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**Assessment of Learning Disabilities and  
Response to Intervention  
(RTI) Approach: Effect of Response to  
Intervention (RTI) on Learning Disabilities of  
Primary and Secondary School Students'  
Assessment**

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**Assessment of Learning Disabilities and Response to Intervention (RTI) Approach: Effect of Response to Intervention (RTI) on Learning Disabilities of Primary and Secondary School Students' Assessment**

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**Abstract**

The study is to examine the evidence from a multistage study with primary and secondary school students regarding reading difficulties and to make effective Response to intervention based treatment plan to modify those problems so that student, teachers and parents know the students learning disabilities and difficulties and to make them able to learn in better way in his educational life 320 students age ranges from 8 to 14, calculated mean for total sample is 11.15 years, Response to Intervention (RTI) strategy were used for learning disabilities modification and treatment of students with RTI three tier interventions had been used, with structured curriculum based measurement(CBM) of oral, spelling and writing skills by pre and posttest study design i.e. Experimental and Control conditions. Result indicated that RTI is an effective treatment plan for modification and altering in students with learning disabilities. The results are like in Pre and post Experimental performance on Oral skills are (M,-1.03 SD, 2.0), p, (29) degree of freedom is 29 for all and in spelling skills result were (M,-1.8, SD.2.5) and for writing skills (M-1.96, SD, 2.5).The result revealed that there is positively significant (P .01) effect of RTI on Students performance with three tier/stage interventions.

**Key words:** Intensive intervention, RTI (response to intervention), LD (learning disabilities).

## **INTRODUCTION**

In Pakistan, psychologists, health care professionals working in the educational field, and others pay little attention to the emotional needs and struggles of people with learning problems. The goal of this study is to evaluate the present state of knowledge while analyzing students' Response to Intervention (RTI) strategies. In past few years little researches conducted on learning disability in Pakistan.

Learning Disabilities (LD) are playing very important role for emotional, social and communication problems. RTI is first introduced by Individual with Disabilities Education Improvement Act (IDEIA) for the learning disabilities identification. (Hollenbeck, 2007; Koutsoftas et al, 2009; Morse, 2009; Reutenbuch, 2008; Shinn, 2007; Zirkel, 2009; Zirkel & Thomas, 2010). Based on the research to date and on the common issues and obstacles to children with LD and children who are facing difficulties in learning English, Urdu, Mathematics and facing difficulties to solve problems coupled with following instructions. There is a reason to believe that children with LD are at increased risk of poor intellectual interaction due to lack of understanding to written notations and poor instruction from teachers. Response to Intervention (RTI) has some effective strategies that could be used for kids with learning disabilities. RTI supports the parts of the initiative that can help people with specific learning disabilities while identifying the components which are not in their strongest interests.

The study acknowledged and identified that the accountability system primarily addresses screening and identification, and treatment is the key component of RTI at the secondary level. Response to intervention (RTI) explains & plans a anticipation with remediation oriented framework design to provide general screening, partial improvement monitoring with structural curriculum centered measurements with research and teaching space-based instruction by providing three time periods tiers (Tier 1), and progressively more steps of more concentrated involvements to come across students' psychological or behavioral based needs to understand their difficulties and to solve them in proper way.(VanDer Heyden & Burns, 2010; Vaughn & Fuchs, 2003).

The purpose of RTI is that of a prevention model to control and preclude educational failure for students with specific learning disabilities by providing "Scientific Research-Based Interventions" to enable students for class level accomplishments (Barth et al., 2007) Students in secondary level with reading and writing complications can remain to get beneficial result by implementing different strategies of oral, written and reading skills and from overt reading instruction and strong intervention based instruction and guidance.(Edmonds et al., 2009; Scammacca et al., 2007).

