

Position Statement on Multitiered System of Support Framework in Early Childhood



Division for
Early
Childhood

of the Council for Exceptional Children





Multitiered System of Support Framework in Early Childhood: Description and Implications

Division for Early Childhood (DEC)
Revised Position Statement 2021

Purpose

This position statement has been developed by the Division for Early Childhood of the Council for Exceptional Children. The purpose of the revised statement is to define an early childhood multitiered system of support (MTSS) framework and to promote a broader understanding and discussion of the implications for young children, their families, and those who serve them.

Terminology

Throughout the position statement, broad definitions of *young children* and *early childhood* are used. We recognize that many public schools and agencies have existing definitions of an MTSS framework for young children from prekindergarten to third grade, and there are emerging models for children who are birth to 3 years old. This means that at times there may be misalignment between current practice and the definitions and recommendations provided. The hope is to reconcile these differences and ensure a more developmentally appropriate approach to tiered instruction across ages and grades.

As with any complex and dynamic construct, nuances in the day-to-day application of key practices will emerge as they are implemented for children of different ages, from different cultures and language groups, and in different service delivery settings. To the extent possible, commonalities for conceptualizing and implementing an MTSS framework for young children served in a variety of contexts is emphasized.

An MTSS Framework in Early Care and Education

Definition of an Early Childhood MTSS Framework

In early care and education, an MTSS framework is a way to provide high-quality teaching and responsive caregiving through the delivery of differentiated support for all young children. In an early childhood MTSS framework, the needs of every child, regardless of ability, eligibility status, cultural and linguistic background, or socioeconomic status, are addressed by integrating assessment and intervention within a multilevel framework to maximize outcomes. MTSS may be likened to a tapestry with common threads of prevention science, tiered decision-making, integrated learning supports, implementation science, effective teaming practices, and data-based problem-solving.

These core principles serve as the foundation for a contemporary view of MTSS frameworks in early childhood:

1. All children can learn and achieve when they are provided with a high-quality general education curriculum, services, and supports to match their needs.



2. All children should have access to the general curriculum and all teachers, assistants, and specialists should be actively engaged in meaningful interactions with children throughout the day.
3. Instruction should focus on academic, social-emotional, and other developmental goals.
4. Children showing signs of delay should be identified as early as possible and provided with a level of instructional intensity to match their needs.
5. Interventions to address children's needs should be designed by collaborative teams that include parents, administrators, teachers, and other specialists; guided by child and family data; and informed by evidence-based practices.
6. Children's responses to intervention should be continuously monitored, and explicit data-based decision rules should be in place for making adjustments in intervention.
7. All interventions should be based on evidence-based practices implemented with fidelity (Adapted from Carta & Young, 2019).

In addition, effective early care and education interventions and services require a focus on the *whole child*. Meaning, there is acceptance and research to support that different areas of development and learning are interrelated and interdependent (National Academies Press [NAP], 2016; Rieber, 1998). When designing and delivering quality care practices for infants and toddlers and preschool instruction, attention needs to be given to how diverse areas of development and learning, as well as the transactions among the child, caregivers, and the environment, are impacting outcomes (Chen et al., 2014; Spodek & Saracho, 2005). Further, an early childhood MTSS framework should be grounded in a blending of practices to the fullest extent possible (Greenwood et al., 2011; Kennedy & Lees, 2014). Blended practices are defined as the use of practices or approaches that are integrated in inclusive settings to meet the needs of all children (Grisham-Brown & Hemmeter, 2017). This blending, or combining of beliefs, values, traditions, practices, and even funds from multiple sources and perspectives, results in maximizing the impact of efforts to address individual and group needs for all young children served.

Given these core principles and focus, ultimately an MTSS framework offers a process for revising instructional and care variables such as (a) *what* child outcomes are taught or addressed; (b) *where* care, instruction, and interventions are delivered; (c) *when* instruction and interventions are delivered; and (d) *how* instruction and interventions are delivered. The goal of implementing an MTSS framework with young children is to be aware of areas (e.g., developmental, early academics) in which each child has differing needs and to match systems of support to those individual needs. Creating a match between teaching and caregiving and children's needs requires a hierarchy of support that is differentiated through a data-based decision-making process (Abbott et al., 2017; Pretti-Frontczak et al., 2011).

■ Misconceptions

Given the widespread movement toward implementing an MTSS framework across ages and settings and the varied strategies used in implementation, a number of misconceptions have arisen (East, 2006; Greenwood et al., 2011).



