

The Trend in SLD Enrollments and the Role of RTI

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Abstract

Based on the latest U.S. Department of Education data, this article presents the enrollment figures for students identified with specific learning disabilities (SLD) under the Individuals with Disabilities Education Act (IDEA) for the school years from 1995–1996 to 2011–2012. The figures for each year are (a) the number of students with SLD ages 6 to 21, (b) the percentage in relation to students classified under all of the IDEA classifications, and (c) the percentage in relation to total K–12 school enrollments. The discussion examines these trends and explores the possible reasons for them.

Keywords

identification, classification, response to intervention, reading

Historically, specific learning disabilities (SLD) has been, by far, the largest of the various classifications under the Individuals with Disabilities Education Act (IDEA) in terms of student enrollments. For the earliest period under the original version of the IDEA, growth was the keyword in the sense of expanding enrollments under this classification. Indeed, Congress was so concerned with this issue that the original 1975 legislation set a temporary cap of 2% of total student enrollments ages 5 to 17 subject to the development of the identification criteria in the 1978 regulations (Zirkel, 2006). The special education literature during the succeeding decades repeated the growth theme. For example, in the 1980s, in suggesting changes in general education, Gelzheiser (1987) cited various experts' concerns with overidentification of students identified as SLD. Similarly, in the following decade, Kavale (1995) characterized the growth of SLD as "unparalleled and unprecedented" (p. 150). At the turn of the century, Lyon et al. (2001) referred to a "disproportionate increase of children with [SLD]" (p. 262).

Yet the specific and systematic reporting of the numbers was largely missing in the special education literature. In one of the relatively few such accounts, Parrish (2001) reviewed the data in the annual IDEA reports to Congress, but his analysis—which was secondary to his focus on the rising costs of special education—was limited to the decade from 1988–1989 to 1998–1999. During this period, he cited a 41% growth in the number of students in the SLD category, which accounted for 60% of the growth of special education enrollments. More recently and more comprehensively, Zirkel (2006) found that although the number of students identified as SLD under

the IDEA rose steadily during from 1980–1981 to 2000–2001, so did the total enrollments in special education during the same period. Reexamining the data on a proportional basis, he found that the percentage of students with SLD of total special education enrollment increased steadily in the 1980s but remained stable at 45% to 46% for ages 3 to 21 and at approximately 50% for ages 6 to 21 from 1990–1991 to 2000–2001.

More recently, *Education Week* reported the reverse trend of a steady drop from the 2000–2001 school year to the 2007–2008 school year (Samuels, 2010). In a report published by the National Center for Learning Disabilities, Cortiella (2009) similarly reported this reversal, reporting that the number of students identified as SLD enrollments in the 6 to 21 age range "declined each year since 2000" (p. 11). The time is ripe for a more precise and current analysis of the data, particularly in light of the recognition in the IDEA of the response to intervention (RTI) alternative to the traditional severe-discrepancy approach for identifying students with SLD. More specifically, the 2004 amendments to the IDEA expressly provided that states may no longer require severe discrepancy and must permit school districts to use "a process that determines if the child responds to scientific, research-based intervention," in other words, RTI (§ 1414(b)(6)). According to Etscheidt (2012), "Political pressure to reduce the number of children

