



National Headquarters
 4156 Library Road
 Suite 1
 Pittsburgh, Pennsylvania 15234
 PHONE 412-341-1515
 FAX 412-344-0224
 E-MAIL info@LDAAmerica.org

The Learning Disabilities Association of America's White Paper on Evaluation, Identification, and Eligibility Criteria for Students with Specific Learning Disabilities

The background and reason for the White Paper became apparent when the Individuals with Disabilities Education Act (IDEA) Statute was published in 2004. Members of the LDA Board of Directors were pleased that the definition of Specific Learning Disabilities (SLD) remained intact. But when the Regulations were published in 2006, it was surprising to find that the SLD evaluation criteria and identification criteria were no longer aligned with the SLD definition in IDEA. Both of these criteria changed from taking the cognitive nature of SLD into consideration, to instead aligning IDEA with the regulations in the Elementary and Secondary Education Act (ESEA/NCLB) and putting the emphasis on identifying students who are not achieving adequate for the child's age or the attainment of State-approved grade-level standards, not abilities. In effect, the new criteria virtually eliminated a great many students with SLD, including some who have high academic achievement in some areas but markedly low achievement in other areas.

In 2008 LDA partnered with a group of professionals who were also concerned that the cognitive nature of SLD was not given much, or in some cases, no consideration but rather was looked upon as a condition that is educational in nature. The idea for the White Paper grew out of this partnership of professionals and members of LDA and was presented at a Symposium held at the LDA International Conference held in Baltimore, February 2010.

We want to give our great appreciation and thanks to James B. (Brad) Hale Ph.D. an eminent neuropsychologist, who took on the Herculean task of authoring both the Survey and the White Paper. Brad is an outstanding writer and his dedication to the evaluation, identification and education of students with learning disabilities was made evident through the countless hours he spend gathering data and using that information to draw the conclusions that are presented in the paper. This White Paper is his gift to LDA and we are extremely grateful.

We also want to express our gratitude to Monica McHale Small Ph.D. Monica, who serves on the Board of the National Association of Pupil Service Providers, undertook the effort of sending the Survey to members and friends of her association. The response she received was extremely impressive and greatly added to the findings of the Survey sent out by LDA.

We especially want to thank the following members of the White Paper Expert Panel, esteemed professionals from around the country, who took time to express their support for students with SLD and their concern over the evaluation and identification system put into place with the reauthorization of the IDEA in 2004.

Hale, J., Alfonso, V., Berninger, V., Bracken, B., Christo, C., Clark, E., Cohen, M., Davis, A., Decker, S., Dumont, R., Elliott, C., Feifer, S., Fiorello, C., Flanagan, D., Fletcher-Janzen, E., Geary, D., Gerber, M., Gerner, M., Goldstein, S., Gregg, N., Hagin, R., Jaffe, L., Kaufman, A., Kaufman, N., Keith, T., Kline, F., Kochhar-Bryant, C., Lerner, J., Marshall, G., Mascolo, J., Mather, N., Mazzocco, M., McCloskey, G., McGrew, K., Miller, D., Miller, J., Mostert, M., Naglieri, J., Ortiz, S., Phelps, L., Podhajski, B., Reddy, L., Reynolds, C., Riccio, C., Schrank, F., Schultz, E., Semrud-Clikeman, M., Simon, J., Silver, L., Swanson, L., Urso, A., Wasserman, T., Willis, J., Wodrich, D., Wright, P., & Yalof, J. (2010).

Patricia Lillie, President
 Learning Disabilities Association of America
 February 2010

Critical Issues in response-to-intervention, comprehensive evaluation, and specific learning disabilities identification and intervention: An expert white paper consensus.

Document Overview and Purpose

The following Expert Panel White Paper should be considered a “working document” for reference purposes. This White Paper project was undertaken to address the Learning Disabilities Association of America (LDA) concerns regarding the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004 statutory and regulatory requirements for the identification of Specific Learning Disabilities (SLD), and the subsequent U. S. Department of Education Final Regulations and Commentary regarding implementation of IDEIA (34 CFR Parts 300 and 301; Federal Register, 2006).

The purpose of the White Paper is to provide additional information for and guidance to the federal government, professional organizations, practitioners, and the public. The LDA is hopeful that this document will facilitate legal, regulatory, policy, and training decisions, and ultimately, service delivery to children with SLD.

Subsequent to public release, the LDA sought to examine the arguments presented in IDEIA and the Final Regulations. The LDA Public Policy/Advocacy Committee solicited a number of professionals to examine the evidence that supported or refuted the information presented in the law and commentary. This LDA effort resulted in an LDA White Paper Survey of experts in the field, which in turn led to the production of this White Paper.

This White Paper presents the expert professional opinions and empirical evidence regarding the identification of children with SLD and best practices in SLD service delivery. The preliminary findings of the LDA Expert Panel Survey (see Appendix A) and this White Paper represent the opinions and empirical evidence presented by 56 university professors and researchers, special education administrators, and special education lawyers with expertise in and public recognition for their work in SLD identification and intervention.

All Expert Panel participants have published extensively in SLD, cognitive/neuropsychological assessment of high incidence disorders including SLD, and/or SLD educational intervention, in peer-reviewed journals, peer-reviewed scholarly books, and/or argued legal cases in court proceedings. Individual curricula vitae are available upon request. However, it is important to recognize this was not a random sample of potential experts, but rather a survey of those individuals who have been recognized by their peers as SLD scholars with legitimate professional investments in the law and practice concerning SLD identification and intervention.

This White Paper provides a summary of these Expert Panel White Paper Survey opinions, with relevant, but not exhaustive citations (provided as endnotes) that provide support for these conclusions. The **five major conclusions** drawn from these opinions and empirical evidence include:

1. **Maintain the SLD definition and strengthen statutory requirements in SLD identification procedures;**
2. **Neither ability-achievement discrepancy analyses nor failure to respond to intervention (RTI) alone is sufficient for SLD identification;**
3. **To meet SLD statutory and regulatory requirements, a “third method” approach that identifies a pattern of psychological processing strengths and deficits, and achievement deficits consistent with this pattern of processing deficits, makes the most empirical and clinical sense;**
4. **An empirically-validated RTI model could be used to prevent learning problems in children, but comprehensive evaluations should occur whenever necessary for SLD identification purposes, and children with SLD need individualized interventions based on specific learning needs, not merely more intense interventions designed for children in general education; and**
5. **Assessment of cognitive and neuropsychological processes should be used not only for identification, but for intervention purposes as well, and these assessment-intervention relationships need further empirical investigation.**

The following is a detailed examination of Expert Panel White Paper Survey responses, and empirical literature that addresses the validity of these conclusions.

Conclusion 1: Maintain the SLD definition and strengthen statutory requirements in SLD identification procedures.