Misconception No. 1: Children Must Go Through an MTSS Process Before Being Referred for Special Education

Implementation of an MTSS framework in early care and education should not reduce or impede the rights and privileges for gaining access to special education services (Council for Exceptional Children, 2007). Adhering to an MTSS Framework does not require that young children go through a preset process before being referred for a special education evaluation. Furthermore, referral decisions should not rest on implementation or lack of implementation of MTSS because this can result in a delay and or denial of special education services (Musgrove, 2011; Ryder, 2016). Further, the early intervening intent of the Individuals With Disabilities Education Improvement Act (IDEA) of 2004 clearly indicates that MTSS or other related statutory language may not be used to delay appropriate evaluation of a child or to delay the provision of services. Furthermore, universal screening and progress monitoring within MTSS may not replace a comprehensive evaluation (Hozella, 2007). At any point in time, a parent or teacher has the legal right to request an initial evaluation to determine whether a child has a delay or disability (IDEA, 2004).

Misconception No. 2: The Top Tier of an MTSS Framework Is Special Education

MTSS is not a placement model for special education services. In K–12 models, MTSS (and more historically, RTI), has often been used as a diagnostic tool to determine whether students need special education services; as discussed with respect to Misconception No. 1, federal guidance has made clear that it is not appropriate to use MTSS as the primary mechanism for such decisions. Rather, appropriate use of an MTSS framework in early care and education includes the provision of tiers of support that consist of additional, adjusted, or more intensive teaching to meet the needs of the children being served, but it is not defined by a connection to special education services. Of course, through MTSS, data are collected to make a variety of decisions, and the data may be useful as an aid in special education eligibility determinations. While MTSS in early care and education may support teams in making appropriate referrals for eligibility for special education services, the primary goal of an MTSS framework is to support quality and differentiated teaching and caregiving rather than identification of a delay or disability.

Misconception No. 3: AN MTSS Framework Focuses Only on Academic Skills

Within early childhood, an MTSS framework does not exclusively apply to academics (Greenwood et al., 2011) but rather to matching instructional and caregiving support to all curricular areas (mathematics, literacy, and science) or developmental domains (language, social-emotional, and motor). A fundamental element of an early childhood MTSS framework is the use of appropriate teaching and caregiving practices matched to children’s needs to enhance development and learning of the “whole child.”

Misconception No. 4: AN MTSS Framework Promotes Teaching Practices That Are Inappropriate for Young Children

Concerns may arise in the implementation of an MTSS framework with infants, toddlers, and preschoolers when the practices and principles of K–12 are “pushed down” and applied without consideration for the uniqueness of early development and learning. For example, it is



problematic when children are referred to as “Tier 2 kids” and then large portions of their day are spent in didactic learning activities that focus on learning academics, or they receive the majority of their instruction using inauthentic materials. Concerns may also arise in how programs choose to implement higher tiers of instruction or support because *how* is still open to debate (Harlacher et al., 2014). The emphasis of an MTSS framework is on effective and targeted teaching and caregiving practices to help all children reach desired results.

Misconception No. 5: Dual Language Learners Automatically Require Higher Levels of Support

When children are dual language learners (DLLs), they do not automatically need Tier 2 or Tier 3 instruction to help them learn English. When assessing DLLs in an MTSS framework, practitioners need to develop systematic plans to accurately identify their instructional needs; the first step is finding assessments that can be used with confidence. DLLs are children who are learning a language or languages other than or in addition to English in their homes. Given that most universal screening and progress monitoring measures are only available in English, we run the risk of underestimating the ability levels of children who have lower English proficiency if we assess them only in English. To date there are valid and reliable universal screening and progress monitoring measures available in Spanish, but not for other languages. In that case, practitioners should engage in a data-gathering process that includes families and caregivers to determine instructional and caregiving needs. It is also important to consider the language of instruction used in early care and education settings. To the maximum extent possible, young children should have access to someone who speaks their home language. When English is not the child’s predominant language, approaches to communicating with the child that offer intentional support for learning English that are based on children’s level of English language proficiency should be implemented. Instruction for DLLs should include targeted instruction in English as well as instruction support in their home language whenever possible.

Early Childhood MTSS Framework and Key Practices



In this section, Figure 1 depicts how an early childhood MTSS framework looks when the six core principles are in place and when attention is given to the whole child and there is a blending of practices. Following the illustration, four key practices illustrating how an early childhood MTSS framework can be designed and implemented to support young children’s development and learning are provided.

In Figure 1, the triangle consists of three tiers of evidence-based practices. The bottom tier is purposefully wider to symbolize the foundation for other practices and is proportionally deeper than the middle and top tiers to indicate that general and universal support is often sufficient to meet many needs of young children. Similarly, the middle tier is depicted as proportionally shallower than the bottom tier, yet deeper than the top tier, indicating that the implementation of more focused supports and strategies can meet children’s needs when they are struggling or when development and learning has stalled. Essentially, this approach reduces the need for the shallowest and narrowest tier, which represents highly individualized efforts.