RTI is usually related with the initial grades to overcome / control multiple issues and there are so many researches on selection, assessment and involvements based interventions directed in nursery school over third grade. There are some studies related to finding RTI models implementation, First RTI was programmed & funded with \$1 billion amount for screening, progress monitoring, and multitier and multi stage intervention practices in poverty, low performing schools at national level, provided a start to the application of RTI intervention based representations in nursery Montessori level and through first to 8<sup>th</sup> class/grade, and the emphasis was on recognizing preventive measures with an importance at the initial evaluations with some reflection for what RTI have importance for upper grades (Karovska & Filipovska, 2022). RTI also has been carried out from different researches on precluding, evaluation and math complications in school students, learning disabilities as implemented and used in different researches (Fletcher et al, 2007). It is also used to understand the issues and progress of students with learning needs in problems solving skills in math after investigation-based classroom performance have been put into practice (Ishrat et al, 2022). Students suffering from learning disabilities in math and reading literature are delivered gradually concentrated involvements often by standardized systematic approaches to administer interventions and track pupils' progress. The information gathered from these two methods is used to identify and recommend students for special education or to decide whether additional interventions are needed (Corrin et al, 2008).

These improvements contrast favorably with many studies of secondary school learners in which treatments have consistently shown to have little or no effect. We would anticipate that our impact on the treatment compared to control would be influenced by the fact that both groups got Tier 1 instructions, despite the fact that research regularly shows modest impact with teenagers with reading challenges. Regarding the second issue, we found no statistically significant differences between secondary students with reading difficulties who received instruction in small groups (n = 5 students per subgroup) and those who received instruction in larger numbers (n = 10–14 students per subgroup) (Bowen & Rude, 2006).

We have defined individualized intervention as the process of delivering instruction that may alter regularly over the course of the intervention period to accommodate changes in each student's unique needs. This definition is used as part of our current study with older children who have persistent reading challenges. Although customized methods have been applied in application (e.g., Reutenbuch, C. K. 2008), while it is recognized as excellent clinical practice in LD, although this method is supported by small amount of data. In particular, no outcome information from experimental designs using comparison or control groups has been revealed, raising concerns about the direct effects of these customized implementations (Burns, Appleton, & Stehouwer, 2005).

The psychological properties of the measures, especially their validity and reliability, are a significant problem for screening and progress monitoring in middle schools. Although the fact that there is plenty of information on the effectiveness, application, and reliability of screening and progress monitoring tools for reading in primary schools (Stecker, Fuchs, & Fuchs, 2005). When multi-tiered study with secondary students began, there wasn't much research on middle school children. Recent research typically uses smaller sample sizes (Espin et al., 2010) however, assessments of oral reading fluency and maze performance have been determined to be accurate and reliable, which is consistent with the findings of large samples. A small sample of struggling and average readers in Grades 4 to 8 were subjected to individual and group-based examinations employing passage reading fluency and writing skills procedures for this study.

In order to assess the impacts of form, difficulty level, growth, and repeated exposure to the same and various passages, a collection of oral reading fluency passages were also selected from students curriculum from their own school scheduled syllabus and assigned to practice. To assess the validity of the measures, norm-referenced tests of decoding, fluency, and understanding were given. (Rosenblum et al., 2010).

#### **PURPOSE OF THE RESEARCH STUDY**

In this research, the aim is to deal with the impact of Response to Intervention and its effectiveness in reading disabilities. The effects of using response to intervention (RTI) techniques in middle schools RTI approach, if it progresses the reading abilities then there would be an improved quality of learning.

#### **RESEARCH OBJECTIVES**

The purpose of this research is to evaluate the possible effectiveness of primary-level (Tier 1), secondary-level (Tier 2), and tertiary-level (Tier 3) procedures in managing middle school students' reading problems. To find out effectiveness of RTI intervention in Learning disabilities of children age 7 to 14.

#### **HYPOTHESES**

Following are the hypotheses of the present study:

1. RTI –A response to multi-tier intervention has a very strong effect on student's learning disabilities.
2. There is a strong relationship between spelling, oral reading and writing skills on students' performance related to learning disabilities.
3. If students with learning disabilities are provided with intensive care by monitoring performance response, the performance will be improved.

## **METHODOLOGY**

The experimental study was conducted with pretest and posttest for the experimental and control group. The Population of the study consist on mixed (female and male) students with reading writing and spelling disabilities in fourth to eight grade primary and secondary school Al-Quran Academy in Peshawar during October 2021 to Feb 2023 academic session. 320 students who scored the lowest on the DSM (Diagnostic Statistics Manual) checklist to evaluate spelling disability comprised the study samples. These students were then randomly divided into two groups of 15, one of which served as the experimental group, and the other as the control group. After parental, institutional and student's consent, educational program of the RTI Response to intervention was practices with the experimental group in 15 sessions, each training session duration was 45 minute, and three sessions per week were held. After the end of the teaching sessions for the experimental and control groups at the pre-test stage, the achieved checklist of spelling disability was administered. Paired sample t- test and independent sample t test applied for 150 students for experimental and 150 students for control group.