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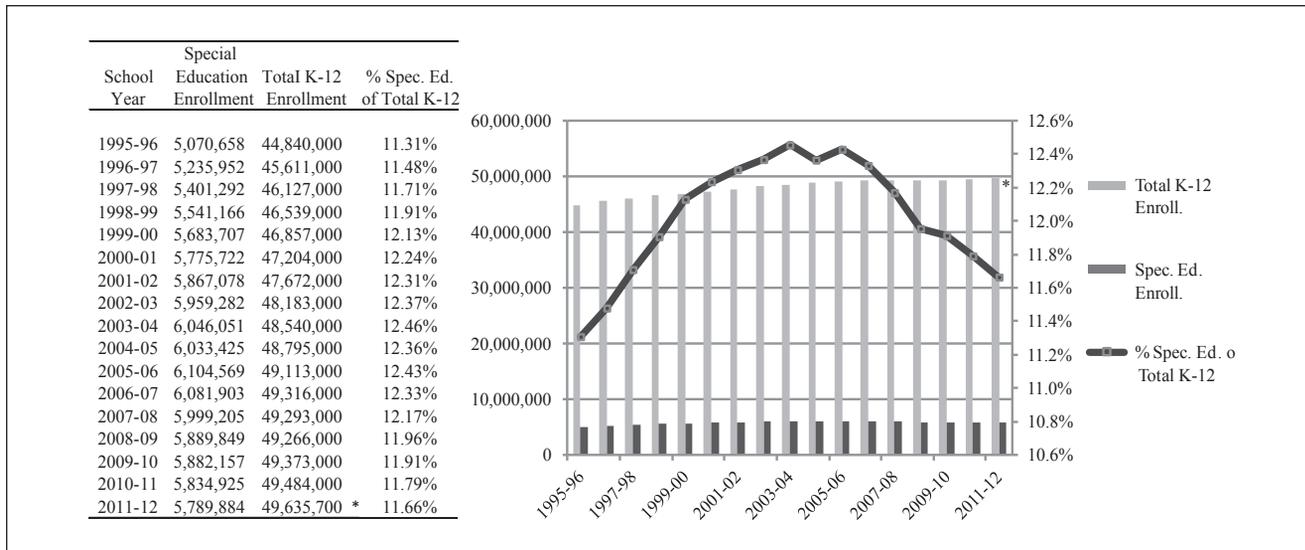


Figure 1. K–12 school enrollment total and special education subtotal from 1995–1996 to 2011–2012.

Note. The percentage for 2011–2012 is based on the NCES projection for the total K–12 enrollment.

in special education led to an endorsement of a response-to-intervention (RTI) approach for the identification of students with [SLD] in the IDEA.” In any event, more comprehensive and current trends analysis of SLD enrollments is beneficial for both policy makers and practitioners.

Method

As a balance of comprehensiveness and currency, the selected period was from school year 1995–1996 to the most recent available school year, 2011–2012. The basis for the numbers identified as SLD and for those in special education generally, that is, within all of the IDEA classifications, consisted of the U.S. Department of Education’s archived annual reports to Congress for the school years from 1995–1996 to 2004–2005, and starting with their availability for 2005–2006 the IDEA database (Data Accountability Center, 2013). The selected range was ages 6 to 21 rather than ages 3 to 21 based on its closer approximation to public school enrollments and its extension to more recent years based on IDEA classifications nationally.

The basis for the corresponding numbers for the total K–12 enrollments consisted of the reported actual figures in *Digest* of the National Center for Education Statistics (NCES, 2012), with one exception: For the 2011–2012 school year, the only available figure was a projection (NCES, 2012, Table 36). These NCES source were selected rather than the Common Core Data (CCD) because, according to information from an NCES representative, the CCD reports generally include internal differences that required final updated resolution for the NCES publications (T. Snyder, personal communication, December 11, 2012).

Results

As the backdrop for the SLD enrollment data, Figure 1 provides the total enrollments in Grades K–12 and the corresponding subtotals for special education students from school year 1995–1996 to school year 2011–2012.

A review of Figure 1 reveals that (a) total K–12 enrollments rose steadily during the entire period with the limited exception of a slight dip during both 2007–2008 and 2008–2009 and a more gradual growth thereafter; (b) special education enrollments rose steadily from 1995–1996 to 2003–2004, leveled off until 2006–2007, and then declined more gradually until the most recent available year of 2011–2012; and (c) the resulting percentages for special education students hit a high point in 2003–2004 and have gradually, with a slight exception in 2005–2006, dropped since then.

Within this backdrop, the primary focus here is on SLD enrollments. Figure 2 shows the trend of SLD enrollments in terms of numbers, percentage of the special education population, and percentage of the total school population.