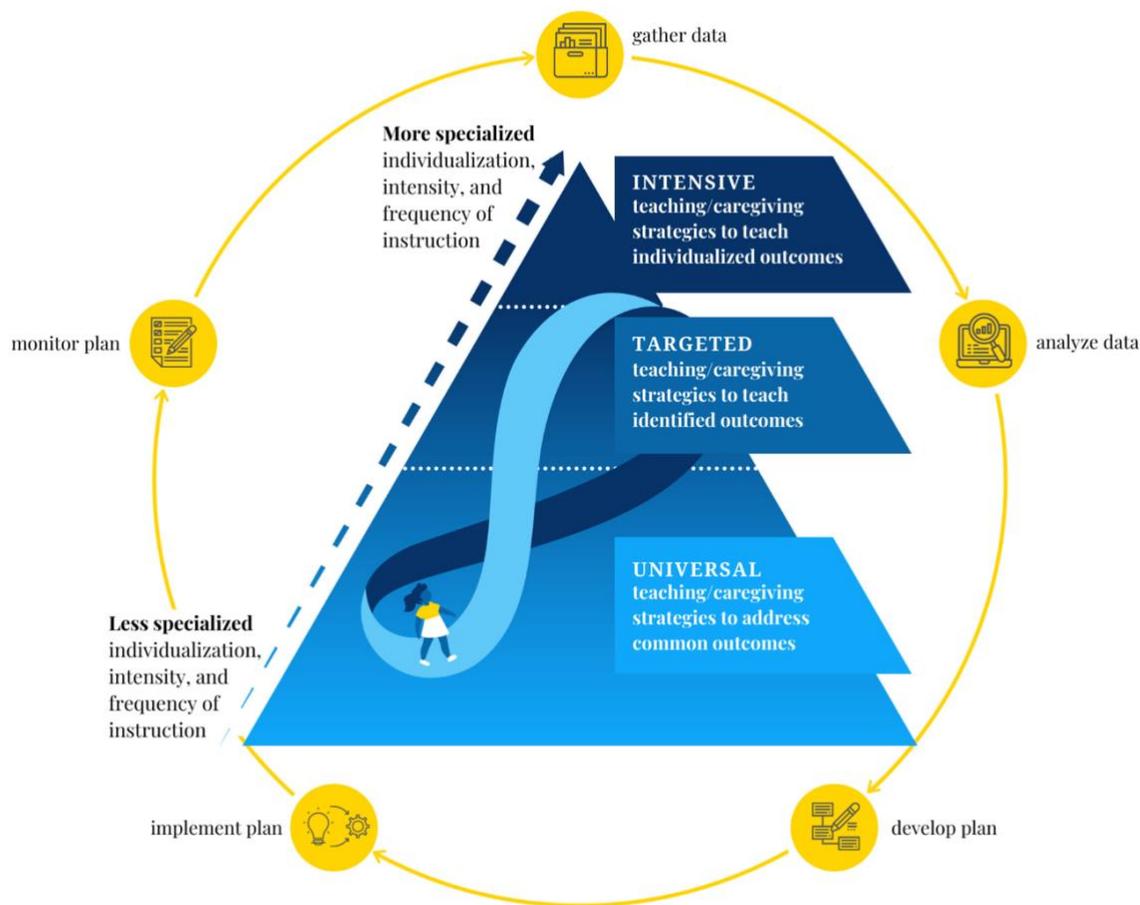


Figure 1
Illustration of an Early Childhood MTSS Framework

Aligning with the contrasting size and depth of the tiers, the triangle is shaded lighter at the bottom and becomes increasingly dark toward the top to depict that the intensity of instruction increases with each additional tier. The shading is also meant to exemplify the fluidity across which children’s needs may be met within an early childhood MTSS framework. In an early childhood MTSS framework, children are not identified for a specific tier of instruction broadly, and teams do not label a child as being a *Tier 2 child* or *Tier 3 child*. This is because children will and do move within and across “tiers.” Rather, a child’s need for a specific tier or type of instruction depends upon the context and situation and interpretation of performance data. If a child is receiving support related to a specific outcome and progress-monitoring data demonstrate the child is making adequate growth, the intensity of instructional support could be reduced or the type of instructional support provided should be changed. Similarly, if progress-monitoring data show that a child has not responded to the enhanced support, more intensive practices might be added. Across the tiers, teams can increase the level of support, the



frequency with which planned instruction and interventions are delivered, or the degree to which outcomes are individualized (Grisham-Brown & Hemmeter, 2017). As a result, children are never viewed as being exclusively *in* a specific tier.