## **STUDY DESIGN**

Experimental Study (Pre-post study design).

## **INSTRUMENTS**

### **DSM CLASSIFICATION CRITERIA CHECKLIST TO IDENTIFY CHILDREN WITH LD**

First all selected students were analyzed on the bases of Diagnostic statistically manual check list according to the classification of learning disorder and reading disorder with code 315.00, disorder of written expression code 315.2 and learning disorder code 315.9 then after checking sign and symptoms on checklist .all assessments were based on measurements related to learning writing and reading on LDES-R2 evaluation scale.

### **LEARNING DISABILITY EVALUATION SCALE, RENORMED /2<sup>ND</sup> EDITION (LDES-R2)**

The Learning Disability Evaluation Scale had administered on students to check the reading writing and spelling disabilities. The LDES Renormed Second Edition (LDES-R2) was created to help educators record the performance behaviors that are most indicative of learning difficulties in young people. Based on the most widely used description of learning difficulties, the instrument is intended to offer a profile (IDEA, 2004). Mathematical calculations, reading, writing, speaking, listening, thinking, and speaking are the subscales of the LDES-R2. Four thousand seven hundred and seventy-seven students in grades 1 through 12 were used to standardize the LDES-R2. The standardized sample's demographics roughly correspond to national statistics for parent occupation, gender, race, and place of residence. For every item on the LDES-R2 subscale, the internal consistency was at or above.41. Correlation coefficients ranging from.60 to.70 were obtained for test-retest reliability, showing strong dependability.

## **RESPONSE TO INTERVENTION TECHNIQUE AND INSTRUCTIONS PLAN**

The components of each section that are included in the assessment tools are derived from a review of school and research RTI implementation practices. The RTI Manual includes the steps to perform with students with following instruction based skills includes; School-based screening, Progress monitoring during classroom performance, Tiered service delivery, and finally with Fidelity of implementation.

In this study, Oral Reading and Writing Fluency has been administered on 3-tiered methodology and several norm-based and criterion-based measures have been directed and word-based and passage-based fluency measures have been assembled. As fluency tests have been the primary focus of the study, Table 1 below summarizes the results: 6 passages in narrative structure and expository structure were generated for the Passage reading fluency test. Each passage had, on average, 300 words. The Lexile® text measure for the passages ranged from 350 to 1,400 lexiles (Lexile Framework for Reading, 2007). Word frequency and sentence length, two significant evidence of text complexity, are the foundation of a Lexile® text measure. "Lexile bands" were used to classify passages. The 50 passages were separated into groups of five passages as a result. There were 6 passages total in each grouping, with 3 explanatory and 3 narrative segments.

All then compared the passages to control for form effects using procedures and compared with curriculum based material and then also directed the passages in approximately 2-month intervals. The intervention was structure using he material instructed in Lexile and eight times during the month to evaluate progress in learning. The students assessed for disabilities evaluation assigned to randomly ordered sequences of stories to evaluate difficulty level. Growth and passage both had their respective effects on fluency rates within students, although passage alone accounted for 55% of the variation.(Barth et al., 2007).When passage impacts were taken into consideration, the difficulty level fell by four words correctly per minute (WCPM) for every 100 lexiles of difficulty. However, the influence on student progress was inconsistent and did not significantly contribute to the explanation of passage variation at the student level.

### **Tier 1 Classroom Instruction**

Thus, *instruction and task completion* practices were combined with intervention based skills for classroom training from General science, Pakistan studies, Literature (Urdu & English), and math portion for the students with learning disabilities with the objective of improving reading and writing intellectual capacity. There was no supplementary instructional time given for Tier 1. An integral element with instruction follows and task completion assignments consign to students and assess with different task assignation so active application of RTI is improved through classroom intervention based training (Tier 1) (Vaughn, Cirino, et al., 2010).

