; Madaus, Rinaldi, Bigaj, & Chafouleas, in press; Sanchez & Brisk, 2004). Furthermore, schools across the country report inadequate services to address the unique learning needs of ELLs with disabilities (Zehler, Fleischman, Hopstock, Pendzick, & Stephenson, 2003).

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New guidelines for school districts under the Individuals With Disabilities Education Improvement Act of 2004 (IDEA) recommend using evidence-based interventions—like those utilized in an RTI model—as diagnostic tools and as part of the identification and eligibility decision-making process for special education services and, in particular, for identifying learning disabilities (Mandlawitz, 2007). An RTI model integrates a multitier preventive instruction-

al system (see Figure 1) and specifies the systematic use of a data-driven decision process to enhance outcomes for all children (Burns & VanDerHeyden, 2006). The President's Commission on Excellence in Special Education (2001) and the National Research Council's report on minority students (2002) also endorse RTI models for enhancing reading outcomes for ELLs.

When Do You Refer an ELL Student for Special Education?

Many teachers delay referring ELL students for special education in order to provide the student ample opportunity to learn English (Limbos & Geva, 2002). However, if an ELL student does have a disability, early identification and intervention are essential. Waiting until fourth grade to identify reading difficulties makes remediation more challenging (Foorman, Francis, Shaywitz, Shaywitz, & Fletcher, 1997; Juel, 1988). Using scientifically based interventions in an RTI model with ELLs for preven-
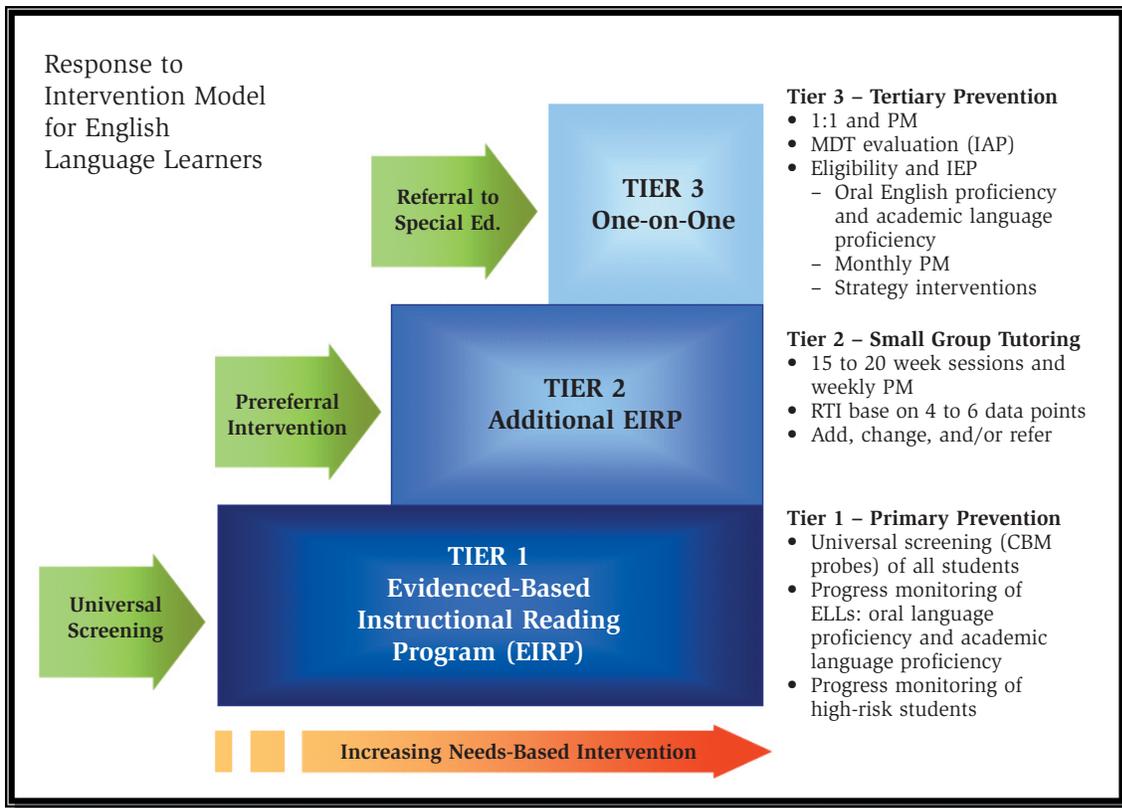
tion instruction can improve the early literacy skills and overall reading outcomes for these students (Linan-Thompson, Cirino, & Vaughn, 2007). Kamps et al. (2007) reported that using a three-tiered RTI model (with Tier 2 addressing the needs of ELLs in small group instruction) resulted in higher gains than English as a second language (ESL) instruction alone.

