In education, **Response To Intervention** (RTI) is a method of academic intervention used primarily in the United States designed to provide early, effective assistance to children who are having difficulty learning. Response to intervention was also designed to function as a data-based process of diagnosing learning disabilities. This method can be used at the group and individual level. The RTI method has been developed by researchers as an alternative to identifying learning disabilities with the ability-achievement discrepancy model, which requires children to exhibit a severe discrepancy between their IQ and academic achievement as measured by standardized tests.

RTI seeks to prevent academic failure through early intervention, frequent progress measurement, and increasingly intensive research-based instructional interventions for children who continue to have difficulty. Students who do not show a response to effective interventions are likely (or, more likely than students who respond) to have biologically-based learning disabilities and to be in need of special education.

For children with learning disabilities, RTI may assist schools in avoiding the so-called "wait-to-fail" method by providing intervention as soon as children exhibit difficulty.

RTI follows the following core assumptions:

1. that the educational system can effectively teach all children
2. that early intervention is critical to preventing problems from getting out of control
3. that the implementation of a multi-tiered service delivery model is necessary
4. that a problem solving model should be used to make decisions between tiers
5. that research based interventions should be implemented to the extent possible
6. that progress monitoring must be implemented to inform instruction
7. that data should drive decision making.

In this regard, RTI is not simply a set of interventions but a systematic model within general education and special education areas. In addition, RTI should be viewed as a systematic process for providing preventive, supplementary instructional services to students who are having challenges meeting benchmark levels. The assumption that a student cannot learn is typically attributed to some neurological or processing disorder residing within the child. This assumption fails to account for the possibility that interacting variables such as the lack of good instruction, the lack of an opportunity to learn, cultural variables, and/or language proficiency levels in the second language, for example, might be reasons for the lack of academic progress.

RTI is conceptualized as a multi-tiered service delivery model including primary, secondary, and tertiary levels of support. The primary, or first tier is focused specifically at the school core curriculum level, meaning that the target level of intervention is the core curriculum. In this tier approximately 80% to 85% of the general student body should be able to meet grade level norms without additional assistance. The 15% to 20% of students who consistently show a discrepancy between their current level of performance and that of the expected level of performance are then given Tier 2 or secondary, supplementary instruction services (not to be confused with special education) targeting the problems the student is having. Of the students who are provided with intervention services at Tier 2, approximately 3 to 6% of them will continue to have difficulties and continue to show resistance to intervention. At this point in time, these students will then receive Tier 3 intervention services (not to be confused with special education at this point either). Hence, the intensity of intervention increases as the severity of the problem increases.