### **Tier 2 Secondary Intervention**

The analysis made on the base of studies with the students designated for assessment (class 4–8) it was involved Tier 1 inside the study strategy (Vaughn, Cirino, et al., 2010); though, on the bases of study Tier 1 was given to the students, including those in Tier 2 intervention and those in Tier 2 comparison, the effects of Tier 1 were not purposefully altered. two groups experimental and control of students were identified and provided with two instruction intervention based on word recognition and story writing from CBM and involved the following:

(a) *Recognizing word*—these students had grade-level potentials for word identified answer by showing different passages and words in reading. The Tier 1 was delivered during their classroom instruction (content extracted area from English, and Urdu contributing in progress on assimilating words and interpretation understanding into content tutoring); (b) *story writing*—students with LD were delivered an extra class every day in reading (50 min per day) skilled by researcher and delivered an intervention planned to speed up their recital in word recognition, reading and writing and for understanding, students presented by Models related to construction, daily use items, animals and daily life necessary item and given instruction to write story whatever comes to their mind in Urdu and one in English to analyses of their word writing skills. Students provided by 60 minute of extra reading intervention for treatment, students identified as “at risk” on the state-level reading test (scoring below expected levels). All of these students were randomized to Experimental and control group. Students in the Experimental condition were delivered by a daily intervention and were monitored (Denton CA, Fletcher JM, Anthony JL, Francis DJ. 2006) students in grades 7 and 8 who were part of the experimental group received instruction in either small groups (comprising about six students) or large groups (comprising about ten students). Three stages of instruction made up the Tier 2 treatment that was given to learners for one class period per day (60 minutes) for the program of the academic year. The daily sessions featured a Word Study exercise that used REWARDS to teach advanced multi-syllabic word decoding.(Archer, AL.; Gleason, MM.;Vachon, V, 2005).

### **Tier 3: Tertiary Intervention**

In this RTI model the middle school students who had received intervention-based treatment and who had been identified as "at risk" was evaluated for the understanding of the second tier session. Depending on their performance, they were either exited from interventions or given additional vocabulary and phonetics tasks that assist them enhance their learning impairments associated with word retention and spelling. And all intervention applied on experimental 150 samples and control condition with sample of 150 students as were in started. Subsequently these students received a four week session of final intervention based treatment, we suggested that these kids would benefit from "individualized treatment" created to address their



requirements because they were "inadequate respondent" to the prior intervention. (Archer, AL.; Gleason, MM.;Vachon, V, 2005).

### **PROCEDURE**

The study is experimental in nature and student with learning disabilities were contacted and given a thorough explanation of its objectives in order to collect data. Given that this study's design involves pretesting and post testing with a control group, its possible ramifications have received particular attention. Since the study was concern with students response to intervention RTI for learning disabilities so students were selected from different Islamic and educational learning institutes practicing to delivery standardized education in primary and middle Schools at warsak road, university road , Al-Quran Academy, Hayatabad Peshawar for period of one years to providing three tiers intervention related to reading and writing skills. In order to select the required sample of N=320, random sampling was conducted in two phases. First, all students were randomly selected. Second, the diagnoses made on the DSM check list were evaluated among the samples. In the subsequent step (prior to the independent variable), 320 students were chosen at random from among those who received grades of 5/10 and exchanged in the experimental and control groups.

Since the study's method is experimental, the sample size (n=320) has also been chosen. Six participants have been taken into account for each group even though the sample size for each subgroup should be at least 16, as this research was conducted for intensification of the external validity of the plan. Three of them from experimental group declined to participate in preparation sessions, therefore the information from 320 participants was examined.

Two sessions were used to instruct RTI Intervention, with two of those sessions focusing on group work. The structured CBM of oral, spelling, and writing skills included questions that categorized pupils from the perspective of learning difficulties, and pre- and post-tests were administered for the experimental and control groups. The RTI three tier interventions were utilized for data collection. Indicators of central tendency, dispersion, frequency, and percentage are used to process data at the descriptive level. At the analytical level, SPSS is used to compute the study's hypothesis utilizing independent samples, paired samples, and correlation.

### **RESULTS**

The effect of response to intervention on learning disabilities was evaluated. The analysis of paired sample t-test- demonstrates variable (dependent) among groups allocated as control and experiment.