The arrow going up the left side of the triangle further illustrates the dynamic nature of how instruction and caregiving plans are designed and delivered and how practices may increase or decrease in dosage, systematicity, and/or individualization. The cycle around the triangle illustrates the iterative and dynamic data-driven decision-making process. Examples of data-driven decisions include (a) when to collect information to determine whether additional supports are needed, (b) when to focus on a different goal or outcome, and/or (c) when to change an aspect related to instruction. The five steps of an early childhood data-driven decision-making process include gathering data on child progress or performance, analyzing data, developing an intervention plan, implementing the plan, and monitoring outcomes.

Implementing an MTSS framework with young children requires an awareness of their knowledge and skills across all areas of development and learning (i.e., academic, behavioral, developmental) and how to match support (i.e., instruction and reinforcement-based systems) to those individual (and ever-changing) needs. Matching support means children may receive different levels or intensity of instruction and caregiving for different goals or outcomes. For example, a child may receive literacy instruction toward common goals or outcomes while at the same time participate in more focused instruction to support a social-emotional outcome such as self-regulation. Likewise, a toddler might receive responsive caregiving strategies that support their development of expressive language to get wants and needs met while simultaneously receiving individualized support to learn how to walk unsupported.

As mentioned previously, in addition to the core principles of an early childhood MTSS framework, there are four key practices that are critical to the successful implementation of an MTSS framework. These four key practices include universal screening, differentiation of goals or outcomes, tiered instruction/interventions and caregiving practices, and ongoing progress monitoring. Each is described next.

Key Practice No. 1: Universal Screening

Universal screening is used in an early childhood MTSS framework to answer the question “Is this child performing at benchmark levels?” Universal screening is distinct from developmental screening in that universal screening is a process teams use to determine whether a child would likely benefit from additional services and/or supports, whereas developmental screening is a process teams use to determine whether the child’s development is typical and whether further testing is warranted. The systematic nature of universal screening identifies children in need of additional instruction before they fall significantly behind. Universal screening supports the delivery of instruction with the goal of ameliorating early learning difficulties before special education services are needed. Developmental screening, on the other hand, serves as a part of Child Find obligations and helps teams decide whether a child needs further developmental evaluation or monitoring for special education services.

Early education programs engage in universal screening when monitoring all children’s performance across key skills, using tools that are empirically validated to predict later development and school success, such as when children are administered language and early literacy universal screening in preschool. Another example of universal screening would be



when a home visitor administers and interprets the results from universal screening at regular intervals (e.g., quarterly) to determine whether a child is responding to the home visiting support and the family's caregiving and promotion of learning. Similarly, a preschool teacher may collect universal screening data several times a year to monitor all children's performance in developmental (e.g., fine motor, social communication) and content areas (e.g., literacy, numeracy). Children meet criteria to receive increased support within an early childhood MTSS framework based on data that indicates (1) they met a certain threshold (standardized norm, benchmark performance), (2) they scored relatively lower than their classmates (local norm), or (3) they failed to meet expected levels of performance.

Regardless of the approach used, assessment tools appropriate for universal screening are those that accurately and reliably identify children who are at risk in a given area. Because they are administered to all children, and sometimes several times a year, they must be efficient to administer and relatively inexpensive. In other words, the universal screening instrument must be feasible for providers to administer with available resources (e.g., funding to purchase assessment materials, personnel to monitor children during assessments, training and ongoing support). Additionally, it is critical to pay attention to other factors that might affect the reliability or validity of instruments used for universal screening, such as using them with children who are dual language learners. In such instances, children should be screened in their home language when possible to more accurately capture their true ability level. Developmental information should also be gathered from families. The performance of DLLs in English should also be carefully interpreted based on their current level of English proficiency.

Key Practice No. 2: Differentiated Goals and Outcomes

In an MTSS Framework, it is often important to consider the desired outcome or on *what* you are going to focus before considering *how* you are going to provide instruction or care. In other words, through the data, teams interpret a child's performance and match instructional efforts with greater efficacy when they are clear about *what* is being taught and what the child is learning. Changing instructional practices alone (e.g., size of group, where instruction is delivered, type of instruction, intensity of instruction or supports) isn't always the first course, or only course, of action when data show children are struggling or their development and learning has stalled. For example, if a child is having difficulty participating in group activities, it might be because the child is struggling with following directions, remaining with the group, or manipulating materials associated with the activity. Providing additional supports such as a visual schedule or special seating might assist the child to participate more meaningfully in the activity. If, however, a child is missing a foundational skill such as establishing joint attention, then instruction will need to focus on teaching that skill to help the child engage with materials, follow the routine, or interact with others during the activity.