For the SLD definition, a vast majority of participants indicated they *strongly agree* or *agree* with the hallmark characteristics of SLD (92%), which suggests that these children have both psychological processing strengths and deficits that result in specific disability that characterizes SLD (Item 1). This finding is consistent with other practitioner surveys on SLD identification,^{1,2,3} professional organizations and consensus panels that have position statements on SLD identification,^{4,5,6,7} and authors of numerous recent scholarly publications regarding the essential defining characteristics of SLD.^{8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,,33,34,35,36,37,38,39,40,41,42,43,44}

Many participants felt strongly (i.e., *strongly disagree* or *disagree*; 82%) that the definition should not be amended to include *any* child exhibiting low achievement or meeting minimal academic standards (Item 2), suggesting they believe that low achievement alone is not a suitable diagnostic indicator for SLD.^{10-12,14,17,19,20-31,33-38,41-42} In addition, Expert Panel comments reflected concern that those who were higher functioning cognitively, but still had processing strengths and deficits that adversely affect achievement, would not be identified and served if a low achievement definition were adopted.

Participants expressed concerns that the very essence of SLD lies in its definition, making it qualitatively and functionally different from low achievement only,^{10-12,14,17,19,20-31,33-38,41-42} with many participants suggesting that SLD identification should require multidisciplinary team recognition of and adherence to IDEIA SLD statutory language when making eligibility determinations, which has not been emphasized in practice.^{10-12,14,17,19-29,33-35,42}

The conclusion that low achievement alone does not reflect SLD does not imply that only children with SLD should receive intervention for their learning difficulties, or that those with low achievement should not receive instructional support. Rather, it argues that changing the definition of SLD to allow those with low achievement to receive special education services, which has occurred in the past with poor implementation of discrepancy approaches for SLD identification, is not appropriate. On the contrary, empirical evidence suggests children with low achievement would likely benefit from a response-to-intervention (RTI) model, where greater intensity of instruction should likely lead to response for a significant percentage of students.^{45,46,47,48,49,50,51} However, for chronically nonresponsive children subsequently identified with a pattern of cognitive assets and deficits that underlie SLD need something *different*, particularly *individualized* instruction to meet their academic needs.^{10,16-17,21,31,35,42,52,53,54,55,56,57}

Conclusion 2: Neither ability-achievement discrepancy analyses nor failure to respond to intervention alone is sufficient for SLD identification.

For SLD identification, there was a clear Expert Panel consensus that the two major models recognized by Congress and OSERS – ability-achievement discrepancy and failure to respond to intervention – are not sufficient for SLD identification, with most participants indicating they *strongly disagree* or *disagree* with RTI (Item 5; 96%) and discrepancy (Item 6; 88%) as stand alone methods for SLD determination. The experts indicated that one of the most significant, and perhaps irreconcilable, problems with these approaches is there is no way to determine if children identified with either approach meet the SLD statutory definition (i.e., exhibit a disorder or deficit in one or more the basic psychological processes).

For ability-achievement discrepancy, the Expert Panel conclusion is consistent with literature indicating that ability-achievement discrepancy has limited utility for SLD identification, and leads to a number of problematic outcomes,^{58,59,60,61,62,63,64,65,66,67,68,69} which is due at least in part to poor implementation of the discrepancy model

and application of a discrepancy-only approach in contrast to using discrepancy models as a necessary but insufficient conditional model in SLD identification.^{70,71,72,73,74,75}

According to experts and literature,⁵⁶⁻⁷³ problems with the discrepancy model for SLD identification include, but are not limited to, the following:

- Uniform discrepancy application is insensitive to developmental differences in cognition and achievement;
- Unclear which IQ score should be used to establish “ability” for discrepancy calculation;
- Inability to distinguish between children with SLD and low achievers;
- Inconsistent application of the approach across schools, districts, and states;
- Over-identification of students from diverse backgrounds;
- Measurement problems that result in poor decision-making;
- Early identification is unlikely although it is critical for ameliorating problems (a “wait-to-fail” model); and
- Encourages “test and place” practices which are neither an accurate nor an effective use of resources.

Although most in the Expert Panel can agree that RTI is important for prevention of learning problems and providing early intervention services for all children, results suggest it too is problematic for SLD identification purposes. The Expert Panel clearly indicated that RTI measures and methods lack technical adequacy for SLD decision making (Item 11; 94% *strongly disagree* or *disagree*), and indicate that there is a dearth of empirical evidence supporting the use of RTI alone in addressing the intervention needs of all children with SLD (Item 8; 86% *strongly disagree* or *disagree*). Although it has been argued that RTI should be mandated for advancing academic achievement in the schools,²⁰ there are numerous reasons for which children do not respond to interventions, only one of which is SLD; therefore, inferring SLD from failure to respond to intervention is not scientifically or clinically justifiable.^{10-14,16,17,19-31,33-38,41,42,51-55,76,77}

According to experts and literature,^{10-14,16,17,19-31,33-38,41,42,51-55,74,75,78,79,80,81} problems with an RTI approach for SLD identification include, but are not limited to, the following:

- No consensus on type of RTI to use (i.e., standard protocol or problem-solving);
- No consensus on a measurement model for defining responsiveness in RTI models;
- No agreed upon curricula, instructional methods, or measurement tools with adequate technical quality;
- RTI research has largely focused on word reading at the early elementary grades, with methods across grades and content areas not empirically established;
- No consensus on the definition of empirically-based approaches;
- Single subject design cannot be used because manipulation of more than one independent variable in problem-solving RTI precludes determining causation;
- No empirically-supported literature supporting determination of response or failure to respond, with different groups of children identified as nonresponders by different methods;
- No agreed upon teacher training standards or supervision methods to ensure interventions are carried out with integrity;
- RTI has no mechanism for differential diagnosis of SLD and other disorders;
- RTI is nothing more than a model of “diagnosis by treatment failure”, which has long been proven to be a poor model in medicine; and
- There is no *true positive* in an RTI model, meaning that all children who fail to respond to quality instruction and intervention are considered SLD by default.

The last point regarding RTI, that there is no *true positive* in an RTI model, is probably the most problematic for using an RTI approach for SLD identification.^{13,24-25,35} Without a true positive, there is no way to determine true negatives, false positives, false negatives, and the sensitivity and specificity of the measures used in identification.⁸² This limitation could explain why studies examining responsiveness have not been successful in identifying

responders and nonresponders reliably,⁷⁶⁻⁷⁸ and who would be classified with SLD using an RTI model. Although measurement models may need re-evaluation in RTI practice,⁸³ the subjectivity in determining responsiveness will likely remain,⁸⁴ and unless a true positive can be identified in an RTI model, its viability for SLD identification will remain tenuous at best.

Conclusion 3. To meet SLD statutory and regulatory requirements, a “third method” approach that identifies a pattern of psychological processing strengths and deficits, and achievement deficits consistent with this pattern of processing deficits, makes the most empirical and clinical sense;

Although a majority of the participants indicated they *strongly agree or agree* (70%) with the statements that children identified with SLD should meet the statutory (SLD definition) and regulatory (SLD method) requirements prior to identification (Item 4), there was less agreement here, with some participants indicating they were *neutral* (18%) or they *disagree or strongly disagree* (12%). In follow-up questioning and review of open-ended comments, the respondents less committed to this statement had some difficulty with the current SLD identification methods recognized by OSERS (i.e., ability-achievement discrepancy and failure to respond-to-intervention), and instead offered a preference for a SLD identification model using a pattern of processing strengths and deficits, which is consistent with the SLD statutory definition.

