

My Support Profile

Confidential Interview and Profile Results for the Supports Intensity Scale (SIS®)

Person Being Assessed:

Last Name: Name
First Name: Name
Middle Name: A
Gender: Female
Language: English
Address: adsgasdga
City: city
State: NM
Zip Code: 87501
Phone: (505)
Date of Birth: 10/28/1945
Age: 68

Assessment Data:

Interview Date: 3/10/2014
Tracking Number: 11497

Interviewer Data:

Interviewer: Jacob Jang
Agency: AJboggs & Company
Address: 2142 Pauline #203
City: Ann Arbor
State: MI
Zip Code: 48103
Position: Developer
Phone:
Email: rjerickson10@aol.com

What Prompted Interview: Change in situation (explain in notes box below)

Information for the SIS ratings was provided by the following respondents:

Name	Relationship	Language Spoken
Joyce		
Joyce		
Jerickson		

Services provided by:

Name	Relationship	Phone
Agency Name	Case Management	

Name of person who entered this information: Joyce Erickson

Sample

Introduction to the SIS Report:

The supports intensity scale (SIS) profile information is designed to assist in the service planning process for the individual, their parents, family members, and service providers. The profile information outlines the type and intensity of support the individual would benefit from to participate and be successful in his or her community. The SIS profile report is best applied in combination with person-centered planning to achieve the desired outcome in creating individual goals.

❖ **RATING KEY FOR SECTION 1**

This describes the rating for Type of Support, Frequency and Daily Support time for each of the six areas discussed in your SIS profile

<i>Type of Support</i>	<i>Frequency</i>	<i>Daily Support Time</i>
<p>What help do you need to do the (item) on your own or by yourself</p> <p>If engaged in the activity over the next several months, what would the nature of the support look like?</p> <p>Which support type dominates the support provided?</p>	<p>How often would (name) need support doing (item) if they were going to be doing this activity over the next several months?</p>	<p>If engaged in the activity over the next several months, in a typical <u>24-hour day</u>, how much total, <u>cumulative</u> time would be needed to provide support?</p>
<p>0 = None No support needed at any time</p> <p>1 = Monitoring Checking in & observing Asking questions to prompt but not telling the person the step</p> <p>2 = Verbal/Gesture Prompting Giving a verbal direction Giving a gestural direction Visual prompts Modeling</p> <p>3 = Partial Physical Assistance Some steps need to be done for the person Some, but not all, steps require hand over hand Some steps require speaking for the person</p> <p>4 = Full Physical Support All, or nearly all, steps need to be done for the person All speaking needs to be done for the person</p>	<p>0 = None or Less Than Monthly (Up to 11 Times a Year)</p> <p>1 = At Least Once a Month, But Not Once a Week</p> <p>2 = At Least Once a Week, But Not Once a Day (Up to 6 Days a Week)</p> <p>3 = At Least Once a Day, But Not Once an Hour (At Least 7 Days a Week)</p> <p>4 = Hourly or More Frequently (24 Hours a Day)</p>	<p>0 = None</p> <p>1 = Less Than 30 Minutes</p> <p>2 = 30 Minutes to Less Than 2 Hours</p> <p>3 = 2 Hours to Less Than 4 Hours</p> <p>4 = 4 Hours or More</p>

Sample

Part B - Community Living Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
1. Getting from place to place throughout the community (transportation)	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
	Notes: Notes test Notes test Notes test			
2. Participating in recreation/leisure activities in the community settings	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
	Notes: Notes test Notes test Notes test			
3. Using public services in the community	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
	Notes: Notes test Notes test Notes test			
4. Going to visit friends and family	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
	Notes: Notes test Notes test Notes test			
5. Participating in preferred activities (church, volunteer, etc.)	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
	Notes: Notes test Notes test Notes test			
6. Shopping and purchasing goods and services	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
	Notes: Notes test Notes test Notes test			
7. Interacting with community members	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
	Notes: Notes test Notes test Notes test			
8. Accessing public buildings and settings	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
	Notes: Notes test Notes test Notes test			
Section Notes: AFDFAFAFA AFADFASF AF AF AFA				

Sample

Part C - Lifelong Learning Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
1. Interacting with others in learning activities	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
2. Participating in training/educational decisions	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
3. Learning and using problem solving strategies	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
4. Using technology for learning	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
5. Accessing training/educational settings	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
6. Learning functional academics (reading signs, counting change)	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
7. Learning health and physical skills	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
8. Learning self-determination skills	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
9. Learning self-management strategies	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
Section Notes: AFDFAF AFDAF AAF AFDFDFAFA				

Sample

Part D - Employment Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
1. Accessing/receiving job/task accommodations	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
2. Learning and using specific job skills	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
3. Interacting with co-workers	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
4. Interacting with supervisors and coaches	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
5. Completing work related tasks with acceptable speed	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
6. Completing work related tasks with acceptable quality	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
7. Changing job assignments	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
8. Seeking information and assistance from an employer	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
Section Notes: DDDDD DDDDD DDDDDD				