For SLD enrollment numbers, Figure 2 shows a continuation of the growth identified in the previous literature until a leveling off during 2000–2001 and 2001–2002 and then a more gradual but unreversed decline until the latest year of available data—2011–2012. During the same overall period, SLD enrollments as a proportion of total school enrollments similarly reflected an ascending then descending pattern, but with the turning point 1 year earlier, that is, during 1999–2000 and 2000–2001. As a third variation, SLD enrollments as a proportion of special education enrollments did not follow the same up-then-down pattern, instead showing a slow but steady decline for the entire period.

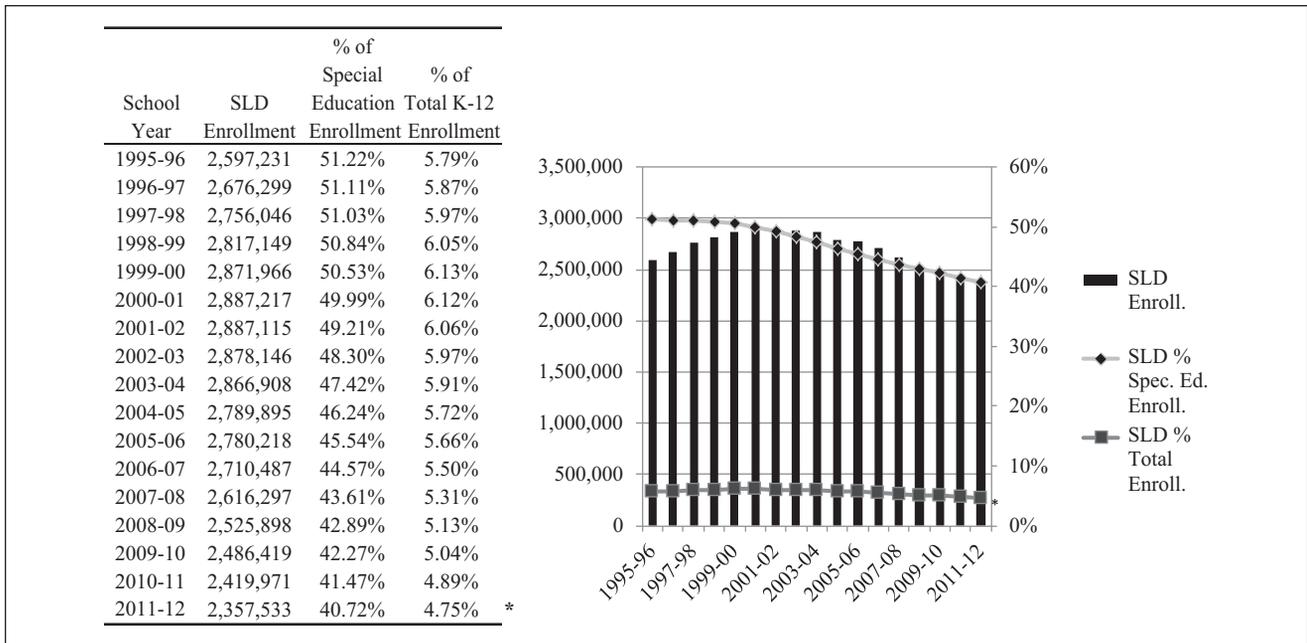


Figure 2. SLD enrollments from 1995–1996 to 2011–2012: Absolute and proportional amounts.
 Note. The percentage for 2011–2012 is based on the NCES projection for the total K–12 enrollment.