The small group instruction of at-risk learners is a prereferral intervention that can significantly impact students' educational outcomes and reduce the number of students being referred for special education. It also assists in the diagnostic data collection process for referring those students who do not respond to intervention for special education assessment and services. Tier 2 also includes continued monthly progress monitoring to track learning rates and levels of performance attained during a defined timeline. It is vital that the ELL specialist, using informal measures, is

also collecting data and tracking oral language skills and academic language (i.e., comprehension and vocabulary) development of ELL students. If the ELL student doesn't respond to instruction in Tier 2, the prereferral team can refer the student for possible special education eligibility and additional services and implement a Tier 3 intervention. Data collected during progress monitoring can inform decision making during the assessment and eligibility process (see box, "Samuel: A Case Study").

The special education referral process begins when students do not respond appropriately to a Tier 2 instructional change. During the referral phase, general education teachers play an important role in ensuring that ELLs have had adequate evidence-based instruction as supported by the progress monitoring data, and in summarizing student progress for the multidisciplinary team (MDT). Special educators, ELL teachers, and parents can

Figure 1. Response to Intervention Model for English Language Learners

Response to Intervention Model for English Language Learners

Referral to Special Ed.

TIER 3 One-on-One

Prereferral Intervention

TIER 2 Additional EIRP

Universal Screening

TIER 1 Evidenced-Based Instructional Reading Program (EIRP)

Increasing Needs-Based Intervention

Tier 3 – Tertiary Prevention
- 1:1 and PM
- MDT evaluation (IAP)
- Eligibility and IEP
  - Oral English proficiency and academic language proficiency
  - Monthly PM
  - Strategy interventions

Tier 2 – Small Group Tutoring
- 15 to 20 week sessions and weekly PM
- RTI base on 4 to 6 data points
- Add, change, and/or refer

Tier 1 – Primary Prevention
- Universal screening (CBM probes) of all students
- Progress monitoring of ELLs: oral language proficiency and academic language proficiency
- Progress monitoring of high-risk students

Note. CBM = curriculum-based measurement; ELL = English language learner; PM = progress monitoring; RTI = response to intervention; MDT = multidisciplinary team; IAP = individualized assessment plan; IEP = individualized education program.

Samuel's Elementary School

The Lake Shore School is currently implementing a response to intervention (RTI) model schoolwide for reading. The school:

1. Universally screens all students using the Dynamic Indicators of Basic Early Literacy Skills (DIBELS; Good & Kaminski, 2002) and the Developmental Reading Assessment (DRA; Beaver, 2003).

2. Identifies students at high, moderate, and low risk using DIBELS oral reading fluency (ORF) benchmarks (Good & Kaminski, 2002).

3. Identifies students at high and moderate risk on DIBELS and collects their English language proficiency and educational history.

The school uses two assessments in establishing a student's English language proficiency:

1. The Massachusetts English Language Assessment-Oral (MELA-O), a state-mandated assessment of listening (comprehension) and speaking (production) skills in English for students with limited English proficiency (LEP) in Grades K–12, administered by observing students performing academic and social tasks in the classroom over a period of time.

2. The Massachusetts English Proficiency Assessment-Reading/Writing (MEPA-R/W), which assesses LEP students' proficiency in reading and writing at grade spans (Grades 3–4, 5–6, 7–8, and 9–12).

Lake Shore School provides support within the RTI model for reading instruction in 90-min blocks as follows:

1. Tier 1 students (scoring at grade level on DIBELS September benchmark and DRA grade-level equivalency) in Grades K–2 receive Fundations®: Wilson Language Basics (Wilson, 2005).

2. Tier 2 students (identified as moderate and high risk on DIBELS September benchmark assessment and below grade level of DRA) are separated into two groups:

   a. Students previously identified as receiving special education services.

   b. Students in beginning levels of English language proficiency according to the MELA-O and the MEPA.

   Tier 2 students receive small group instruction using the Great Leaps Reading program (Mercer & Campbell, 1997).

3. Tier 3 students identified with learning disabilities receive one-on-one support from the special education staff using Project Read® Multisensory Program (Greene & Enfield, 2006). Students who are identified as low-level ELLs receive Fundations®: Wilson Language Basics, Great Leaps Reading, and Project Read® interventions by general education faculty and staff typically in small groups of 2 to 4 students at a time.