The obtained  $F = 4.0, 0.0, 7.2$  with  $N/320$  in independent sample test for the experimental and control group on 0.001 level is significant. Two groups' means differ from one another, at least for

one dependent variable. The research question is therefore communicated as a result of reliability's significance.

**Table 1: LDES-R2 confidence interval and DSM checklist findings**

Class	N	Mean age	Reading disability on DSM Checklist	(LDES-R2)
	<b>320</b>	<b>8- 14</b>	<b>Word pronunciation/recognition, reading and writing skills.</b>	<b>CI 95% LDES M</b>
Fourth	60	8-9	Poor word pronunciation, writing reading and word recognition	25%
Fifth	60	9-10	Poor word pronunciation reading and writing skills	Poor 15%
Sixth	60	10-11	Poor word pronunciation reading and writing skills	Poor 25%
Seventh	60	11-12	Poor reading & writing skills	20%
Eighth	60	12-14	Poor reading & writing skills	20%

Note:LDES-R2 =Learning Disability Evaluation Scale, DSM=Diagnostic statistical manual,

Table 1 displays result for LDES and disabilities on DSM-4 criteria checklist

As a test of concurrent validity, the scale was put up against the Learning Disabilities Diagnostic Inventory (LDDI). Each LDES-R2 subscale had a strong correlation with the LDDI inventory in which subscales was associated. The student's evaluation made on the basis of reading, writing and pronunciation skill had moderate to severe diagnostic and Frequency-referenced quantifiers are used on the basis of LDES-R2, mean and percentage for each disability is presented in table 1.

**Table 2: Paired Sample t-test of RTI pre and post experimental test result (N 320)**

Stages	Conditions	M	SD	95% CI		t(2)	d f	Sig
				LL	UL			
Tier 1	Pre Spelling Exp & Post Spelling Exp	-1.86	2.5	-2.80	-.93	-4.08	29	.000
Tier 2	Pre Oral Exp & Post Oral Exp	-1.03	2.0	-1.80	-.26	-2.74	29	.010
Tier 3	Pre Writing Exp & Post Writing Exp	-1.96	2.5	-2.92	-1.0	-4.19	29	.000

*Note=Tier1,2 ,3 represents pre spelling, oral and writing Response to intervention results while Post spelling represents post spelling, oral and writing Response to intervention test results. \*p<.05, \*\*p<.01 & \*\*\*p<.001*

Results on Table 2 Paired Sample t-test of RTI pre and post test result also for Mean, Standard Deviation and t-Value for pre experimental and post experimental group (N=30) Effect of test result between subjects performance Dependent variables before and after applying RTI on students, the results are like in Pre and post Experimental performance on Oral skills are (M,-1.03 SD,2.0), $p>0.01$  ) degree of freedom is 29 for all and in spelling skills result were (M,-1.8, SD.2.5) and for writing skills (M-1.96, SD,2.5) The result revealed that there is positively significant (P .01) effect of RTI on Students performance as RTI technique conducted with three tier interventions .

On the basis of table 2, it is determined that in the proficient application of RTI on schools and Quran learning Students learning with proper instruction on multitasking skills and specific targeted areas of learning disabilities related to student’s variable had high impact and the most decrease on other variables.

**Table 3: Paired samples Correlations for Pre and Post Experimental Group performance**

Stages	Conditions	r	α
Tier 1	Pre-Spelling Exp & Post-Spelling Exp	.21	.25
Tier 2	Pre-Oral Exp & Post Oral Exp	.017	.93
Tier 3	Pre-Writing Exp & Post Writing Exp	-.033	.86

Note: pre N=30, correlation (r) and Significance level α.

Table 3 shows there was a significant difference on the scores of RTI on Oral reading spelling and writing one pre and the post test result for learning disabilities as RTI intervention was applied. Pre post paired sample t test for spelling( $r=.21$ ,  $\alpha=.25$ ), Oral reading ( $r=.01$ ,  $\alpha=.93$ ), and for writing skills ( $r= -0.03$ ,  $\alpha=.86$ ).the result showed there is positive significance ( $p< .01$ ) the Pre and post Experimental group have positive correlation .the hypothesis that there is strong relationship between spelling oral and written skills on students' performance related to learning disabilities.