Sample

Part E - Health and Safety Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
7. Maintaining physical health and fitness	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	3 - 2 Hours to Less Than 4 Hours	9
	Notes: Notes test Notes test Notes test			
8. Maintaining emotional well-being	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	3 - 2 Hours to Less Than 4 Hours	9
	Notes: Notes test Notes test Notes test			
6. Maintaining a nutritious diet	3 - Partial Physical Assistance	1 - At Least Once a Month, But Not Once a Week	3 - 2 Hours to Less Than 4 Hours	7
	Notes: Notes test Notes test Notes test			
1. Taking medications	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
2. Avoiding health and safety hazards	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
3. Obtaining health care services	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
4. Ambulating and moving about	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
5. Learning how to access emergency services	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
	Notes: Notes test Notes test Notes test			
Section Notes: FFFF F FFFF F FF F F FFF				

Sample

Part F - Social Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
1. Socializing within the household	0 - None	0 - None or Less Than Monthly	0 - None	0
	Notes: Notes test Notes test Notes test			
2. Participating in recreation/leisure activities with others	0 - None	0 - None or Less Than Monthly	0 - None	0
	Notes: Notes test Notes test Notes test			
3. Socializing outside the household	0 - None	0 - None or Less Than Monthly	0 - None	0
	Notes: Notes test Notes test Notes test			
4. Making and keeping friends	0 - None	0 - None or Less Than Monthly	0 - None	0
	Notes: Notes test Notes test Notes test			
5. Communicating with others about personal needs services	0 - None	0 - None or Less Than Monthly	0 - None	0
	Notes: Notes test Notes test Notes test			
6. Using appropriate social skills	0 - None	0 - None or Less Than Monthly	0 - None	0
	Notes: Notes test Notes test Notes test			
7. Engaging in loving and intimate relationships	0 - None	0 - None or Less Than Monthly	0 - None	0
	Notes: Notes test Notes test Notes test			
8. Engaging in volunteer work	0 - None	0 - None or Less Than Monthly	0 - None	0
	Notes: Notes test Notes test Notes test			
Section Notes: FFF FFFF FF FFF F F F F				

Sample

SUPPORT NEEDS PROFILE - GRAPH

The graph provides a visual presentation of the six life activity areas from SIS Section 1: Support Needs Scale. The graph reflects the pattern and intensity of the individual's level of support need. The intent of the graph is to provide an easy means to prioritize the life activity areas in consideration of setting goals and developing the Individual Support Plan. Standard scores and corresponding percentiles are computed for each of the six activity subscales. Percentiles lower than 50 indicate lower than average need; percentiles above 50- indicate higher than average need. For example, a score at the 37th percentile shows that the individual's score is the same as or higher than the scores of 37% of the standardization sample and that 63% had a higher score (i.e. greater support needs). A SIS Support Needs Index (or composite standard score) is calculated from scores from the six subscales and provides an overall indication of the intensity of an individual's support needs. For more information about the technical properties of the SIS assessment please refer to http://aaid.org/sis/supports-and-sis#.U7G8_onna2x.

Support Needs Profile

Activity Subscale Percentile Results

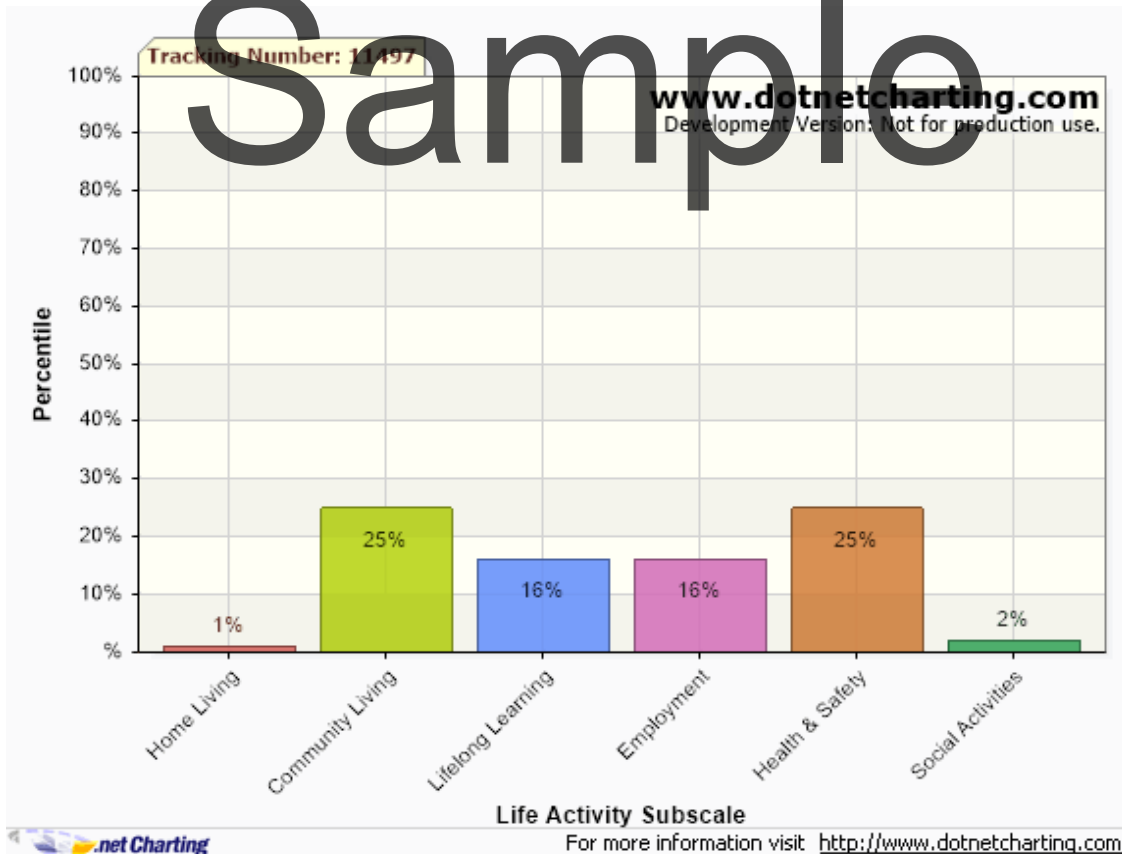
Activities Subscale Total Score to Percentile by Area