Within an MTSS framework, universal screening data should assist in determining whether (a) a child or group of children are falling below a certain cut-off or benchmark, suggesting additional supports are needed; (b) there are components or aspects of a skill that a child needs additional support to make progress; or (c) the child is missing foundational skills that are preventing them from demonstrating the desired goal or outcome. In their work on blended practices, Grisham-Brown et al. (2005) identify three types of goals or outcomes:



1. *Common goals and outcomes* are those derived from early learning standards, specific program standards (e.g., Head Start, Office of Special Education Programs), and agreed upon developmental milestones (Grisham-Brown & Hemmeter, 2017; Grisham-Brown et al., 2005; Grisham-Brown & Pretti-Frontczak, 2011). *All* children need support to achieve these goals and outcomes and do so within the context of a high-quality early learning experience and in their homes.
2. Across development there are times, however, when children need additional support on *identified goals and outcomes*. This is the case when children's development has stalled or they are struggling to acquire and use a component or aspect of the common goals and outcomes, such as when children struggle with consistency, quality, independence, and flexibility.
3. Finally, children might need systematic instruction on *individualized goals and outcomes*. These goals and outcomes represent missing foundational or prerequisite knowledge and skills that a child needs to acquire more advanced or sophisticated common goals and outcomes. Individualized goals or outcomes can also represent barriers to learning such as behaviors that are challenging, sensory processing concerns, exposure to stressors, or even the need to learn another language. (Refer to Figure 1 for an illustration of how different goals or outcomes are addressed at different tiers within an early childhood MTSS framework.)

Key Practice No. 3: Tiered Instruction

Once it has been determined (based upon universal screening) what a child or group of children needs to learn (i.e., common, targeted, and/or individualized goals and outcomes), the next key practice is creating a match with the most effective and efficient instructional or caregiving strategy to pair with the goal or outcome. Across the literature, many refer to the different types of instruction or support using the labels of Tier 1 for universal practices that address and support common goals and outcomes, Tier 2 for more focused practices that address targeted goals and outcomes, and Tier 3 for highly specialized practices that address individualized goals and outcomes.

A meta-analysis examining instructional practices implemented within an early childhood MTSS framework, however, found insufficient evidence to make recommendations about exact practices that can or should be paired with different goals or outcomes (Shepley & Grisham-Brown, 2019). Furthermore, many educational organizations that examine the rigor and effects of instructional practices for children in early childhood do not disaggregate findings based on instructional practices implemented within MTSS (e.g., What Works Clearinghouse, National Center on Intensive Intervention). As such, instructional practices are often evaluated without consideration of the core principles of an early childhood MTSS framework leading to studies in which research sites are not providing high-quality foundational Tier 1 supports and children are selected for participation based on general risk factors for educational difficulties (e.g., socioeconomic status) rather than measured skill deficits identified through a validated universal screening instrument (Lonigan & Phillips, 2016).

As such, it is not possible at this time for DEC to take a position on which particular strategies would be best used across tiers and under which contexts. Instead, early care and education professionals must gain a deep understanding of the core principles and key



practices associated with an early childhood MTSS framework in general and then make adaptations based upon local, state, and other individualized factors. That said, in the tiered instructional practices section of this position statement, we offer several suggestions for how programs and home-based practitioners may choose which practices to use across tiers based on their unique circumstances and the learning needs of the children they serve. Each of these is described next.

Tier 1 practices. High-quality Tier 1 practices and supports should be developmentally, linguistically, and culturally appropriate; guided by team and family decisions; and grounded in research. Data on the quality of the instructional environment (home, school, community settings) at Tier 1 can be documented through tools such as the *Classroom Assessment Scoring System* (Pianta et al., 2008), the *Inclusive Classroom Profile* (Soukakou et al., 2012), the *Infant/Toddler Environment Rating Scale, Third Edition* (Harms et al., 2017), the *Classroom Assessment Scoring System: Infant* (Hamre et al., 2014), or the *Early Language and Literacy Classroom Observation Toolkit* (Smith et al., 2002). It is important to note that a strong Tier 1 base has both structural and process quality. Simply having a diverse range of books in the library center or a variety of developmentally appropriate toys at home is insufficient for learning and development. Table 1 lists several Tier 1 practices and supports that *all* early childhood practitioners and caregivers should be using. These practices are from research on a blended practices approach to education and development that pulls from the fields of early intervention, early childhood education, and early childhood special education (e.g., Copple & Bredekamp, 2009; Division for Early Childhood, 2014).