Samuel

Samuel is a student from South America who came to the United States 3 years ago; he has attended public school since age 5. He has three younger siblings. At home, his family speaks only Spanish; he speaks Spanish and English at school. He has many friends and is well liked by his teachers.

Samuel's classroom teacher describes him as

> a bright young boy who is very enthusiastic about learning. He works very hard in class in learning how to read and loves to see his progress when working with the Great Leaps Reading Program. We have seen progress but in comparison to other students from Latino backgrounds and with similar immigration status, oral language proficiency, reading level, socioeconomic status and Spanish language use at home, his progress on the [curriculum-based assessment] has been slow to attain 100% success with each lesson in Great Leaps. In monthly DIBELS check he has progressed slower than comparable peers.

Samuel's teachers are concerned that his progress is slower than anticipated and think he could benefit from additional support. Table A summarizes Samuel's curriculum-based assessment (CBA) progress scores and interventions within the school's RTI model; Figure A provides a summary of the CBA data.

The Special Education Assessment

Because Lake Shore School's prereferral team decided that Samuel's relatively slow growth in oral reading fluency might not be an English language proficiency issue, it requested an assessment by the school's special education team. The special education team decided on using native language and English assessments tools with low verbal requirements whenever possible. Table B details the tests and assessment tools used by the team.

Lake Shore School consequently found Samuel eligible for special education support based on CBA oral reading fluency progress within the RTI model and supporting results from the achievement and intellectual formal assessments. In April 2007, Samuel began to receive (in addition to Tier 1 and Tier 2 instruction) Tier 3 instruction using Project Read® Multisensory Program with ESL support.

Table A. Samuel's Curriculum-Based Assessment Profile Within the School's RTI Model

Time Period	Assessment	School Response	Observations/Interviews
September 2006	Schoolwide universal screening DRA - Level 16 DIBELS ORF - 01 MELA-O - Level 2 MEPA - R/W - Level 2	Identified as high risk Student selected for Tier 2 intervention Begins receiving Great Leaps Reading program (Mercer & Campbell, 1997)	Observation evaluates academic engaged time in a typical reading lesson and center interaction. Results compared to a peer at the same ELL level and reading level as per ORF.
October 2006	Monthly progress monitoring DIBELS ORF - 08	Prereferral team evaluates progress monitoring results and classroom observation and decides that the student is progressing very slowly. Team recommends additional ESL support during guided reading and literacy centers in addition to Great Leaps Reading (still within the Tier 2 level). If at a 6-week reevaluation, progress is similar and additional ESL strategies and support are not impacting ORF, team will refer student for special education evaluation.	
November 2006	Monthly progress monitoring DIBELS ORF - 21		
December 2006	Monthly progress monitoring DIBELS ORF - 29		Reevaluation of oral language proficiency and reading and writing English proficiency for gains since the beginning of the year. Interval recording, conducted twice, to evaluate language interactions in English and Spanish with teacher and peers looking for "positive," "negative," or "difficult to understand," and whether they were academic or social in nature. Parent interview in their primary language about how they thought the student was doing in school and the type of literacy supports he received at home and in which language.
January 2007	Monthly progress monitoring DIBELS ORF - 31		
February 2007	Monthly progress monitoring DIBELS ORF - 33 Schoolwide universal screening DRA - Level 18	Follow-up preferral team meeting recognizes that Samuel is gaining oral reading fluency but at the same rate. Team refers Samuel for a full referral to the special education team. Informal data, teacher, and parent interviews collected up to this time will be forwarded to the special education team.	

Note. DRA = Developmental Reading Assessment (Beaver, 2003); DIBELS ORF = Dynamic Indicators of Basic Early Literacy Skills Oral Reading Fluency (Good & Kaminski, 2002); MELA-O = Massachusetts English Language Assessment-Oral; MEPA-R/W = Massachusetts English Proficiency Assessment-Reading/Writing; ELL = English language learner; ESL = English as a second language.

