

**A Response to the Learning Disabilities Association of America
(LDA) White Paper on Specific Learning Disabilities (SLD)
Identification**

The Consortium for Evidence-Based Early Intervention Practices

Representing the Research and Practice Perspectives of
Respected Researchers and School Practice Leaders in the Fields of Education, Special Education,
and Specific Learning Disabilities (SLD)

December, 2010

Disclaimer: The opinions of this response to the LDA White Paper are those of the individuals alone and not necessarily those of their institutional employers unless stated otherwise.

A Response to the LDA White Paper on SLD Identification

In February 2010, the Learning Disabilities Association of America (LDA) released a white paper entitled *The Learning Disabilities Association of America's White Paper on Evaluation, Identification, and Eligibility Criteria for Students with Specific Learning Disabilities*. According to the LDA (2010), the White Paper was based on concerns that:

the SLD evaluation criteria and identification criteria were no longer aligned with the SLD definition in IDEA [Individuals with Disabilities Education Improvement Act] (p. 1)

and that:

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.

According to the LDA, the purpose of the White Paper was 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.

The LDA White Paper presented a set of five conclusions based on a survey of 56 persons referred to as "Experts" or members of an "Expert Panel" 32 and 24 times, respectively. The purpose of this paper is not to refute point by point the five White Paper conclusions. We believe the professional literature is filled with sufficient evidence to do that. Instead, this paper contends that:

1. The LDA White Paper represents a strongly biased set of opinions from an unrepresentative small sample of experts whose potential conflicts of interest were not sufficiently disclosed.
2. The 117 citations used in the White Paper give the impression of empiricism, but fails to provide sufficient scientific evidence to support the Paper's five conclusions.

Our consortium of experts is expressing concern that the LDA White Paper may, indeed, be used to "provide guidance" but, if heeded, would work against the interest of large numbers of America's children. We contend that schools nationwide who are working diligently to advance evidence-based early intervention efforts may be distracted, at best, by efforts to ensure specific learning disabilities (SLD) eligibility based on a pattern of cognitive strengths and weaknesses (PSW) without sufficient evidence of efficacy. At worst, we believe that schools could be

mandated to invest considerable time and financial resources into implementation of unproven PSW models for SLD identification and intervention planning.

Use of Scientific Claims with a Biased Panel without Disclosure

The LDA paper claims to have employed a “sound survey methodology” (p. 1), but acknowledges that respondents were not “a random sample of potential experts.” This acknowledgment, in and of itself, contradicts the assertion that the White Paper was based on “sound survey” research methodology. Moreover, the survey results are reported without a context of transparency for “those individuals who have been recognized by their peers as SLD scholars with legitimate professional investments in the law and practice.” We assert that these scholars are *not* representative of the field of special education, especially SLD, and, in fact, represent a narrow bias toward cognitive PSW. Furthermore, when specific practices are advocated as public policy by experts, we believe any such recommendations should be able to be evaluated by the reader based on transparency. In the LDA White Paper, potential conflicts of interest were not possible because there were no disclosure efforts. Commercial products and published books can be valuable tools to disseminate information. However, disclosure is now routinely standard practice in scientific endeavor, and is especially important when explicitly trying to influence policy and practice.

Evidence without Sufficient Refereed Research

More than 100 references are cited at various points in the paper to support its five conclusions. However, the citations rarely reflect two standards of evidence: (a) publication in peer-reviewed journals, or (b) independent review by appropriately credentialed experts. In point of fact, 85 of the 117 citations (73%) are commentary articles, book chapters, or books, often authored by one of the experts or in publications by other members of the panel. The next most sizable number of citations is correlational studies (15/117 or 13%) without the benefit of testing causal PSW models to intervention outcomes for students.

Empirical evidence for effective intervention was cited in the White Paper but was more likely to be consistent with a Response to Intervention (RtI) perspective (n = 6) than the position advocated in the 5 conclusions (n = 3).

Our “Consortium Experts’ Opinions” on Response to Intervention (RtI)

The signatories represented by this formal response represent a variety of educators in leadership positions in public schools, institutions of higher education, and state departments of education and other agencies. We, too, consider ourselves experts in the area of special education and SLD. We offer the following set of opinions regarding the topic of RtI.