The use of a processing strengths and weaknesses model allows for recognition of the SLD statutory requirements, and is consistent with the “third method” approach stipulated in the final regulations (34 CFR Parts 300 and 301; Federal Register, 2006), that indicates “300.309(a)(2)(ii) permits, but does not require, consideration of a pattern of strengths or weaknesses, or both, relative to intellectual development if the evaluation group considers such information relevant to the identification of SLD” (p. 46651). A strengths and weaknesses model makes good empirical, clinical, and legal sense because it ensures children identified with SLD demonstrate one or more processing deficits that interfere with academic achievement, the core characteristic of SLD.^{10-12,14,19-26,29,33} Not only does this processing strengths and deficits approach make sense for SLD identification purposes, but processing assessment could also lead to more effective individualized interventions for children who do not respond adequately to intensive interventions in an RTI approach.^{9-14,17,19-26,29,31,33,38,50-52,85,79,86,87,88,89}

A pattern of processing strengths and weaknesses approach would be consistent with the strong support for the SLD definition (Item 1; 92% agreement) and strong negative ratings for the singular use of either the SLD discrepancy or RTI identification methods (Items 5 and 6, 96% and 88% disagreement respectively). In addition, the Expert Panel consensus was clear that even a dual discrepancy RTI approach, namely low achievement and failure to respond to intervention, was not sufficient for SLD identification (Item 11), as most respondents answered *strongly disagree or disagree* (94%) with this item. In addition to the RTI methodological limitations described earlier, dual discrepancy approaches such as low achievement and failure to respond to intervention,^{43,74,77,90} cannot discriminate between those with SLD and those who are low achieving for some other reason, and would not consider high ability individuals who demonstrated relative, albeit significant, processing and achievement deficits as being children with SLD. Thus, this method would violate SLD statutory requirements.^{10-13,20-26}

To support the processing strengths and weaknesses approach to SLD identification, a majority of the Expert Panel either *strongly agree or agree* that there are technically-sound measures for identifying these cognitive and neuropsychological processing strengths and weaknesses (Item 7; 96%), and that these measures should be administered prior to identification of SLD (Item 12; 92%), with the mean scores indicating most *strongly agree* (76%) with the latter statement.

Certainly, phonological processes are important to consider for children with reading SLD, but clearly there are multiple psychological processes that affect reading, mathematics, language, and written expression.^{9-29,32-33,37-39,50-52,54,79,82,91,92,93,94,95} A majority of the Expert Panel indicated they *strongly agree* (86%) or *agree* (10%) that there is empirical evidence that other psychological processes affect reading, math, and writing achievement, suggesting assessment of these processes is critical for SLD identification and service delivery (Item 3).

There is a clear Expert Panel consensus that technically sound assessment tools are available for assessment of cognitive and neuropsychological processes (Item 7; 70% *strongly agree*, 26% *agree*), which should be administered prior to SLD identification (Item 12; 92% agreement), thereby ensuring that children identified with SLD meet IDEA statutory (i.e., definition) requirements regarding processing assets and deficits (Item 1; 92% agreement). The relevance of cognitive and neuropsychological assessment as part of a comprehensive evaluation prior to SLD identification is not only the position of the Expert Panel, but also one recognized and discussed in a number of scholarly works.^{9-29, 32-33, 37-39, 50-52, 54, 79, 82, 87, 96, 97, 98}

Conclusion 4. An empirically-validated RTI model could be used to prevent learning problems, but comprehensive evaluations should occur whenever necessary for SLD identification purposes, and children with SLD need individualized interventions based on specific learning needs, not merely more intense interventions designed for children in general education.

There was inconsistent agreement that an RTI approach should be attempted prior to comprehensive evaluation for SLD determination (Item 10; 43% *strongly agree* or *agree*; 29% *neutral*; 28% *disagree* or *strongly disagree*), yet the majority of the Expert Panel surveyed report that both RTI and comprehensive evaluation of psychological processes are important in a balanced service delivery model. In follow-up discussion with experts and a review of comments, this inconsistency in ratings likely reflects disagreement over the utility of increasing intervention intensity in an RTI model as is suggested by some RTI proponents,^{44, 49, 66, 99, 100, 101} and/or concern over the lack of consistent RTI practices across schools, districts, and states,^{102, 103} which is also a major criticism of the ability-achievement discrepancy method as noted earlier.⁶⁸⁻⁷³

The Expert Panel also *strongly disagreed* or *disagreed* (86%) that RTI will meet the needs of all children with SLD (see Item 8), because these students need individualized services, not simply more intense ones. Expert Panel comments also indicated concern that the delay between recognition of a learning problem in an RTI model, and a comprehensive evaluation for SLD identification and service delivery, could be detrimental to children's well-being if poor responsiveness is not addressed immediately or in a timely manner given the child's functional impairment. Clearly, when children do not respond to our best attempts at intervention, team decisions are necessary to determine when comprehensive evaluation of cognitive and neuropsychological processes is warranted.^{9-29, 32-33, 37-39, 50-54, 79-91}

It is also important to note that several Expert Panel participants *strongly agree* or *agree* (43%) that intervention should be attempted within an RTI framework prior to comprehensive evaluation (Item 10). This agreement likely reflects a need to serve those children with *learning delays* within an RTI model, yet providing comprehensive evaluations as soon as possible for SLD identification and service delivery for those children who appear to have significant processing strengths and deficits, even if a multi-tiered RTI model has not been completed. In other words, the Panel Experts suggest some decision-making flexibility is required for nonresponders in an RTI model if sufficient evidence exists that a comprehensive evaluation is needed to address the *learning deficits* experienced by children with SLD.

Conclusion 5. Assessment of cognitive and neuropsychological processes should be used not only for identification, but for intervention purposes as well, and these assessment-intervention relationships need further empirical investigation.

One of the frequent criticisms of cognitive and neuropsychological assessment is that it is not related to intervention, even though in recent years researchers have begun to show the relevance of cognitive and neuropsychological assessment for determining responsiveness to academic and behavioral intervention.^{11, 22, 25, 84, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118}

Given that this research has only recently begun to emerge, it is not surprising that the Expert Panel had mixed ratings on Item 9 addressing the relationship between cognitive and neuropsychological processes and intervention (74% *agree or agree*; 18% *neutral*; 8% *disagree*). In written comments, several respondents indicated that the evidence was stronger for some cognitive and neuropsychological processes and intervention (e.g., reading) than others (e.g., math, writing), and that further research involving technically-adequate measures to determine cognitive, neuropsychological, and academic response-to-intervention interrelationships was necessary.

