

New Mexico SIS Assessment Checklist

Date of interview: _____

Location of Interview: _____

Interview start time: _____

Interview end time: _____

Assessor: _____

DDW Participant:

First Name: _____ Last Name: _____ SIS ID # _____

Legal Representative:

First Name: _____ Last Name: _____ Relationship: _____

Self/I am my own guardian

Family

Other Legal Representative

Your signature below shows your understanding of the following:

The Supports Intensity Scale (SIS) is a standardized assessment that measures the pattern and intensity of a person's support needs. In order for assessment results to be accurate, information provided during the interview process must be accurate and truly reflect the person's needs for supports. It is the responsibility of the respondents to ask questions during the interview to ensure that accurate and complete information is reflected in the results. The interview process will assist in the development of the Individual Support Plan. DOH/DDSD uses the SIS as a tool, along with other information, to place you a NM DDW Group. Individuals included in the class established pursuant to Walter Stephen Jackson, et al vs. Fort Stanton Hospital and Training School et. al, 757 F. Supp. 1243 (DNM 1990) receive categorical Group H approval. State and federal law and regulations require that respondents answer all questions posed during the assessment truthfully.

Signature and Printed Name of Respondent

Primary Relationship to Individual Assessed

#1 Signature: _____
Printed Name: _____

- I am the individual
- Parent or Family
- Guardian

- Friend (not staff)
- Paid staff
- Other

#2 Signature: _____
Printed Name: _____

- I am the individual
- Parent or Family
- Guardian

- Friend (not staff)
- Paid staff
- Other

#3 Signature: _____
Printed Name: _____

- I am the individual
- Parent or Family
- Guardian

- Friend (not staff)
- Paid staff
- Other

#4 Signature: _____
Printed Name: _____

- I am the individual
- Parent or Family
- Guardian

- Friend(not staff)
- Paid staff
- Other

#5 Signature: _____
Printed Name: _____

- I am the individual
- Parent or Family
- Guardian

- Friend(not staff)
- Paid staff
- Other

#6 Signature: _____
Printed Name: _____

- I am the individual
- Parent or Family
- Guardian

- Friend(not staff)
- Paid staff
- Other

New Mexico SIS Assessment Checklist		Yes	No
1.	The role and number of required respondents was explained to me.	<input type="checkbox"/>	<input type="checkbox"/>
2.	If I asked for accommodations, they were provided.	<input type="checkbox"/>	<input type="checkbox"/>
3.	The SIS Assessor provided information about the SIS and assessment process prior to starting the assessment.	<input type="checkbox"/>	<input type="checkbox"/>
4.	The SIS rating scale was explained to us.	<input type="checkbox"/>	<input type="checkbox"/>
5.	The assessment was conducted face to face.	<input type="checkbox"/>	<input type="checkbox"/>
6.	The SIS Assessor met the individual (DDW participant).	<input type="checkbox"/>	<input type="checkbox"/>
7.	At least two adult respondents (one of whom can be the person being assessed) were present throughout the entire assessment. These respondents have known the individual for at least three (3) months, observed the individual in one or more environments, and are comfortable relating his/her supports needs.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Each question in the assessment was explained to us prior to it being scored.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Each question was discussed during the assessment.	<input type="checkbox"/>	<input type="checkbox"/>
10.	The final score of each question was shared with the respondents.	<input type="checkbox"/>	<input type="checkbox"/>
11.	We were given the opportunity to share information about the participant's medical and behavioral needs during the assessment.	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'No' to any of the above questions, please explain in detail the reasons for your answer below

I affirm that the responses provided above are true and correct to the best of my knowledge.

_____ Signature _____ Print Name _____ Date

I am the individual Legal Guardian Other

ADDITIONAL COMMENT (for any respondent): Use the space below, to note any questions or any areas of disagreement. Please include your name and your relationship to the person interviewed.