Figure A. Samuel's Curriculum-Based Assessment Progress Monitoring
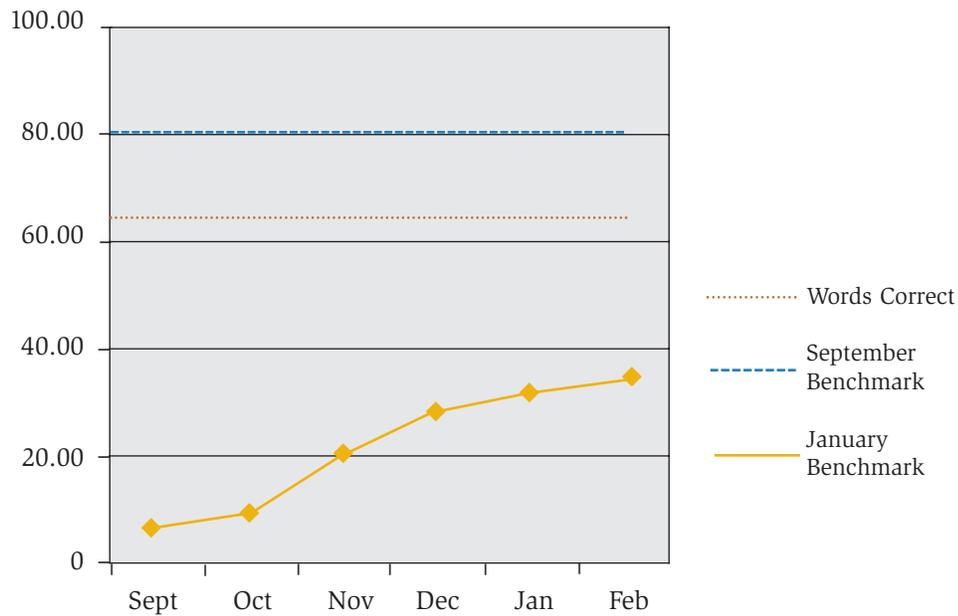
Table B. Special Education Assessment Tools

Intellectual ability	Wechsler Intelligence Scale for Children (WISC; Wechsler, 2003)
	Woodcock Language Proficiency Battery (Woodcock, 1991)
	Bateria III Pruebas de Habilidades Cognitivas (Spanish; Woodcock, Muñoz-Sandoval, McGrew, & Mather, 2004a)
Achievement and academic language	Wechsler Individual Achievement Test (WIAT; English; Wechsler, 2001)
	Bateria III Pruebas de Aprovechamiento (Spanish; Woodcock, Muñoz-Sandoval, McGrew, & Mather, 2004b)
Phonological awareness	Comprehensive Test of Phonological Awareness (CTOPP; English and Spanish version; Wagner, Torgesen, & Rashotte, 1999)
Language proficiency/interpersonal language	Woodcock Language Proficiency Battery-R (Spanish and English; Woodcock, 1991)
Family, educational, and medical interview	Family interview, educational history, family composition, migration and acculturation, goals for child, cultural difference, and so forth.
Classroom informal assessment	Measure of discrete gaps in the curriculum taught.

serve as consultants to general educators on whether academic difficulties reflect poor English proficiency, a transition to academic language development, or a possible learning disability in terms of performance rate and level of performance. Under the federal regulations of IDEA and the No Child Left Behind Act of 2001, students must be provided with high quality, evidence-based methods of instruction such as those used in an RTI model. Thus, in order to comply with federal regula-

tions (see Mandlawitz, 2007), the MDT must evaluate the results of this instruction and the status of language proficiency at each tier and decide whether the struggling ELL student received adequate instruction and intervention prior to referral for special education assessment.

Table 1 presents some questions to consider during this phase to help discern the differences and commonalities between and across oral language versus academic language versus learning

disabilities. (Also see box, "Samuel: A Case Study.") If the answers to these questions suggest that the ELL's needs were not addressed within the context of the general education program, school professionals must identify whether English language strategies with curriculum-based assessment (CBA) practices should be tried in an additional prereferral strategy or whether a full referral process should be conducted.

Table 1. Preferral Considerations for English Language Learners

RTI Tier	Interpersonal English Language Acquisition Difficulties?	Academic Language Difficulties?	Learning Disability?
1	• What is the student's level of interpersonal English language proficiency? • What is the student's interpersonal native language proficiency? • Have bilingual education or ESL personnel made recommendations (Ortiz & Yates, 2001)? If so, are these recommendations being monitored using informal measures?		
2		• Is the student receiving instruction that addresses his language needs based on bilingual or ESL professional recommendations? • What is the rate of progress and level of English language proficiency since implementation of ESL instructional strategies (Ortiz & Yates 2001)? • What is the student's academic language proficiency? • What is the student's rate and level of reading and comprehension in the native language compared to English?	
3			• Has the student received evidence-based instruction and intervention to meet his academic needs? • Is there evidence of failure to respond to intervention (learning rate and level of performance)? • Is the data-driven progress monitoring addressing the student's needs effectively in the native language and in English?