**Table 4: Pearson Correlation between pre (spelling oral and written skills experimental group) and post (spelling oral and written skills experimental group), sig (2-tailed).**

variables		1	2	3	4	5	6
1	Pre Spelling Exp	1	-	-	-	-	-
2	Pre Oral Exp	.264	1	-	-	-	-
3	Pre Writing Exp	.012	.158	1	-	-	-
4	Post Spelling Exp	.213	.225	-.214	1	-	-
5	Post Oral Exp	.141	.017	-.221	.556**	1	-
6	Post Writing Exp	.159	.087	-.033	.431*	.497**	1

Note: \* $p<.05$ , \*\*  $p<.01$ .,Correlation for pre experimental group students ( $n=160$ ) are presented and the correlation for post Experimental Group Students ( $n=160$ ).

Table 4 present the nature of correlation between subjects performance on Dependent variables spelling , oral and writing skills with experimental and control conditions before and after applying RTI on students, the results are like in Pre and post Experimental performance on Oral skills are negative correlation on pretest and positive correlation on posttest. There is positive correlation for pre and post spelling experimental test and there is positive correlation among all spelling, oral and writing skills on pre and posttest.

**Table 5: Mean, Standard deviation and Standard Error Mean of before and after RTI application performance result in Experimental and control conditions.(N=3200)**

Performance	Conditions	M	SD	SEM
Pre Spelling	Experimental	3.26	1.38	.35
	Control	2.73	1.86	.48
Pre Oral	Experimental	4.06	1.27	.33
	Control	3.86	1.30	.33
Pre Writing	Experimental	2.46	1.64	.42
	Control	3.46	1.68	.43
Post Oral	Experimental	6.33	1.11	.28
	Control	3.66	.72	.18
Post Spelling	Experimental	6.60	1.45	.37
	Control	3.13	1.45	.37
Post Writing	Experimental	6.00	1.85	.47
	Control	3.866	1.12	.29

Note: \* $p= 29$ ,  $n=16$  for Experimental condition and  $n=16$  for Control condition.

Table 5 shows Effect of test result between subject's performance Dependent variables before and after applying RTI on students, the results are like in Pre and post Experimental condition. The performance on pre Test, spelling skills are (M=3.26 SD=1.38),  $p= (29)$  and degree of freedom is 29 for all variables and in spelling skills result were (M=4.06, SD=1.27) and for writing skills (M =2.46, SD, 1.64) and with compare to pretest the posttest performance is significantly high for experimental condition and students perform very well by performing best in different skill test. In post Experimental performance Oral skills are (M=6.33 SD=1.11), spelling skills are (M=6.60, SD=1.45) and for writing skills (M=6.00, SD=1.85) it showed that dependent variable is significantly achieved the intervention based objectives. Same procedure was done with control grouped but with no RTI intervention provided to check the actual effect of RTI so results were not improved like the pre and post evaluation were made before and after RTI intervention for control Group like pre control group performance with simple classroom skills for Oral skills are (M=2.73, SD=1.86), spelling skills are (M=3.86, SD=1.30) and for writing skills (M=3.46, SD=1.68) and in post control group performance result for Oral skills were achieved as (M=3.66, SD=.72), spelling skills are (M=3.13, SD=1.45) and for writing skills (M=3.866, SD=1.12), On the bases of the table 5, the fact established that with Intervention the RTI model instruction

effect on students 'performance and learning disability reduced and improved by performing well on Posttest in experimental condition.

## **DISCUSSION**

The educational institutes in Pakistan dealing learning disabilities (LD) in different ways but in contrast with previous research's this study indicated interested results. The results showed in this research that instruction based guidance for middle school students with disabilities in learning and students are slow learner and slow responders to a last term educational training of three month intervention plan The results did not support our initial theory, which predicted that students in the customized condition would perform better than those in a standard situation. We expected that the students instructed with intervention based learning reflected their needs (e.g., more word recognition and learning practices with low word reading) would perform better than comparable students who received a treatment based on a standardized intervention. These results, however, have minimal to contribute with clinical training. (Donovan & Cross, 2002). They are based on previous research on readers who are completely new with reading difficulties in which a more standardized treatment was provided with a more responsive or individualized treatment and yielded statistically significant difference between the two interventions based treatments (Archer et al, 2003).