Clearly, the Expert Panel results suggest further research is needed for establishing relationships between cognitive and neuropsychological assessment data, SLD identification methods, and intervention strategies and to document the concurrent, ecological, and treatment validity of evaluation results.

Summary and Conclusions: Both RTI and comprehensive evaluation of psychological processes are needed to optimize service delivery for children with and without SLD.

Consistent with many cognitive and neuropsychological assessment and intervention studies now available in peer-reviewed publications, the evidence presented here suggests that using technically-adequate measures to explore psychological processing strengths and deficits, and concomitant achievement deficits could lead to better practice in SLD identification and service delivery.

To accomplish this end, the U.S. Congress, U.S. Department of Education, education policy makers, and professional stakeholders in SLD need to work together to find common ground if we are to better the lives of children with *learning delays* using an RTI approach, and those children with *learning deficits* using a processing strengths and deficits approach.

This combination of empirically-supported best practices could reduce the need for special education referral and evaluation by providing children with learning delays early intervention services using RTI methods, but for those children who do not respond to our best attempts at intervention, additional evaluation of processing strengths and deficits could lead to more accurate identification of SLD and other high incidence disorders.

This more balanced, integrative approach would ensure that any child identified with SLD meets rigorous inclusion/exclusion criteria (i.e., inadequate response to intervention, processing strengths and deficits, achievement discrepant from processing strengths and consistent with processing deficits). This would ensure any child classified with SLD meets IDEA statutory and regulatory requirements. With a *true positive* determined in such an approach, subsequent research could examine true positives, false positives, true negatives, and false negatives to evaluate the sensitivity and specificity of different measures used in the identification process.

In addition, such a balanced practice approach would ensure that when *greater intensity* of instruction is not successful in an RTI model, those children who are chronic nonresponders could receive *individualized* instruction based on their unique patterns of cognitive and academic processing strengths and needs. This processing information can be integrated into a larger problem-solving model approach to service delivery, where individualized interventions can be designed, implemented, evaluated, and recycled as necessary until a satisfactory level of responsiveness is achieved.

APPENDIX A

Learning Disabilities Association of America
 LDA/SLD Evaluation and Identification Project
 Expert Panel Survey

This survey consists of two parts. It is designed to develop content for the initial drafting of the LDA/SLD White Paper on evaluation and identification of children with SLD.

The first part of the survey asks individuals to provide Likert ratings regarding their level of agreement with the following statements. The second part asks individuals to provide at least 5 points which you would like to see addressed in the white paper.

PART I. Please indicate your level of agreement with the following statements on a 1 to 5 Likert scale, with 1 indicating *strongly disagree* to 5 indicating *strongly agree*.

	Strongly Disagree		Neutral	Strongly Agree	
	1	2	3	4	5
1. Children with specific learning disabilities have a deficit (i.e., cognitive weakness) in the basic psychological processes in the presence of cognitive integrities (i.e., cognitive strength).	1	2	3	4	5

M = 4.70, SD = .86

2. The definition of specific learning disabilities should be amended to include any child who is not meeting minimal academic standards (e.g., failing to respond to instruction/low achievement).	1	2	3	4	5
---	---	---	---	---	---

M = 1.66, SD = 1.06

3. There is empirical evidence that there are basic psychological processes beyond phonological awareness that have direct links to reading, math, and writing achievement.	1	2	3	4	5
---	---	---	---	---	---

M = 4.82, SD = .48

4. Children identified with SLD should meet both statutory (i.e., SLD definition) and regulatory (i.e., SLD identification method) IDEA language.	1	2	3	4	5
---	---	---	---	---	---

M = 3.94, SD = 1.24

5. Using failure to respond to intervention is all that is necessary for identifying a child with a SLD.	1	2	3	4	5
--	---	---	---	---	---

M = 1.20, SD = .80

6. Using ability-achievement discrepancy is all that is necessary for identifying a child with a SLD.	1	2	3	4	5
---	---	---	---	---	---

M = 1.43, SD = 1.04

7. There are technically sound cognitive and/or neuropsychological measures currently available for use in identification of a deficit in the basic psychological processes. 1 2 3 4 5

M = 4.64, SD = .63

8. Increasing intervention *intensity* in a multi-tier response to intervention model will meet the academic and psychosocial needs of all children with SLD. 1 2 3 4 5

M = 1.61, SD = .98

9. There is empirical research that documents the relationship between psychological/neuropsychological processes and intervention outcomes. 1 2 3 4 5

M = 3.94, SD = .89

10. A response to intervention approach should be attempted before a child is referred for a comprehensive evaluation for SLD identification. 1 2 3 4 5

M = 3.18, SD = 1.21

11. There are technically sound measures and decision rules that indicate a dual discrepancy RTI approach (i.e., failure to respond to intervention and below minimum academic benchmarks) is sufficient for SLD identification. 1 2 3 4 5

M = 1.47, SD = .76

12. Administration of cognitive and/or intellectual measures should be required for identification of SLD. 1 2 3 4 5

M = 4.66, SD = .69

Endnotes

¹Caterino, L.C., Sullivan, A. L., Long, L., & Bacal, E. (2005). A survey of Arizona school psychologists on the new IDEIA. *The School Psychologist*, 62(2), 45-49.

²Machek, G. R., & Nelson, J. M. (2007). How should reading disabilities be operationalized? A survey of practicing school psychologists. *Learning Disabilities Research & Practice*, 22, 147-157.

³Machek, G. R., & Nelson, J. M. (2010). School psychologists' perceptions regarding the practice of identifying reading disabilities: Cognitive assessment and response to intervention considerations. *Psychology in the Schools*. Published Online January 2010.