Table 1
Tier 1 Universal Practices

Practice	Description
Provide a balanced schedule of child-led and teacher-led activities	Planned activities are structured throughout the day to promote child engagement and instruction while minimizing time spent in transitions
Intentionally teach behavioral expectations	Examples of appropriate and inappropriate behaviors are provided for each activity in a child's day, and child engagement in appropriate behaviors is reinforced
Use planned routines as teaching opportunities	Instruction on relevant skills is provided when those skills are needed (e.g., zipping up jacket before going outside)
Use opportunities during activities to promote social-emotional learning and development	Use real-life situations to help children identify their feelings and to problem-solve with peers (e.g., when they have conflicts or experience frustration)



Use classroom routines as opportunities for language promotion

Follow the child's lead and interest in objects and events to label and describe them

Design developmentally appropriate centers with consideration of children's interests

Centers are purposefully designed to align with children's interests and cultural backgrounds to promote their active engagement. This fosters the development of new and refined skills.

Use explicit feedback and consequences to increase children's engagement, play, and skill development

When children engage in desired behaviors throughout the day, they receive behavior-specific praise (e.g., "You threw away all your trash from lunch by yourself. Well done!")

Ask questions that promote developmental growth

Ask questions that challenge children to think critically. For some children recall questions such as labeling the actions of characters depicted in a storybook may be appropriate. For other children, high level questions about why and how things happen in the classroom environment are appropriate.

Use responsive interaction strategies

Throughout interactions with children across the day, children's social, communication, and play behaviors are responded to, imitated, and expanded on to foster meaningful relationships that facilitate autonomy, choice, and engagement when interacting with teachers.

Adapted from *Blended Practices for Teaching Young Children in Inclusive Settings* (2nd ed.), by J. Grisham-Brown and M. L. Hemmeter, 2017, Paul H. Brookes.

Tier 2 and Tier 3 Practices. It is highly recommended that when data show a child or group of children may need additional support, teams should first make sure quality Tier 1 practices are being implemented with fidelity in a high-quality environment. In the case of home-based services, it is important to acknowledge the strengths in the natural environment and how service providers might support development during naturally occurring routines. If data show additional supports are still needed, then teams can identify the targeted and/or individualized goals and outcomes and begin to consider Tier 2 and 3 practices and supports for the child or group of children.

Tier 2 and Tier 3 instructional practices can be conceptualized in one of three ways. First, practices implemented at Tier 2 and Tier 3 do not need to differ from those implemented at Tier 1. Rather, the practices provided at "higher" tiers could simply be Tier 1 instructional practices provided at higher frequency or what some call increased dosages. For example, if a child is struggling with labeling common objects in the environment, parents and other caregivers may engage in a daily shared-book reading throughout the day where they ask questions about pictures in the book. The shared-book reading activity, which is likely a part of Tier 1 supports, can be conducted more often (e.g., as part of a bedtime or naptime routine) to



offer a higher dosage of the research-based practice as a Tier 2 support. Second, practices provided at higher tiers may also be extensions or modifications of practices being implemented at lower tiers. For example, if embedded instruction is being used to target the labeling of letters in a child's name at Tier 1 but data indicate that a child is not making progress, a teacher may decide to add a *specific attending cue* and require a *specific attending response* (Wolery et al., 1992) to highlight the relevant features of a stimulus (e.g., letters in the child's name). For example, the teacher may have the child match a magnet letter with a letter in the child's name prior to asking the child to label that letter. Matching a letter prior to labeling it helps to ensure that the child is only attending to the features of that letter even though other letters in the child's name are present. In this situation, the teacher is still providing embedded instruction as part of Tier 2 supports, but a modification has been added to better support the child's needs. Finally, when children have goals and outcomes requiring Tier 2 and 3 practices and supports, it may be necessary to provide a new instructional practice that is different from those provided at Tier 1. In the Pyramid Model for Promoting Social and Emotional Competence in Infants and Young Children, Tier 2 and Tier 3 practices are identified to provide intervention for targeted instruction related to social and emotional skills and interventions to address challenging behavior. The intervention package Best in Class provides a Tier 2 intervention focused on children's disruptive behavior (Sutherland et al., 2018). Another example of an intervention package is Prevent-Teach-Reinforce for Young Children (Dunlap et al., 2018), which provides a manualized approach for developing function-based Tier 3 interventions related to a child's challenging behavior. Similarly, a sufficient evidence base has shown that response-prompting strategies help children from many different populations meet a variety of goals or outcomes (Ledford et al., 2012; Wong et al., 2015). Examples of response-prompting procedures include system of least prompts, time delay, and simultaneous prompting (Collins, 2021). Refer to Tables 2 and 3 for examples of instructional practices with rigorous demonstrations of effectiveness within early childhood tiered support systems.