This study did not provides the confirming data that more converted or therapeutically responsive with high level of instruction based teaching will not be more productive than regular local methods for students with concentrated reading complications. The research supports and helps in designing compelling data to consider when designing learning disabilities based interventions for students with reading disabilities. The results of the study need to be considered in light of the intensive care for high intensive careful instruction based therapy and their treatment (Rodríguez et al., 2021). The level of training the student's disability, supervision to the problems, and feedback provided to the teachers and parents in this study was limited to the results. Reading comprehension have been found significant, and the difference was not for assignments and home-works involving word practice for reading, word repeated attack and fluency. It was hypothesized that the students with learning disabilities are provided with intensive care by monitoring performance response, the performance will be improved. (Zirkel, P. A. 2009).

The Hypothesis of this intervention based experimental research is confirmed. Students who were diagnosed with disabilities showed higher response to intervention in the experimental condition than in the control condition. This finding related for word understanding reading and writing comprehension. Moreover the reading and writing comprehension outcomes for students

with disabilities were significantly lower than those of their peers who did not have identified disabilities. This occurred for all two conditions (Experimental and control).

As generally when modified training is provided to college schoolchildren with LD, college students within the modified remedy were trained in very small interventions, as had been college students inside the standardized remedy. Within the individualized intervention inside our study, instructors were trained to educate students for similar studies-based mechanisms of reading training (i.e., word study, fluency, comprehension, vocabulary) as teachers inside the standardized intervention protocol. Inking about that point in training become managed, there had been numerous considerable variations among the two remedies: (a) the modified intervention had an expanded emphasis on flexibility in lesson planning and standard academic decision making, with a clinical version the usage of diagnostic evaluation, in my opinion tailored practice, continuing improvement monitoring, and modification in practice based totally on college students' response; (b) the individualized treatment also furnished flexibility in textual content selection, and instructors had been able to spend greater time communicating with schoolchildren to set dreams and successful motivation (for in addition description of the individualized and standardized technique, see (Bowen, S. K., & Rude, H. A. 2006).

#### **LIMITATIONS AND SUGGESTION**

Following are the limitations of the present study that future researchers are encouraged to rectify for more reliable results.

1. Studies on secondary college students with substantial studying problems produce the following suggestions for the critical factors of RTI which includes screening and evaluation and degrees of intervention. It must be evaluate and in Pakistan educational sector need to train their research and educationist to know about the RTI compete package and understanding for that education for all slogan will be achieve without any learning disabilities and discrimination in students.
2. This study will be very useful for schools, teachers and parents as it will provide useful strategy and skill that how to communicate and deal with learning disabilities of children. But the intervention its self is not so clear in the use of comprehensive measurements scales related to writing, reading, and oral skills.
3. There could be biasness on the part of respondents as the self-report scale was used and the sample was limited to Peshawar therefore, the results from Peshawar cannot be effective and generalized to the overall population of Pakistan and future investigators are suggested to cover all Pakistan by selecting all districts in Pakistan to increase generalization.

#### **IMPLICATION OF STUDY**

Finding of the studies can be helpful in educational institution, deaf blind, and dump institutes, for learning disability treatments clinic and centers and especially it will be more effective to support the mental health professional, counselors, and psychologist in Pakistan to deal with students, children's learning disabilities.

### **CONCLUSION**

Over all the result of present study suggested that RTI plays very important role in students learning abilities and skills to writing reading and oral learning. It is suggested from the findings of the study that students have very successful achievements of their respective problems focusing on specific issues by implementation of RTI Mode. Furthermore to that it was observed that training different type of skills and multiple tiers related with problems are very important contributors to improve learning disabilities faced by students in Peshawar schools.

In Pakistan, especially in Peshawar the RTI Model is not been used at children's educational institutes. According to Cirino PT and Tolar TD (2010) students studying and having educational training instructions under more individualized conditions to deal with their specific issues and problems having higher proficiency and abilities of writing interpretation and understanding skills related to their education.

The basic objectives of RTI models are the prevention and modification of learning and behavioral complications. The operational instruction and concentrated interventions used for students per subject problems. This area of research need more research and findings of the present study can prove to be useful for educationist in Peshawar, Pakistan. Psychologist and mental health professional even for parents in educating their children, who can conduct RTI based training programs to help individuals become more potential in learning specific abilities.

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