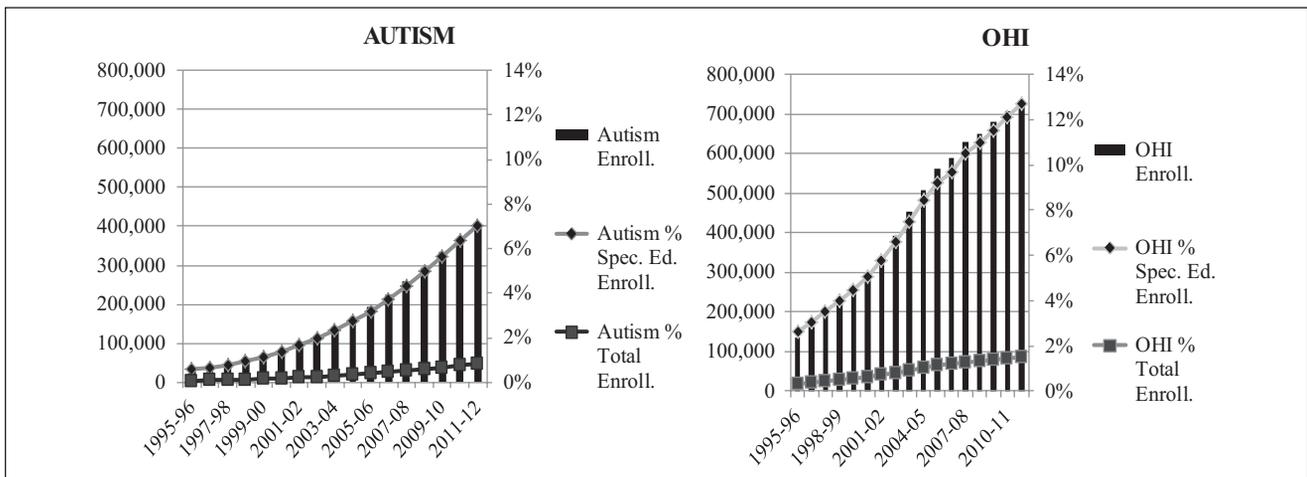


Figure 3. Autism and OHI enrollment trends from 1995–1996 to 2011–2012.

Finally, by way of contrast, Figure 3 shows the corresponding enrollment trends for the two IDEA eligibility classifications that amounted to more than negligible percentages of the special education enrollments and that reflected a notable pattern of growth—autism and other health impairment (OHI).

This figure shows that the number of students identified under the autism classification rose steadily and at an accelerating rate during this 17-year period, from 0.57% to 7.03% of the special education enrollments, whereas OHI

enrollments increased at a steady but less steep slope, from a baseline percentage approximately 5 times that for autism to the most recent level of almost 2 times that for autism.

Discussion

The first finding concerns the absolute, as contrasted with proportional, figures for SLD enrollments in the 6 to 21 age range. Confirming the limited successive “snapshots” in the special education literature (e.g., Parrish, 2001), the picture

has changed from growth to decline, although—in contrast to Cortiella’s aforementioned characterization—the turning point extended from 2000–2001 to 2001–2002.

Second and more significant, on a proportional basis in relation to total and special education enrollments, the decline started earlier. The turning point was 1 year earlier in relation to total school enrollments, but most important, the decline started at or before the beginning of this 1995–1996 to 2011–2012 period in relation to special education enrollments. More specifically, the earlier Zirkel (2006) tabulation showed that the high point was 51.3% in 1994–1995. Although all three alternatives provide a fuller picture, the proportion of special education enrollments is likely the most meaningful because these various IDEA classifications together shared the distinctive status of the identification process, financial support, and other “special” legal protections of the IDEA. By analogy, the same logic applies to exploring related and even more complex issues such as over- or underidentification of minority students in special or gifted education (e.g., Donovan & Cross, 2002; Gamm, 2010) or the relative rates of litigation for key classifications of special education students (e.g., Zirkel, 2011b). In any event, whether examining the SLD enrollment data in terms of causes, costs, over- or underidentification, or other major concerns, policy makers and practitioners need to change their eyeglasses from the waxing to the waning lenses.