Note. ESL = English as a second language.

What Happens After You Refer an ELL Student for a Special Education Evaluation?

Once students are referred for a full special education evaluation, the several school professionals who comprise the MDT begin the development of the individualized assessment plan (IAP). The MDT has 60 days to complete the IAP and hold the eligibility and decision-making meeting (Mandlawitz, 2007; see also box, "Samuel: A Case Study"). Throughout this process, the team needs to ensure that several federal requirements are met.

Tests and Other Evaluation Materials Should Not Be Racially or Culturally Biased

Test administrators should know whether the test was normed on a population that included students similar to the child being tested and whether the test items are appropriate and meaningful given the child's racial and cultural background and prior educational experiences. Test administrators also should select from a variety of assessment tools that can better inform the process for the individual ELL student.

For example, test administrators assessing an ELL student with a low level of English language proficiency need to decide whether an assessment tool that carries a significant verbal response mode is an appropriate choice, or whether one with lower verbal requirements would be better.

Tests and Other Evaluation Materials Should Be Administered in the Child's Native Language or Other Mode of Communication, When Possible

When assessing in the child's native language or in English, be aware that (a) many of the tests are not comparable, (b) the tasks may not be fully understood from the child's prior educational experiences, (c) the English

language proficiency of each ELL is different and may provide a more or less predictive level of learning, and (d) in many cases the assessment does not explicitly test what has been taught in the student's instructional history (Wagner et al., 2005). Caution should also be used when interpreting test results. Formal tests can provide valuable information about the individual's skills in the academic knowledge and language that can be used as a comparison tool to the normed population or to establish a discrepancy. For example, a test administrator using the results of a standardized tool that evaluates Spanish speakers outside of the United States should take into account the educational experiences of those children in contrast with the experiences of ELL students in the United States.

Materials and Procedures Should Measure the Child's Potential Disability and Special Education Needs

It is important that the referral team select various data collection tools that assess different areas of development (academic, interpersonal, and language) in order to obtain a comprehensive picture of the student's ability level in oral language proficiency, basic reading skills (phonemic awareness, phonics, fluency, vocabulary and comprehension), and response to intervention (see box, "Informal Tools for Assessing English Language Learners"). Depending on the program, any or all of these can be conducted in the child's primary language or in English and compared. A comprehensive and thorough data collection process that includes various tools and assessments (formal and informal) in appropriate language(s) assists the MDT in evaluating the "whole child" and deciding whether the weaknesses observed and tested are attributable to inadequate instruction, limited English proficiency, a learning disability, or a combination of these.

A Variety of Assessment Tools and Strategies Should Collect Functional and Developmental Information

No single procedure should be used as the only criterion to determine whether a child has a disability or to determine an appropriate educational program for the child (see box, "Recommendations for Additional MDT Information Gathering"). Information from the parent(s) can provide functional, developmental, cultural, and linguistic information; the team should be aware of different cultural differences and experiences in prior schooling as well as family medical history, its immigration, and its acculturation. Parents can also provide information about how the child differs from other children in the home and assist in the evaluation of English proficiency when appropriate. MDT professionals should also gather information from the parents about their goals for their child's English-language education and their choice in maintaining their native language.

The Child Should Be Assessed in All Areas of Suspect Disability

Health, vision, hearing, social, emotional, and motor should be assessed in the dominant language. General intelligence, academic performance, communicative status, and language acquisition should be assessed using more than one tool in the student's native language and in English, if appropriate.

Developing an Individualized Education Program for an ELL Student With a Disability

The individualized education program (IEP) development phase begins once the assessment, eligibility, and decision-making process is complete. The IEP of an ELL needs to address (a) disability eligibility, (b) present level and rate of performance in the academic curriculum, (c) specialized instruction including goals that focus on increasing the child's rate of learning and English language acquisition, and (d) accommodation and adaptations used in the classroom and in statewide testing.