-
- ⁴National Association of School Psychologists (2007). *Identification of students with specific learning disabilities (Position Statement)*. Bethesda, MD: Author.
- ⁵Learning Disabilities Roundtable (2002). *Specific Learning Disabilities: Finding Common Ground*. Washington, DC: U.S. Department of Education. Office of Special Education Programs, Office of Innovation and Development.
- ⁶Schrank, F. A., Miller, J. A., Catering, L., & Desrochers, J. (2006). American Academy of School Psychology survey on the independent educational evaluation for a specific learning disability: Results and discussion. *Psychology in the Schools*, 43, 771–780.
- ⁷Learning Disabilities Roundtable (2002). *Specific Learning Disabilities: Finding Common Ground*. Washington, DC: U.S. Department of Education. Office of Special Education Programs, Office of Innovation and Development.
- ⁸Learning Disabilities Roundtable (2005). *Comments and recommendations on regulatory issues under the Individuals with Disabilities Education Improvement Act of 2004 P.L. 108-446*. Washington, DC: U.S. Department of Education Office of Special Education Programs.
- ⁹Berninger, V. W. (2006). Research-supported ideas for implementing reauthorized IDEA with intelligent professional psychological services. *Psychology in the Schools*, 43, 781-796.
- ¹⁰Fiorello, C. A., Hale, J. B., Decker, S. L., & Coleman, S. (2009). Neuropsychology in school psychology. In E. Garcia-Vazquez, T. D. Crespi, & C. A. Riccio (Eds.), *Handbook of education, training and supervision of school psychologists in school and community, volume 1* (pp. 213-232). New York, NY: Taylor & Francis.
- ¹¹Fiorello, C. A., Hale, J. B., & Snyder, L. E. (2006). Cognitive hypothesis testing and response to intervention for children with reading disabilities. *Psychology in the Schools*, 43, 835-854.
- ¹²Fiorello, C. A., Hale, J. B., Snyder, L. E., Forrest, E., & Teodori, A. (2008). Validating individual differences through examination of converging psychometric and neuropsychological models of cognitive functioning. In S. K. Thurman & C. A. Fiorello (Eds.), *Applied Cognitive Research in K-3 Classrooms* (pp. 232-254). New York, NY: Routledge.
- ¹³Feifer, S. G., & Della Toffalo, D. A. (2007). *Integrating RTI with cognitive neuropsychology. A scientific approach to reading*. Middletown, MD: School Neuropsych Press.
- ¹⁴Flanagan, D. P., Alfonso, V. C., Mascolo, J., & Hale, J. B. (in press). The WISC-IV in neuropsychological assessment and intervention. In A. S. Davis (Ed.), *Handbook of pediatric neuropsychology*. New York, NY: Springer Publishing.
- ¹⁵Flanagan, D. P., Ortiz, S. O., & Alfonso, V. C. (2007). *Essentials of cross battery assessment* (2nd ed.). Hoboken, NJ: John Wiley & Sons, Inc.
- ¹⁶Flanagan, D. P., Ortiz, S. O., Alfonso, V. C., & Dynda, A. M. (2006). Integration of response to intervention and norm-referenced tests in learning disability identification: Learning from the Tower of Babel. *Psychology in the Schools*, 43, 807-825.
- ¹⁷Fletcher-Janzen, E., & Reynolds, C. R. (2008). *Neuropsychological perspectives on learning disabilities in the era of RTI: Recommendations for diagnosis and intervention*. Hoboken, NJ, US: John Wiley & Sons.
- ¹⁸Geary, D. C., & Hoard, M. K. (2005). Learning disabilities in arithmetic and mathematics: Theoretical and empirical perspectives. In J. I. D. Campbell (Ed.), *Handbook of mathematical cognition* (pp. 253-267). New York: Psychology Press.
- ¹⁹Hain, L. A., Hale, J. B., & Kendorski, J. G. (2009). Comorbidity of psychopathology in cognitive and academic SLD subtypes. In S. G. Feifer & G. Rattan (Eds.), *Emotional disorders: A neuropsychological, psychopharmacological, and educational perspective* (pp. 199-226). Middletown, MD: School Neuropsych Press.
- ²⁰Hale, J. B. (2006). Implementing IDEA with a three-tier model that includes response to intervention and cognitive assessment methods. *School Psychology Forum: Research and Practice*, 1, 16-27.
- ²¹Hale, J. B., Fiorello, C. A., Dumont, R., Willis, J. O., Rackley, C., & Elliott, C. (2008). Differential Ability Scales—Second Edition (neuro)psychological Predictors of Math Performance for Typical Children and Children with Math Disabilities. *Psychology in the Schools*, 45, 838-858.
- ²²Hale, J. B., Kaufman, A., Naglieri, J. A., & Kavale, K. A. (2006). Implementation of IDEA: Integrating response to intervention and cognitive assessment methods. *Psychology in the Schools*, 43, 753–770.
- ²³Hale, J. B., Fiorello, C. A., Miller, J. A., Wenrich, K., Teodori, A. M., & Henzel, J. (2008). WISC-IV assessment and intervention strategies for children with specific learning disabilities. In A. Prifitera, D. H. Saklofske, & L. G. Weiss (Eds.), *WISC-IV clinical assessment and intervention* (2nd ed.) (pp. 109-171). New York: Elsevier.
- ²⁴Hale, J. B., Flanagan, D. P., & Naglieri, J. A. (2008). Alternative research-based methods for IDEA (2004) identification of children with specific learning disabilities. *Communiqué*, 36(8), 1,14-17.
- ²⁵Hale, J. B., Kaufman, A., Naglieri, J. A., & Kavale, K. A. (2006). Implementation of IDEA: Integrating response to intervention and cognitive assessment methods. *Psychology in the Schools*, 43, 753-770.