1. RtI is a *service delivery model* best conceptualized as a multi-tier system of services and

supports (MTSS). SLD eligibility for some students is a *part* of MTSS, but is secondary to the primary focus on prevention and promotion of positive outcomes for all students and early intervention for students who need it through evidence-based practices.

2. There is no such thing as a “standalone” RtI model of identification; to suggest such is a straw person argument. Identification of SLD, requires attention to *multiple* criteria and a comprehensive evaluation that attends to (a) *inclusionary* and *exclusionary* components, and (b) *determinant factors*.
3. A “comprehensive assessment” does not mean, nor has ever been equated with, cognitive assessment in general or PSW in particular. IDEA-2004 regulations (IDEA §300.304(c)(4)) are clear in this regard.
4. There is *no requirement to adhere to the statutory definition of SLD*. IDEA defines SLD according to “manifestations” of the disorder of psychological processes. The Regulations *require* an identification model to identify the manifestations (i.e., the eight domains in which SLD can occur) and there is no route to compliance other than the Regulations.
5. The LDA White Paper argues that PSW *improves treatment outcomes* because this knowledge helps teachers match specific interventions to specific patterns of student test results. More than 30 years of research has failed to support this argument. Moreover, there are no data that teachers successfully use any type of cognitive assessment data to develop interventions or evidence that they should attempt to do so. In contrast, there are proven interventions that can be provided that work regardless of students’ patterns of cognitive strengths and weaknesses.
6. The White Paper’s concerns over RtI’s (in)ability to identify “truly” SLD students are *universal* and involve classification in *any* framework for special education eligibility, including PSW. The construct of SLD is inherently *dimensional*. That is, SLD is like obesity or hypertension in that the attributes are normally distributed and criteria for identifying LD are inherently quantitative and a matter of degree. There are no qualitative criteria that indicate a person “has” or “is” SLD.
7. Many students respond to high quality instruction, yet some do not. However, this response exists on a *continuum of severity* and there are no unique cognitive patterns of strengths or weaknesses of either adequate or inadequate responders.
8. Concerns about the inability of RtI models to identify “high-performing” students, most who read in the average range or above, ignore the fact that these students can be referred for a special education evaluation at any time. However, the field, including PSW advocates, has yet to establish reliable criteria for identifying these students. Furthermore, equity or

Least Restrictive Environment (LRE) issues aside, their *need* for special education services has yet to be demonstrated.

9. An RtI model, with careful attention to inclusionary and exclusionary criteria *can* be used for SLD eligibility *and* evaluate the reliability and validity of the approach. A PSW approach solves neither of these problems. Furthermore, these problems may be more significant for PSW because of the use of multiple discrepancy scores (e.g., with only 10 subtests, there are 45 combinations of potential strengths and weaknesses) and psychometric issues with difference score reliabilities.

Summary

Across the country, schools are actively engaged in widespread school improvement efforts for all children, including students with or at risk for SLD. These efforts were stimulated, in part, by more than 30 years of accumulated school practice concerns (e.g., wait to fail) and research concerns (e.g., psychometric deficiencies) about the ability-achievement discrepancy SLD identification methods. These concerns coincided with the emergence of strong, positive evidence about the effects of early intervention with appropriately intensive evidence-based practices.

Cloaked in the mantle of the SLD definition and an implicit message that anything other than cognitive assessment is insufficient (i.e., not “comprehensive”) and puts schools at legal risk, the LDA White Paper is clearly an effort to promote another variation of a failed model. The LDA White Paper advocating PSW, like the ability-achievement discrepancy approach it replaces, remains focused on non-alterable (via instruction) variables; therefore, it has no implications for teachers. Consequently, regardless of the research cited in the White Paper, it is irrelevant to what occurs in the classroom every day and to those who actually deliver instruction in those classrooms. Sadly, in our opinion, this variation has considerable potential to divert precious school intervention resources into practices and tools that do little to benefit children.

Our vision is different. Rather than “wait to fail” where services for too many children are provided “too little and too late,” efforts are underway to build a service delivery system tied to the concepts of early identification and evidence-based intervention.

Our vision is clear; *to provide students the intensive and evidence-based interventions they need as soon as they need them.*

The interventions are powerful and decisions are data based, with a strong emphasis on individual student progress and systems accountability. Our burden shifts from finding fault with students to providing interventions that make a difference. If the interests of students with SLD are at the forefront, we argue that proactive and preventive practices are best.

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