RTI Hypothesis

The causes for this declining trend merit careful attention. The few sources that have explored this issue (e.g., Cortiella, 2009; Samuels, 2010) identified the shift from the severe discrepancy to the RTI approach as a major contributing factor. This conclusion is unlikely to be correct for several reasons. First, the legal adoption of RTI as the mandated process for SLD identification was relatively late and limited in terms of this period of decline. More specifically, Congress’s recognition of RTI in the 2004 amendments merely required states to permit its the use of RTI for SLD identification. As explained elsewhere in more detail (Zirkel & Thomas, 2010a, 2010b), two other intermediate steps followed: (a) the IDEA regulations, which went into effect in October 2006, required states to choose among RTI, severe discrepancy, and an alternative research-based approach; and (b) subsequently, only 13 states elected to require RTI, with a few on only a partial basis (e.g., New York—reading in Grades K-4) or in permissible combination with severe discrepancy (e.g., Illinois) or pattern of strengths and weaknesses (e.g., Indiana); with some providing a transitional period until fully effective; and with the last, Wisconsin, not finalizing its choice until 4 years after the 2006 IDEA regulations.

Second, whether on a required or permitted basis, RTI has encountered understandable resistance to implementation.

This resistance is attributable to not only pedagogical philosophy but also practical issues associated with such a major systemic change, including adequate funding and effective training (e.g., Gerber, 2005; Harlacher & Siler, 2011). Even recent reports of widespread implementation of RTI (e.g., Castillo & Batsche, 2012) are clearly questionable both in terms of districts’ official policy of SLD identification and what Burns (2007, p. 38) referred to as “implementation fidelity.” Illustrating the interaction of political and practical inertia, Connecticut (a) chose to mandate RTI by guidelines, originally effective March 2009 and subsequently extended to June 2010; (b) in the interim proposed new special education regulations; (c) issued a second draft in September 2011 after review and comments; and (d) has yet to convert the guidelines to law.

Third, as noted elsewhere (e.g., Zirkel, 2012), an overlapping implementation fidelity issue is the confusion between RTI and the “prereferral intervention processes” that predated and are distinguishable from RTI (Buck, Polloway, Smith-Thomas, & Cook, 2003). It has not been uncommon for scholars and practitioners to credit these general education interventions as—rather than carefully and consistently distinguished them from—RTI.

Fourth, contributing to the conclusion of a belated and limited effect, litigation concerning SLD identification, including not only court but also hearing officer decisions, has continued apace based on the severe discrepancy approach (Zirkel, 2006, 2013), while being negligible based on RTI (Zirkel, 2011a). If indeed districts have widely implemented for SLD identification, one would expect it to appear notably in this long line of case law, especially in light of continued controversy concerning its models, decision rules, and fidelity.

Thus, the extent and timing of RTI for SLD identification makes a primary causal connection to the continuing gradual decline of SLD enrollments highly unlikely. Instead, for several overlapping reasons, its impact as of 2011–2012 is largely a matter of the foreseeable future, not the past 17-year period.

On the other hand, it may not be fair to connect RTI causally and primarily with the reversed trend of SLD enrollments. First, the principal rationales proffered for RTI appear to be (a) early intervention to counter the “wait to fail” characterization of the severe discrepancy approach and (b) specific data to inform the instructional process (e.g., L. S. Fuchs & Vaughn, 2006; National Joint Committee on Learning Disabilities, 2005). The RTI advocates and scholars have relied at most only peripherally or implicitly to abatement in the number of students identified with SLD. For example, Gresham, Reschly, and Shinn (2010) mentioned only “the unabated growth in the number of [SLD] students” (p. 49) as one of Congress’s various reasons for the relevant change in IDEA 2004. Similarly, D. Fuchs and Fuchs (2006) mentioned rising SLD

enrollments only as a subset of the economic side of the problems associated with severe discrepancy approach. Second, the literature generally does not ascribe RTI as having been effective in reducing SLD enrollments. As a limited exception, Brown-Chidsey and Steege (2005) claimed that “data collected so far have shown that RTI procedures are associated with a decrease in the number of students identified as [SLD]” (p. 159). However, they did not cite any support for this assertion, which referred to association rather than causation. Moreover, the published research specific to this issue did not appear until well after their assertion (VanDerHeyden, Witt, & Gilbertson, 2007), and, as its authors explained, the design limitations—including a convenience sample of the elementary schools in one district and the lack of controls for confounding variables—precluded generalizability. More conclusive research is yet to come (Sparks, 2011). This research should include measuring not only the efficacy but also the variability in RTI programs in practice. It should also examine whether these trends for SLD enrollments vary widely on a state-by-state basis as a longitudinal follow-up to previous studies (e.g., Hallahan et al., 2007) and the possible relationship to interstate variability in RTI.