-
- ²⁶Hale, J. B., Naglieri, J. A., Kaufman, A. S., & Kavale, K. A. (2004). Specific learning disability classification in the new Individuals with Disabilities Education Act: The danger of good ideas. *The School Psychologist*, 58(1), 6–14.
- ²⁷Kavale, K. A., & Flanagan, D. P. (2007). Ability-achievement discrepancy, response to intervention, and assessment of cognitive abilities/processes in specific learning disability identification: Toward a contemporary operational definition. In S. R. Jimerson, M. K. Burns, & A. M. VanDerHeyden (Eds.), *Handbook of response to intervention: The science and practice of assessment and intervention* (pp. 130-147). New York: Springer Publishing Company.
- ²⁸Kavale, K. A., Holdnack, J. A., & Mostert, M. P. (2005). Responsiveness to intervention and the identification of specific learning disability: A critique and alternative proposal. *Learning Disability Quarterly*, 28, 2-16.
- ²⁹Kavale, K.A., Kaufman, A. S., Naglieri, J. A., & Hale, J. B. (2005). Changing procedures for identifying learning disabilities: The danger of poorly supported ideas. *The School Psychologist*, 43(7), 753-770.
- ³⁰Mastropieri, M. A., & Scruggs, T. E. (2005). Feasibility and consequences of response to intervention: Examination of the issues and scientific evidence as a model for the identification of individuals with learning disabilities. *Journal of Learning Disabilities*, 38, 525–531.
- ³¹Mather, N., & Gregg, N. (2006). Specific learning disabilities: Clarifying, not eliminating, a construct. *Professional Psychology: Research and Practice*, 37, 99–106.
- ³²Mazzocco, M. M. M. (2005). Challenges in identifying target skills for math disability screening and intervention. *Journal of Learning Disabilities*, 38, 318–323.
- ³³Mazzocco M.M.M., & Myers G.F. (2003). Complexities in identifying and defining mathematics learning disability in the primary school age years. *Annals of Dyslexia*, 53, 218-253.
- ³⁴Murphy M.M., Mazzocco M.M.M., Hanich L., & Early M.C. (2007). Cognitive characteristics of children with mathematics learning disability (MLD) vary as a function of the cut-off criterion used to define MLD. *Journal of Learning Disabilities*. 40:458-478.
- ³⁵Miller, D. C., & Hale, J. B. (2008). Neuropsychological applications of the WISC-IV and WISC-IV Integrated. In A. Prifitera, D. H. Saklofske, & L. G. Weiss (Eds.), *WISC-IV clinical assessment and intervention* (2nd ed.) (pp. 445-495). New York, NY: Elsevier Science.
- ³⁶Ofiesh, N. (2006). Response to intervention and identification of specific learning disabilities: Why we need comprehensive evaluations as part of the process. *Psychology in the Schools*, 43,883-888.
- ³⁷Reynolds, C. R., & Shaywitz, S. E. (2009). Response to intervention: Remediation, perhaps, diagnosis, no. *Child Development Perspectives*, 3, 44-47.
- ³⁸Scruggs, T. E., & Mastropieri, M. A. (2002). On babies and bathwater: Addressing the problems of identification of learning disabilities. *Learning Disability Quarterly*, 25, 155-168.
- ³⁹Semrud-Clikeman, M. (2005). Neuropsychological aspects for evaluating learning disabilities. *Journal of Learning Disabilities*, 38, 563-568.
- ⁴⁰Semrud-Clikeman, M., Fine, J., & Harder, L. (2005). The school neuropsychology of learning disabilities. In R. K. D'Amato, E. Fletcher-Janzen, & C. R. Reynolds (Eds.), *Handbook of School Neuropsychology*. New York, NY: John Wiley & Sons.
- ⁴¹Torppa, M., Tolvanen, A., Poikkeus, A., Eklund, K., Lerkkanen, M. K., Leskinen, E., et al. (2007). Reading development subtypes and their early characteristics. *Annals of Dyslexia*, 57, 3-52.
- ⁴²Warner, T. D., Dede, D. E., Garvan, C. W., & Conway, T. W. (2002). One size still does not fit all in specific learning disability assessment across ethnic groups. *Journal of Learning Disabilities*, 35, 501–509.
- ⁴³Willis, J. O., & Dumont, R. (2006). And never the twain shall meet: Can response to intervention and cognitive assessment be reconciled? *Psychology in the Schools*, 43, 901-908.
- ⁴⁴Wodrich, D. L., Spencer, M. L., & Daley, K. B. (2006). Combining RTI and psychoeducational assessment: What we must assume to do otherwise. *Psychology in the Schools*, 43, 797–806.
- ⁴⁵Ardoin, S. P., Witt, J. C., Connell, J. E., & Koenig, J. L. (2005). Application of a three-tiered response to intervention model for instructional planning, decision making, and the identification of children in need of services. *Journal of Psychoeducational Assessment*, 23, 362–380.
- ⁴⁶Barnett, D. W., Daly, E. J., Jones, K. M., & Lentz, F. E. (2004). Response to intervention: Empirically based special service decisions from single-case designs of increasing and decreasing intensity. *The Journal of Special Education*, 38, 66-79.
- ⁴⁷Deno, S. L. (2002). Problem solving as “best practice”. In A. Thomas, & J. Grimes (Eds.), *Best Practices in School Psychology IV* (pp. 37–56). Bethesda, MD: National Association of School Psychologists.
- ⁴⁸Daly III, E. J., Martens, B. K., Barnett, D., Witt, J. C., & Olson, S. C. (2007). Varying intervention delivery in response to intervention: Confronting and resolving challenges with measurement, instruction, and intensity. *School Psychology Review*, 36, 562-581.

- ⁴⁹Fletcher, J. M., & Vaughn, S. (2007). Response to intervention: Preventing and remediating academic difficulties. *Child Development Perspectives*, 3, 30-37.
- ⁵⁰Jimerson, S. R., Burns, M. K., & VanDerHeyden, A. M. (2007). *Handbook of response to intervention*. New York, NY: Springer.
- ⁵¹Reschly, D. J. (2005). Learning disabilities identification: Primary intervention, secondary intervention, and then what? *Journal of Learning Disabilities*, 38, 510–515.
- ⁵²Berninger, V. W., & Holdnack, J. A. (2008). Nature-nurture perspectives in diagnosing and treating learning disabilities: Response to questions begging answers that see the forest and the trees. In E. Fletcher-Janzen, & C. R. Reynolds (Eds.), *Neuropsychological perspectives on learning disabilities in the era of RTI: Recommendations for diagnosis and intervention* (pp. 68-81). Hoboken, NJ, US: John Wiley & Sons.
- ⁵³Decker, S. L. (2008). School neuropsychology consultation in neurodevelopmental disorders. *Psychology in the Schools*, 45, 799-811.
- ⁵⁴Feifer, S. G. (2008). Integrating response to intervention (RTI) with neuropsychology: A scientific approach to reading. *Psychology in the Schools*, 45, 812-825.
- ⁵⁵Fuchs, D., & Deshler, D. D. (2007). What we need to know about responsiveness to intervention (and shouldn't be afraid to ask). *Learning Disabilities Research & Practice*, 22, 129-136.
- ⁵⁶Kaufman, A. S. (2008). Neuropsychology and specific learning disabilities: Lessons from the past as a guide to present controversies and future practice. In E. Fletcher-Janzen & C. R. Reynolds (Eds.), *Neuropsychological perspectives on learning disabilities in the era of RTI: Recommendations for diagnosis and intervention* (pp. 1-13). Hoboken, NJ, US: John Wiley & Sons.
- ⁵⁷Reynolds, C. R., & Shaywitz, S. E. (2009). Response to intervention: Ready or not? Or, from wait-to-fail to watch-them-fail. *School Psychology Quarterly*, 24, 130-145.
- ⁵⁸Aaron, P. G. (1997). The impending demise of the discrepancy formula. *Review of Educational Research*, 67, 461-502.
- ⁵⁹Berninger, V. W., & Abbott, R. D. (1994). Redefining learning disabilities: Moving beyond aptitude–achievement discrepancies to failure to respond to validated treatment protocols. In R. G. Lyon (Ed.), *Frames of reference for the assessment of learning disabilities* (pp. 163-183). Baltimore, MD: Paul H Brookes.
- ⁶⁰Bocian, K., Beebe, M., MacMillan, D., & Gresham, F. M. (1999). Competing paradigms in learning disabilities classification by schools and the variations in the meaning of discrepant achievement. *Learning Disabilities Research & Practice*, 14, 1–14.
- ⁶¹Fletcher, J. M., Lyon, G. R., Barnes, M., Stuebing, K. K., Francis, D. J., Olson, R. K., et al. (2002). Classification of learning disabilities: An evidence based evaluation. In R. Bradley, L. Danielson, & D. Hallahan (Eds.), *Identification of learning disabilities: Research to practice* (pp. 185–250). Mahwah NJ: Erlbaum.
- ⁶²Fuchs, D., Fuchs, L. S., Mathes, P. G., Lipsey, M. L., & Roberts, P. H. (2002). Is "learning disabilities" just a fancy term for low achievement? A meta-analysis of reading differences between low achievers with and without the label. In R. Bradley, L. Danielson, & D. Hallahan (Eds.), *Identification of learning disabilities* (pp. 737-762). Mahway, NJ: Erlbaum.
- ⁶³Gunderson, L., & Siegal, L. (2001). The evils of the use of the IQ test to define learning disabilities in first and second language learners. *The Reading Teacher*, 55, 48-55.
- ⁶⁴Peterson, K. M. H., & Shinn, M. R. (2002). Severe discrepancy models: Which best explains school identification practices for learning disabilities? *School Psychology Review*, 31, 459-476.
- ⁶⁵Stanovich, K. E., & Siegal, L. S. (1994). Phenotypic performance profile of children with reading disabilities: A regression-based test of the phonological-core variable-difference model. *Journal of Educational Psychology*, 86, 24-53.
- ⁶⁶Sternberg, R. J., & Grigorenko, E. L. (2002). Difference scores in the identification of children with learning disabilities: It's time to use a different method. *Journal of School Psychology*, 40, 65–83.
- ⁶⁷Stuebing, K. K., Fletcher, J. M., & LeDoux, J. M. (2002). Validity of IQ-Discrepancy Classifications of Reading Disabilities: A Meta-Analysis. *American Educational Research Journal*, 39, 469-518.
- ⁶⁸VanDerHeyden, A. M., Witt, J. C., & Gilbertson, D. (2007). A multi-year evaluation of the effects of a Response to Intervention model on identification of children for special education. *Journal of School Psychology*, 45, 225–256.
- ⁶⁹Vellutino, F. R., Scanlon, D. M., Sipay, E. R., Small, S. G., Pratt, A., Chen, R., & Denckla, M. B. (1996). Cognitive profiles of difficult-to-remediate and readily remediated poor readers: Early intervention as a vehicle for distinguishing between cognitive and experiential deficits as basic causes of specific reading disability. *Journal of Educational Psychology*, 88, 601–638.
- ⁷⁰Dombrowski, S. C., Kamphaus, R. W., & Reynolds, C. R. (2004). After the demise of the discrepancy: Proposed learning disabilities diagnostic criteria. *Professional Psychology: Research and Practice*, 35, 364–372.
- ⁷¹Reschly, D. J., & Hosp, J. L. (2004). State SLD policies and practices. *Learning Disability Quarterly*, 27, 197–213.