Table 2
Tier 2 Practices

Practice	Goals and Outcomes	Description	Reference
Embedded instruction	Academic, adaptive	Intentional presentation of a task during ongoing home routines or classroom activities, for which error correction and reinforcement are provided to ensure a child engages in the target skill	Sandall et al., 2019
Small group direct instruction	Academic	The provision of direct instruction using response prompting and individualized reinforcers to a	Ledford et al., 2012



		group of 2–5 children with individualized learning targets	
Small group intervention	Language and literacy	Evidence-based packaged interventions for promoting phonological awareness, vocabulary, narrative comprehension	<i>Paths to Literacy</i> , Goldstein, 2016; <i>Story Friends</i> , Goldstein & Kelley, 2016; <i>Story Champs</i> , Spencer & Petersen, 2018
BEST in CLASS ^a	Social-emotional	Packaged intervention that promotes teacher engagement in practices designed to prevent challenging behavior by reinforcing socially appropriate behavior	Sutherland et al., 2018
Pyramid Model for Promoting Social-Emotional Competence ^a	Social-emotional	Framework of evidence-based practices for promoting social-emotional skills in all children that offers Tier 2 and Tier 3 practices for children with social, emotional, and behavior intervention needs	Hemmeter et al., 2021

^a Practice identified by Shepley and Grisham-Brown (2019) as indicating evidence of effectiveness when implemented within early childhood MTSS.

Table 3
Tier 3 Individualized Practices

Practice	Goals and Outcomes	Description	Reference
Response prompting procedures	Academic, social emotional, motor, communication	Using response-prompting procedures and individualized reinforcement in a variety of settings with or without other children	Ledford et al., 2019
Chaining	Academic, adaptive	Systematically dividing a skill into smaller behaviors and providing instruction on those behaviors until the entire skill can be completed	Wong et al., 2015



Naturalistic language instruction	Communication	Using environmental arrangement strategies and systematic prompting to promote expressive communication	Kong & Carta, 2013; Lane et al., 2016
Reading Ready Early Literacy Intervention	Literacy	Using explicit, systematic individualized intervention to teach prioritized content	Kaminski & Powell-Smith, 2017
Function-based reinforcement systems	Social-emotional	Teaching an appropriate behavior to replace a nondesired behavior and using the identified function of the nondesired behavior to reinforce the appropriate behavior	Wood et al., 2015
Prevent-Teach-Reinforce for Young Children ^a	Behavior	A manualized process for developing and implementing a function-based behavior intervention plan for children with challenging behaviors	Dunlap et al., 2018

^a Practice identified by Shepley and Grisham-Brown (2019) as indicating evidence of effectiveness when implemented within early childhood MTSS

How providers and caregivers deliver more intentional and intensive practices can vary. There is no requirement that, for example, practices designed to provide more support are delivered only in a small group configuration. There is also no requirement that Tier 3 practices be provided one-on-one. For all children receiving tiered instructional supports, it is important to recognize that higher tiered instruction is in *addition* to instructional practices at lower tiers. Thus, for a child receiving an instruction/intervention referred to as a Tier 3 practice, that same child would still have access to and participate in quality Tier 1 and Tier 2 instruction. For example, based upon universal screening data, a team might determine a child needs additional support to help foster numeracy skills. The team creates additional learning opportunities that can be embedded throughout the child's daily routine on targeted components of numeracy, including counting objects and matching objects based upon quantity. The child receives these *additional dosages* throughout the day while also receiving Tier 1 instruction on a whole host of numeracy skills (e.g., measuring, sorting, noticing patterns, adding, subtracting, understanding size and shape, recognizing numerals). After a few weeks, the team reassesses the child's performance on counting objects and matching by quantity and decides to provide additional and more intensive instruction around one-to-one correspondence because the child is missing this foundational skill. Now, the child is receiving the same Tier 1 supports as all other children in the classroom around numeracy in general, Tier 2 instruction on counting and matching based upon quantity, and Tier 3 instruction on one-to-one correspondence.



Key Practice No. 4: Progress Monitoring

Progress monitoring describes the systematic and continuous process of gathering data to inform decisions about whether children are making adequate progress (Buzhardt et al., 2012; Copple & Bredekamp, 2009; Hojnoski & Missall 2007; Raver 2003). If universal screening data are collected three times throughout a year, the data gathered from each of the three administrations may be compared with one another to determine the extent to which a child made progress on universal goals and outcomes. However, for children receiving Tier 2 or Tier 3 supports, more frequent progress monitoring data should be collected to ensure children are making adequate progress in a timely manner (Grisham-Brown & Pretti-Frontczak, 2011). For example, progress monitoring may occur every 12 weeks at Tier 1, every four weeks at Tier 2, and weekly or daily at Tier 3. Decision rules are commonly used to help determine when children are responding at a level and rate that justifies changing the level of support or intensity of instruction they are receiving. For instance, a child making adequate progress with intensive instruction at Tier 3 on an individualized goal and outcome may no longer need to receive this level of individualized support, and, therefore, the child might just need Tier 2 instructional practices to continue making progress. Conversely, a child receiving Tier 2 instructional practices might show minimal progress, indicating the need for more intensive Tier 3 instructional practices.

