

We would like to acknowledge the effort and time taken by the reviewers and the editor of this journal who have made possible the contribution in this journal. Undoubtedly, thanks to this effort, we have increased the quality of the present scientific paper. Responses to comments are detailed below (the new information included in the current version of the manuscript is highlighted in red colour to make it easier to read).

Thanks for your valuable support

Best,
Authors.

REVIEWER 1:

Thanks for all your suggestions and recommendations. They are very useful for us. Below you will have the detailed responses referred to all your comments and suggestions.

1. The composition of the manuscript is awkward at times with incorrect word usage and phrasing. It does not rise to the level of precluding understanding and interpretation of the content, it will be distracting to native English speaking readers.
 - **Thanks for your comment, we have replaced expressions by more formal and impersonal ones. The manuscript was also reviewed by an English native speaker specialized in scientific papers.**
2. The addition of a graphic or graphics of some sort would be helpful in improving visual appeal and appreciation for key concepts.
 - **We have included a figure which showed an example of a RtI model applied to a specific intervention (please, see the page 6)**
3. Overall, there is a lack of specific detail that would help improve the impact of the article. For example, what genetic variations have been identified that are shared between students with difficulty reading, writing and math.
 - **We have included more specific information related to the genetic variations in learning difficulties (page 4).**
4. Are there specific metrics to indicate that RtI is superior in improving outcomes?
 - **We have described two studies about the efficacy of the Response to Intervention model addressed to reading and mathematical learning disabilities (see page 7).**
5. What other constructs are being implemented in contrast to RtI and how do they differ or how are they similar?
 - **It was included more information about the benefits of the Response to Intervention Model compared to the traditional model (pages 6-7).**

6. What are the "promising initial results" favoring use of hypermedia systems.
 - **We have briefly described the results of two studies which used the hypermedia systems.**
7. What challenges would need to be addressed in implementing the discussed approaches.
 - **Thanks for your suggestion, we have included the challenges derived by the inclusion of these new approaches (page 12).**

Other comments:

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

- **The manuscript has been reviewed by a native-English speaker.**

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly. Now we list the abbreviations rules as follows.

- **Thanks for your suggestions, we have taken in consideration these recommendation along the text.**

(1) Title: Please spell out any abbreviation in the title. Abbreviations are not permitted.

- **We have not included any abbreviation in the title.**

(2) Running title: Please shorten the running title to no more than 6 words. Abbreviations are permitted.

- **We have included a running title composed by only 4 words.**

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

- **We have defined the abbreviation upon first appearance in the abstract section.**

(4) Key words: Abbreviations must be defined upon first appearance in the Key words.

- **We have reformulated the keyword following your recommendation.**

(5) Core tip: Abbreviations must be defined upon first appearance in the Core tip. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

- **Thanks, we have considered this recommendation at the core tip section.**

(6) **Main Text:** Abbreviations must be defined upon first appearance in the Main Text. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

- **Thanks, in the main text the abbreviations have been defined upon first appearance.**

(7) **Article Highlights:** Abbreviations must be defined upon first appearance in the Article Highlights. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

- **We have reformulated this section following this suggestion.**

(8) **Figures:** Please verify the abbreviations used in figures and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

- **The Figure 1 of the manuscript, which has been included in its current version, it does not contain any abbreviation.**

(9) **Tables:** Please verify the abbreviations used in tables and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

- **In the current version, the manuscript does not contain any table.**

EDITORIAL OFFICE'S COMMENTS

Science editor: A total of 79 references are cited, including no references published in the last 3 years. There are 5 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations that are closely related to the topic of the manuscript, and remove other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated.

- **Following your recommendation, we have included a total of 85 references in which there are only 5 self-citations (5.88%) which are specially relevant with the topic of the manuscript.**

Issues raised:

- (1) The title is too long, and it should be no more than 18 words;
 - **The title has been modified (please see this section again).**
- (2) The "Author Contributions" section is missing. Please provide the author contributions;
 - **Author contributions have been included (please see page 1)**
- (3) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);
 - **The funding information has been added in the first page of the manuscript.**
- (4) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;
 - **We have included all DOI numbers and PMID. In this sense, there are only some few references which have not DOI or**

PMID codes, because they are not indexed in DOI.org or PMID platforms.

(5) The column should be minireviews

- **Following your suggestion, the current version of the manuscript will be submitted as a minireview modality.**