- ⁷²Scruggs, T. E., & Mastropieri, M. A. (2002). On babies and bathwater: Addressing the problems of identification of learning disabilities. *Learning Disability Quarterly, 25*, 155-168.
- ⁷³Vaughn, S., Linan-Thompson, S., & Hickman, P. (2003). Response to instruction as a means of identifying students with learning/reading disabilities. *Exceptional Children, 69*, 391-409.
- ⁷⁴Tilly, W.D., Reschly, D.J., & Grimes, J. (1999). Disability determination in problem-solving systems: Conceptual foundations and critical components. In D. Reschly, W.D. Tilly, & J. Grimes (Eds.), *Special education in transition: Functional assessment and noncategorical programming* (pp. 285-321). Longmont, CO: Sopris West.
- ⁷⁵Ysseldyke, J. E. & Marston, D. (2000). Origins of categorical special education services in schools and a rationale for changing them. In D. Reschly & D. Tilly (Eds.), *Functional and noncategorical special education* (pp. 137-146). Longmont, CO: Sopris West.
- ⁷⁶Fuchs, D., & Fuchs, L. S. (2006). Introduction to response to intervention: What, why, and how valid is it? *Reading Research Quarterly, 41*, 93-99.
- ⁷⁷Gerber, 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*, 516-523.
- ⁷⁸Barth, A. E., Stuebing, K. K., Anthony, J. L., Denton, C. A., Mathes, P. G., Fletcher, J. M., & Francis, D. J. (2008). Agreement among response to intervention criteria for identifying responder status. *Learning and Individual Differences, 18*, 296-307.
- ⁷⁹Fuchs, D., Fuchs, L. S., & Compton, D. L. (2004). Identifying reading disabilities by responsiveness to instruction: Specifying measures and criteria. *Learning Disability Quarterly, 27*, 216-227.
- ⁸⁰Gersten, R., & Dimino, J. A. (2006). New directions in research RTI (Response to Intervention): Rethinking special education for students with reading disabilities. *Reading Research Quarterly, 41*, 43-58.
- ⁸¹Speece, D.L. (2005). Hitting the moving target known as reading development: Some thoughts on screening children for secondary interventions. *Journal of Learning Disabilities, 38*, 487-493.
- ⁸²Hale, J. B., Wycoff, K. L., & Fiorello, C. A. (in press). Cognitive hypothesis testing and RTI for specific learning disabilities identification and intervention: The best of both worlds. In D. P. Flanagan, & V. Alfonso (Eds.), *Essentials of specific learning disability assessment*. Hoboken, NJ: John Wiley & Sons.
- ⁸³Barnett, D. W., Elliott, N., Graden, J., Ihio, T., Macmann, G., Nantais, M., & Prasse, D. (2009). Technical adequacy for response to intervention practices. *Assessment for Effective Intervention, 32*, 20-31.
- ⁸⁴Gerber, M. M. (2005). Teachers are still the test. *Journal of Learning Disabilities, 38*, 516-524.
- ⁸⁵Grigorenko, E. L. (2009). Dynamic assessment and response-to-intervention. Two sides of the same coin. *Journal of Learning Disabilities, 42*, 111-132.
- ⁸⁶Fletcher-Janzen, E. (2008). Knowing is not enough-we must apply, willing is not enough-we must do. In E. Fletcher-Janzen & C. R. Reynolds (Eds.), *Neuropsychological perspectives on learning disabilities in the era of RTI: Recommendations for diagnosis and intervention* (pp. 315-325). Hoboken, NJ, US: John Wiley & Sons.
- ⁸⁷Lidz, C. S., & Pena, E. D. (2009). Response to intervention and dynamic assessment. Do we just appear to be speaking the same language? *Seminars in Speech and Language, 30*, 121-133.
- ⁸⁸Reynolds, C. R. (2008). RTI, neuroscience, and sense: Chaos in the diagnosis and treatment of learning disabilities. In E. Fletcher-Janzen & C. R. Reynolds (Eds.), *Neuropsychological perspectives on learning disabilities in the era of RTI: Recommendations for diagnosis and intervention* (pp. 14-27). Hoboken, NJ, US: John Wiley & Sons.
- ⁸⁹Swanson, H. L. (2008). Neuroscience and RTI: A complimentary role. In E. Fletcher-Janzen & C. R. Reynolds (Eds.), *Neuropsychological perspectives on learning disabilities in the era of RTI: Recommendations for diagnosis and intervention* (pp. 28-53). Hoboken, NJ, US: John Wiley & Sons.
- ⁹⁰Burns, M. K., & Senesac, B. V. (2005). Comparison of dual discrepancy criteria to assess response to intervention. *Journal of School Psychology, 43*, 393-406.
- ⁹¹Decker, S. L., Carboni, J. A., & Oliver, J. A. (2008). Perspective on RTI from neuropsychology. In E. Fletcher-Janzen & C. R. Reynolds (Eds.), *Neuropsychological perspectives on learning disabilities in the era of RTI: Recommendations for diagnosis and intervention* (pp. 192-199). Hoboken, NJ, US: John Wiley & Sons.
- ⁹²Halberda J., Mazocco M.M.M., & Feigenson L. (2008). Individual differences in non-verbal number acuity correlate with maths achievement. *Nature, 455*(2):665-668.
- ⁹³McGrew, K. S., & Wendling, B. J. (in press). CHC cognitive-achievement relations: What we have learned over the past 20 years. *Psychology in the Schools*.
- ⁹⁴Miller, D. C. (2008). The need to integrate cognitive neuroscience and neuropsychology in a RTI model. In E. Fletcher-Janzen & C. R. Reynolds (Eds.), *Neuropsychological perspectives on learning disabilities in the era of RTI: Recommendations for diagnosis and intervention* (pp. 130-140). Hoboken, NJ, US: John Wiley & Sons.