Regardless, an early childhood MTSS framework is dynamic and children are not assigned or “stuck” in a particular tiered level of support. In addition, a given child may require more intensive instruction in one area of development or learning and less intensive instruction in another area. For example, a 2-year-old with autism might perform according to his chronological age in gross motor skills, resulting in Tier 1 (i.e., universal) instruction. That same child might require Tier 3 instructional practices in social communication.

MTSS are designed for children to move fluidly through tiers across goals or outcomes. Deciding how much progress or lack of progress is necessary before providing children with a higher or lower tier of support is a critical aspect guiding the dynamic process of progress monitoring within MTSS. Progress monitoring requires measures that are technically adequate and have specifically been found to be sensitive to small increments of change for goals or outcomes. Progress monitoring assessment procedures need to be easy and engaging for frequent administration. One approach is to regularly administer a curriculum-based measure that focuses on a specific skill area (e.g., phonological awareness) on which a child is receiving Tier 2 or Tier 3 instruction. A second approach is to use direct behavioral observations of a specific skill on which a child is receiving intensive instruction (i.e., beyond Tier 1).

The Future of MTSS in Early Care and Education

With increased focus on the importance of early development and the relationship of early experiences to future academic success (NAP, 2016), early childhood programs may benefit from an MTSS framework designed to ensure that each and every child receives the developmentally appropriate and intentional learning opportunities needed for optimal growth and learning (Grisham-Brown & Hemmeter, 2017; Grisham-Brown & Pretti-Frontczak, 2011). The implementation of an MTSS framework in early care and education is not without challenges, including the difficulty with applying all six core principles to widely diverse settings





and the complexities involved with ensuring that providers have the professional development necessary to implement the key features of the MTSS framework in ways that are developmentally appropriate for the children they serve. The need to include related service personnel (mental health professionals, occupational and physical therapists, speech and language pathologists) in professional development efforts and around implementation pose additional challenges. Other implementation challenges include:

- limited research on comprehensive tiered frameworks for use with young children, particularly for infants and toddlers;
- limited research on the impact of MTSS on teaching and child outcomes, particularly for infants and toddlers;
- lack of systematic reviews of existing assessments and instructional approaches used within an early childhood MTSS framework that is accessible to practitioners;
- lack of support and collaboration among general education and special education professionals, service providers, family members, and other key stakeholders;
- lack of understanding of how developmentally appropriate assessment, instruction, and intervention practices vary for diverse groups of children and meet standards of rigor;
- blurred distinctions between the use of MTSS frameworks and special education service referral; and
- lack of professional development for providers on how to collect sufficient data to interpret and draw conclusions regarding children's growth and development in response to differentiated support or instruction.

Across the focus groups and surveys conducted to inform the content included in this position statement, recommendations for specific instructional practices at higher tiers were clearly and consistently requested. That said, making such recommendations would require additional research meeting rigorous design standards that demonstrate consistent evidence of positive outcomes when implemented with fidelity. Presently, implementation of various early childhood MTSS frameworks is moving faster than the research can support (Goodman & Bohanon, 2018; Greenwood et al., 2011; Odom & Fettig, 2013). Therefore, recommendations on instructional practices for specific tiers, types of children, and goals and outcomes is not possible at the present time. Future research that focuses on all elements of the early childhood MTSS framework described in this position statement is needed to provide the field with more direction about the implementation of MTSS frameworks in early care and education environments.

Given the need for further research, shared meaning across associated terms, improved professional development, and cross-sector collaboration, it is not possible to provide evidence-based suggestions for instructional strategies or approaches to use across the tiers of an early childhood MTSS framework. Rather, each of these challenges offer the field direction for future research on the implementation of an MTSS framework in early care and education as well as a starting place for early child programs and professional development providers to gain an understanding of the purpose of MTSS and how they may make it work in their unique contexts.

While there is an evidence base at some tiers for many early childhood practices, there is insufficient evidence to inform the recommendations across frameworks and to address the diversity of early childhood service delivery models and settings. However, the guidelines



provided in this position statement are useful to programs seeking to implement the broad principles and elements of an MTSS framework. Specifically, programs can ensure that young children are being universally screened, authentically assessed, and differentially supported in ways that are developmentally appropriate and address their unique needs across both curricular and developmental outcomes.

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