Other Reasons

Other hypothesized causes for the SLD enrollment decline include (a) changes in general education, including scientific-based instruction in reading and expanded school readiness screening in early childhood education (Cortiella, 2009; Samuels, 2010); and (b) pressures to keep numbers down, including the accountability threshold for disaggregation into the disability subgroup under the No Child Left Behind Act and the effects on school budgets of general tightening of the economy (Samuels, 2010). However, these factors are significant contributors only to the extent that they differentially affect SLD as compared with other IDEA classifications. The proportional figures in Figure 1 in relation to special education enrollments, which steadily declined for the entire period, show that SLD-specific factors must have been in play. Thus, the aforementioned changes in general education would have explained this decline in percentages only to the limited extent that they were specific to the eight areas that the IDEA regulations (2012) list for SLD identification (§ 300.309[a][1]). The enumerated reading areas—basic reading skill, reading fluency skills, and reading comprehension—are the most likely, but systemwide programs, such as Reading First, obviously have an overlapping mitigating effect on the enrollment pattern of other disability classifications. Similarly, the pressures on reducing numbers of identified students are largely generic in their effect, with the differential impact on SLD being in both directions. Specifically, to the extent that districts

may meet their IDEA “free appropriate public education” obligation by serving students identified with SLD in resource rooms as compared with segregated placements, especially those in private schools, cost pressures are less applicable to them than other, severe categories, such as multiple disabilities and autism. Conversely, to the extent that instruction may be more easily adjusted and differentiated for them within general education classrooms, the blurred boundary with the need for special education makes it easier to avoid the minimum-number threshold for NCLB disaggregation.

However, more likely to be a major, but not exclusive, contributing factor to the declining SLD percentages within special education is the ascending enrollment pattern during the same period for OHI and, to a lesser extent, autism, as shown in Figure 3. Indeed, in discussing the design limitations of their aforementioned research study, VanDerHeyden et al. (2007), observed that “this approach could cause the number of students qualifying for SLD to decrease but produce a simultaneous increase in the number of students qualifying under other categories” (p. 250). The effect is more likely for OHI due to the broad boundaries of its definition in the IDEA regulations (2012, § 300.9[c][9]). As Cortiella (2009) correctly pointed out, the 1999 IDEA regulations expressly added attention deficit disorder and attention-deficit/hyperactivity disorder (ADHD) to the examples of health conditions potentially qualifying as OHI. However, the rising pattern of OHI enrollments, both in terms of absolute and proportional figures, started earlier based in part, as Martin and Zirkel (2011) explained, on a 1991 U.S. Department of Education policy memorandum regarding ADHD and OHI. Further lending support to the overlapping and interacting effect of SLD and OHI enrollments, Martin and Zirkel found that approximately 10% of the court decisions concerning IDEA identification of students with an ADHD diagnosis was based on SLD rather than OHI. Contributing to the shift from SLD to OHI are (a) the greater flexibility of the specified criteria for OHI as compared with the severe discrepancy standard for SLD and (b) the generally recognized problem of overdiagnosis of ADHD. In contrast, the shift from SLD to autism is less likely because (a) autism accounted for less than half of the percentage for OHI for the overall 17-year period of these data and (b) its definition in the IDEA regulations is rather restrictive (§ 300.8[c][1]), although some districts tend to follow the broader umbrella, or spectrum, in *DSM-IV* (e.g., Fogg, Miller, & Zirkel, 2003).