- ⁹⁵Riccio, C. A. (2008). Computability of neuropsychology and RTI in the diagnosis and assessment of specific learning disabilities. In E. Fletcher-Janzen & C. R. Reynolds (Eds.), *Neuropsychological perspectives on learning disabilities in the era of RTI: Recommendations for diagnosis and intervention* (pp. 82-98). Hoboken, NJ, US: John Wiley & Sons.
- ⁹⁶Elliott, C. D. (2008). Identifying a learning disability: Not just product, but process. In E. Fletcher-Janzen & C. R. Reynolds (Eds.), *Neuropsychological perspectives on learning disabilities in the era of RTI: Recommendations for diagnosis and intervention* (pp. 210-218). Hoboken, NJ, US: John Wiley & Sons.
- ⁹⁷Hughes, S. J. (2008). Comprehensive assessment must play a role in RTI. In E. Fletcher-Janzen & C. R. Reynolds (Eds.), *Neuropsychological perspectives on learning disabilities in the era of RTI: Recommendations for diagnosis and intervention* (pp. 115-130). Hoboken, NJ, US: John Wiley & Sons.
- ⁹⁸Kemp, S. L., & Korkman, M. (2008). The role of neuroscience and neuropsychology in the diagnosis of learning differences and the RTI paradigm. In E. Fletcher-Janzen & C. R. Reynolds (Eds.), *Neuropsychological perspectives on learning disabilities in the era of RTI: Recommendations for diagnosis and intervention* (pp. 266-278). Hoboken, NJ, US: John Wiley & Sons.
- ⁹⁹Gresham, F. M. (2004). Current status and future directions of school-based behavioral interventions. *School Psychology Review*, 33, 326-343.
- ¹⁰⁰Brown-Chidsey, R., & Steege, M. W. (2005). *Response to intervention: Principles and strategies for effective practice*. New York, NY: Guilford.
- ¹⁰¹Fletcher, J. M., Denton, C., & Francis, D. J. (2005). Validity of alternative approaches for the identification of learning disabilities. *Journal of Learning Disabilities*, 38, 545-552.
- ¹⁰²Berkeley, S., Bender, W. N., Peaster, L. G., & Saunders, L. (2009). Implementation of response to intervention. A snapshot of progress. *Journal of Learning Disabilities*, 42, 85-89.
- ¹⁰³Zirkel, P. A., & Krohn, N. (2009). RTI after IDEA: A survey of state laws. *Teaching Exceptional Children*, 40, 71-73.
- ¹⁰⁴Berninger, V. W., Abbott, R. D., Brooksher, R., Lemos, Z., Ogier, S., Zook, D., et al. (2000). A connectionist approach to making the predictability of English orthography explicit to at-risk beginning readers: Evidence for alternative, effective strategies. *Developmental Neuropsychology*, 17, 241-271.
- ¹⁰⁵Chenault, B., Thomson, J., Abbott, R. D., & Berninger, V. W. (2006). Effects of prior training on child dyslexics' response to composition instruction. *Developmental Neuropsychology*, 29, 243-260.
- ¹⁰⁶Fiorello, C. A., Hale, J. B., & Snyder, L. E. (2006). Cognitive hypothesis testing and response to intervention for children with reading disabilities. *Psychology in the Schools*, 43, 835-854.
- ¹⁰⁷Gustafson, S., Ferreira, J., & Ronnberg, J. (2007). Phonological or orthographic training for children with phonological or orthographic deficits. *Dyslexia: An International Journal of Research and Practice*, 13, 211-228.
- ¹⁰⁸Hain, L. A., Hale, J. B., & Kendorski, J. G. (2009). Comorbidity of psychopathology in cognitive and academic SLD subtypes. In S. G. Feifer & G. Rattan (Eds.), *Emotional disorders: A neuropsychological, psychopharmacological, and educational perspective*. Middletown, MD: School Neuropsych Press.
- ¹⁰⁹Hale, J. B., Fiorello, C. A., & Brown, L. (2005). Determining medication treatment effects using teacher ratings and classroom observations of children with ADHD: Does neuropsychological impairment matter? *Educational and Child Psychology*, 22, 39-61.
- ¹¹⁰Helland, T. (2007). Dyslexia at a behavioural and a cognitive level. *Dyslexia: An International Journal of Research and Practice*, 13, 25-41.
- ¹¹¹Lovett, M. W., Steinbach, K. A., & Frijters, J. C. (2000). Remediating the core deficits of developmental reading disability: A double-deficit hypothesis. *Journal of Learning Disabilities*, 33, 334-358.
- ¹¹²Mascolo, J. T., Kaufman, N. L., & Hale, J. B. (2009). Illustrative case reports using the WISC-IV. In D. P. Flanagan & A. S. Kaufman (Eds.), *Essentials of WISC-IV Assessment* (2nd ed.). (pp. 468-515). Hoboken, NJ: John Wiley & Sons.
- ¹¹³Naglieri, J. A., & Johnson, D. (2000). Effectiveness of a cognitive strategy intervention in improving arithmetic computation based on PASS theory. *Journal of Learning Disabilities*, 33, 591-597.
- ¹¹⁴Richards, T. L., Aylward, E. H., Field, K. M., Grimme, A. C., Raskind, W., Richards, A. L., et al., (2006). Converging evidence for triple word form theory in children with dyslexia. *Developmental Neuropsychology*, 30, 547-589.
- ¹¹⁵Shaywitz, S. E., Shaywitz, B. A., Fulbright, R., Skudlarski, P., Mencl, W. E., Constable, R. T., et al. (2003). Neural systems for compensation and persistence: Young adult outcome of childhood reading disability. *Biological Psychiatry* 54, 25-33.
- ¹¹⁶Simos, P. G., Fletcher, J. M., Sarkari, S., Billingsley, R. L., Denton, C., & Papanicolaou, A. C. (2007). Altering the brain circuits for reading through intervention: A magnetic source imaging study. *Neuropsychology*, 21, 485-496.
- ¹¹⁷Smit-Glaude, S. W. D., van Strien, J. W., Licht, R., & Bakker, D. J. (2005). Neuropsychological intervention in kindergarten children with subtyped risks of reading retardation. *Annals of Dyslexia*, 55, 217-245.