Develop a Comprehensive Summary of the Student's Skills

This includes functional, linguistic, and academic skills, progress in the classroom, and current ability in and out of the classroom. The results should clearly identify which assessment tools were given and in which language and whether they are a reliable representation of the student's ability or if language could have potentially interfered

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Informal Tools for Assessing English Language Learners

- *Curriculum-based assessment* is the process of determining students' instructional needs within a curriculum by directly assessing specific curriculum skills (Choate, Enright, Miller, Poteet, & Rakes (1995).
- *Classroom tests* refers to the procedure of selecting content from the curriculum to be assessed (McLoughlin & Lewis, 2005).
- *Informal inventories* are screening devices on selected parts of the curriculum, typically reading, decoding, or comprehension (McLoughlin & Lewis, 2005).
- *Classroom targeted observations* refers to continuous recording, sequence analysis, and work sample analysis (McLoughlin & Lewis, 2005).
- *Error analysis* records additions, omissions, substitutions, repetitions, and so forth (McLoughlin & Lewis, 2005).
- *Dynamic assessment* refers to a test, teach, and retest method to examine the learner's strategies (McLoughlin & Lewis, 2005).
- *Task analysis* refers to isolating a behavior into a skill sequence to establish the learner's skill status within the behavior (McLoughlin & Lewis, 2005).
- *Diagnostic probes* are procedures that evaluate whether, when some aspect of the classroom task is changed, it will have a positive effect on student performance (McLoughlin & Lewis, 2005).
- *Diagnostic teaching* refers to a procedure of investigating the relative effectiveness of two or more instructional techniques (McLoughlin & Lewis, 2005).

in the results and scoring. To accomplish this, the assessment process should include the child's educational history, years in the United States, and type of instructional program. (For example, noting transitional/early exit program, vs. sheltered English instruction, vs. two-way bilingual education programs.)

Provide Report Results Prior to the IEP Team Meeting

A short summary of various report results permits the IEP team members to read them carefully and prepare for the development meeting. The team should focus on the particular needs of the child and not simply on programs currently available in the school. Language of instruction should be carefully considered, as the goal is to provide access to the general curriculum.

Identify Scientifically Based Instructional Practices and Progress Monitoring

Within the RTI model, ELL students with identified disabilities and an IEP continue receiving instruction in the general education curriculum, plus a Tier 2 program and special education services through Tier 3. School professionals delivering the instructions should be assisted in order to ensure proper intervention and progress moni-

toring as needed, through coaching or professional development.

Provide Professional Development to All Teachers Involved

All teachers implementing the RTI service model with ELL students need experience and training on a variety of topics (see box, "Recommended Professional Development Topics")—and in two languages, in a two-way or other type of bilingual program. For sheltered English programs, the team should discuss the impact of not supporting the child's native language and its possible impact on rate of growth in oral language proficiency and academic language development.

Enhance Logistics

Use a tracking mechanism to ensure that all documentation is in the child's records in an organized and comprehensive manner and available for all school-based professionals working with the ELL.

Develop a Collaborative Team

Those who best know the child should be considered of equal value as any other member of the team and can inform others about the student's progress in the attainment of goals and objectives of academic skills in various settings and in various languages. Developing a collaborative team effort increases the attendance of all stakeholders (particularly parents) at meetings and encourages them to be active participants in the decision-making process of the special education referral team.

Develop a Plan for Implementing Accommodations and Modifications

The plan for accommodations and modifications, both in the classroom and for statewide testing, needs to be one that can feasibly be addressed and supported by the general education teacher and special education staff.

Final Thoughts

The most salient difficulty in assessing ELL students who exhibit academic difficulties is identifying whether the problem is one of English proficiency or of a

learning disability. In many cases the symptoms are shared and difficult to disentangle, but obtaining a comprehensive picture of the child is vital for disability eligibility (Rhodes, Ochoa, & Ortiz, 2005; Salend & Salinas, 2003). The RTI model provides an additional source of information during the special education referral process, using data-driven CBA in conjunction with scientifically based instruction. All school professionals addressing the needs of children who are having academic difficulties will be involved in more meaningful ways during progress monitoring and evaluation of eligibility for special education.

Integrating formal and informal assessment information throughout the tiers results in more effective development of IEP goals.

This article discusses the prereferral and referral assessment and IEP development for ELLs within an RTI model, providing a framework for integrating the results from the bilingual ESL specialist, the classroom teachers, and the

MDT. We suggest questions and approaches to help guide the team in addressing ESL instructional recommendations for a student's English language proficiency and academic difficulties in the general education classroom and in integrating formal assessments with information on progress monitoring and ESL services when making IEP recommendations. Integrating formal and informal assessment information throughout the tiers results in more effective development of IEP goals, collaboration efforts among the MDT, and support for the connections that establish the rate and level of learning with attainable and measurable goals for students eligible for special education services. Limitations and difficulties in identifying ELLs as limited language proficient or having a learning disability may continue, but following these recommendations allows professionals to be better informed and make decisions that address continuous progress monitoring and scientifically based instructional programming.

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