A previously unrecognized possible contributor to the decline in SLD enrollments, including the differentiating role of the percentages of the special education population, is the outcome trend of the corresponding long line of litigation concerning SLD eligibility (Zirkel, 2006, 2013). More specifically, more than 80% of the approximately 115 final hearing/review officer and court decisions during the past

30 years have been in favor of district determinations of noneligibility as SLD. The most common decisional factors in these cases have been, in order, severe discrepancy and the need for special education. It may be that as not only parents but also districts have gradually recognized, either directly or via their attorneys and organizations, this legal trend in interpreting and applying the criteria for SLD eligibility that they have tempered their determinations accordingly. This possible effect is at least partially differential, because parents have been notably more successful in eligibility cases for some other classifications, such as OHI (Martin & Zirkel, 2011).

Another possible contributor may be improved special education methods and materials for meeting the needs of students identified as SLD. Research concerning exit date in the SLD and other classifications may help determine whether and, if so, to what extent this factor is playing a significant role in the declining trend.

Finally, overlapping data from U.S. Centers for Disease Control and Prevention are difficult to compare and square with these enrollment figures, largely attributable to differences in disability classifications and data sources. For example, a recent analysis of CDC national surveys in 2001–2002 and 2009–2010 of parents of children ages 0 to 17 revealed an increase of mental health and neurodevelopmental—as contrasted with physical—disabilities. The only concordance with the enrollment results was in the researchers' reported identification of increased prevalence of autism spectrum disorders and ADHD as one of the likely reasons for these survey findings (Gordon, 2013).

In conclusion, this short but systematic update of SLD enrollment trends shows that more careful analysis of both the “what” and the “why” is warranted for both policy makers and practitioners. Intended to stimulate more thorough analyses and consideration, these results and their interpretation are only exploratory. Follow-up lines of inquiry should include, for example, SLD enrollment trends in terms of age groups, minority students, and—as the data become available—the role of RTI.

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References

- Brown-Chidsey, R., & Steege, M. W. (2005). *Response to intervention: Principles and strategies for effective practice*. New York, NY: Guilford.
- Buck, G. H., Polloway, E. A., Smith-Thomas, A., & Cook, K. W. (2003). Prereferral intervention processes: A survey of state practices. *Exceptional Children, 69*, 349–360.
- Burns, M. K. (2007). RTI will fail, unless. . . *Communiqué, 35*(5), 38–40.
- Castillo, J. M., & Batsche, G. M. (2012). Scaling up response to intervention: The influence of policy and research and the role of program evaluation. *Communiqué, 40*(8), 14–16.
- Cortiella, C. (2009). *The state of learning disabilities*. New York, NY: National Center for Learning Disabilities.
- Data Accountability Center. (2013). *IDEA data: Part B data and notes*. Retrieved from <http://www.ideadata.org/PartBdata.asp>
- Donovan, M. S., & Cross, C. T. (Eds.). (2002). *Minority students in special and gifted education*. Washington, DC: National Academies Press.
- Etscheidt, S. (2012). Truly disabled? An analysis of LD eligibility issued under the Individuals with Disabilities Education Act. *Journal of Disability Policy Studies*. Advance online publication. doi:10.1177/1044207312453323
- Fogt, J., Miller, D., & Zirkel, P. (2003). Defining autism: Professional best practices and published case law. *Journal of School Psychology, 41*, 201–216. doi:10.1016/S0022-4405(03)00045-1
- Fuchs, D., & Fuchs, L. S. (2006). Introduction to response to intervention: What, why, and how valid is it? *Reading Research Quarterly, 41*(1), 93–99. doi:10.1598/RRQ.41.1.4
- Fuchs, L. S., & Vaughn, S. (2006). Response-to-intervention as a framework for the identification of learning disabilities. *Communiqué, 34*(6), 1, 4.
- Gamm, S. (2010). *Disproportionality in special education*. Horsham, PA: LRP Publications.
- Gelzheiser, L. M. (1987). Reducing the number of students identified as learning disabled. *Exceptional Children, 54*(2), 145–150.
- Gerber, M. M. (2005). Teachers are still the test: Limitations of response to instruction strategies for identifying children with learning disabilities. *Journal of Learning Disabilities, 38*, 516–524. doi:10.1177/00222194050380060701
- Gordon, S. (2013, May). More kids diagnosed with mental health disabilities. *Health Day*. Retrieved from <http://healthday.com?Article.asp?AID=676076>
- Gresham, F., Reschly, D., & Shinn, M. R. (2010). RTI as a driving force in educational improvement: Research, legal, and practice perspectives. In M. R. Shinn & H. M. Walker (Eds.), *Interventions for achievement and behavior problems in a three-tier model* (pp. 47–77). Bethesda, MD: National Association of School Psychologists.
- Hallaham, D. P., Keller, C. E., Martinez, E. A., Byrd, S. E., Gelman, J. A., & Fan, X. (2007). How variable are interstate prevalence rates of learning disabilities and other special education categories? A longitudinal comparison. *Exceptional Children, 73*, 136–146.
- Harlacher, J. E., & Siler, C. E. (2011). Factors relating to successful RTI implementation. *Communiqué, 39*(6), 20–22.

- Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400 *et seq.* (2011).
- Individuals with Disabilities Education Act regulations, 34 C.F.R. §§ 300.1 *et seq.* (2012).
- Kavale, K. (1995). Setting the record straight on learning disability and low achievement: The tortuous path of ideology. *Learning Disabilities Research & Practice, 10*, 145–152.
- Lyon, G. R., Fletcher, J., Shaywitz, S. E., Shaywitz, B. A., Torgesen, J. K., Wood, F. B., & Olson, R. (2001). Rethinking learning disabilities. In C. E. Finn, A. J. Andrew & C. R. Hokanson (Eds.), *Rethinking special education for a new century* (pp. 259–288). Washington, DC: Fordham Foundation.
- Martin, S., & Zirkel, P. A. (2011). Identification disputes for students with attention deficit hyperactivity disorder: An analysis of the case law. *School Psychology Review, 40*, 405–422.
- National Center for Education Statistics. (2012). *Digest of education statistics*. Retrieved from http://nces.ed.gov/programs/digest/d12/tables/dt12_039.asp and http://nces.ed.gov/programs/digest/d12/tables/dt12_036.asp
- National Joint Committee on Learning Disabilities. (2005). *Responsiveness to instruction and learning disabilities*. Retrieved from <http://www.ldonline.org/article/11498/>
- Parrish, T. B. (2001). Who's paying the rising cost of special education? *Journal of Special Education Leadership, 14*(1), 4–12.
- Samuels, C. A. (2010, September 15). Boom in learning-disabled enrollments ends. *Education Week*, pp. 1, 15.
- Sparks, S. (2011, March 2). RTI: More popular than proven. *Education Week*, p. S16.
- U.S. Department of Education. (n.d.). *OSEP's annual reports to Congress on the implementation of the IDEA*. Retrieved from <http://www2.ed.gov/about/reports/annual/osep/index.html>
- VanDerHeyden, A. M., Witt, J. C., & Gilbertson, D. (2007). A multi-year evaluation of the effects of a response to intervention (RTI) model on the identification of children for special education. *Journal of School Psychology, 47*, 225–256. doi:10.1016/j.jsp.2006.11.004
- Zirkel, P. A. (2006). *The legal meaning of specific learning disabilities for special education services eligibility*. Arlington, VA: Council for Exceptional Children.
- Zirkel, P. A. (2011a). The law and RTI. *West's Education Law Reporter, 268*, 1–16.
- Zirkel, P. (2011b). Which disability classifications are not particularly litigious under the IDEA? *Communiqué, 40*(2), 4–5.
- Zirkel, P. A. (2012). The legal dimension of RTI: Confusion confirmed. *Learning Disability Quarterly, 35*(2), 72–75.
- Zirkel, P. A. (2013). The legal meaning of specific learning disability for IDEA eligibility: The latest case law. *Communiqué, 41*(5), 10–14.
- Zirkel, P. A., & Thomas, L. B. (2010a). State laws for RTI: An updated snapshot. *Teaching Exceptional Children, 42*(3), 56–63.
- Zirkel, P. A., & Thomas, L. B. (2010b). State laws and guidelines for implementing RTI. *Teaching Exceptional Children, 43*(1), 60–73.