Activities Subscale	Total Raw Score	Standard Score	Percentile
A. Home Living	0	3	1%
B. Community Living	48	8	25%
C. Lifelong Learning	27	7	16%
D. Employment	24	7	16%
E. Health and Safety	40	8	25%
F. Social	0	4	2%

Activities Standard Score Total: 37

SIS Support Needs Index: 74

Percentile: 4%



The support needs profile reflects the pattern and intensity of the individual's support. The information provided in sections 1, 2, and 3, can be beneficial in the development of the individual's support plan.

❖ RATING KEY FOR SECTION 3

<i>Type of Support</i>		
0 = No Support Needed	1 = Some Support Needed	2 = Extensive Support Needed
No support needed because the medical condition or behavior is not an issue, or no support is needed to manage the medical condition or behavior.	Support is needed to address the medical condition and/or behavior. People who support must be cognizant continuously of the condition to assure the individual's health and safety. For example: Checking in and observing Monitoring and providing occasional assistance Minimal physical/hands on contribution Support is episodic and/or requires minimal devoted support time	Extensive support is needed to address the medical condition and/or behavior. For example: Significant physical/hands on contribution Support is intense and/or requires significant support time

❖ SECTION 3 EXCEPTIONAL MEDICAL AND BEHAVIORAL SUPPORT NEEDS

Any rating of 2 in this area indicates an exceptional need with medical conditions and/or challenging behaviors.

It should be noted that a high total score in section 3 clearly identifies additional support that is required for living safely in the community. The information from section 3 is considered separately from section 1.

Each item under Exceptional Medical and Behavioral is listed and presented from highest to lowest level of support.

Exceptional Medical and Behavioral key items are outlined and may be helpful in the development of the individual's support plan.

Sample

Section 3: Exceptional Medical and Behavioral Support Needs

Part A - Exceptional Medical Support Needs		
Item	Support Needed	Comments
1. Inhalation or oxygen therapy	0 - No Support Needed	Gffffff
2. Postural drainage	0 - No Support Needed	Notes test Notes test Notes test
3. Chest PT	0 - No Support Needed	Notes test Notes test Notes test
4. Suctioning	0 - No Support Needed	Notes test Notes test Notes test
5. Oral stimulation or jaw positioning	0 - No Support Needed	Notes test Notes test Notes test
6. Tube feeding (e.g., nasogastric)	0 - No Support Needed	Notes test Notes test Notes test
7. Parental feeding (e.g., IV)	0 - No Support Needed	Notes test Notes test Notes test
8. Turning or positioning	0 - No Support Needed	Notes test Notes test Notes test
9. Dressing of open wound(s)	0 - No Support Needed	Notes test Notes test Notes test
10. Protection from infectious diseases due to immune system impairment	0 - No Support Needed	Notes test Notes test Notes test
11. Seizure management	0 - No Support Needed	Notes test Notes test Notes test
12. Dialysis	0 - No Support Needed	Notes test Notes test Notes test
13. Ostomy care	0 - No Support Needed	Notes test Notes test Notes test
14. Lifting and/or transferring	0 - No Support Needed	Notes test Notes test Notes test
15. Therapy services	0 - No Support Needed	Notes test Notes test Notes test
16. Other: blah, blah, blah notes, etc jkljklkj jlkjklj	0 - No Support Needed	

Total Score	0
General Comments	3A3A3A A3A33A3A3A3C A3A33A3A3A

Part B - Exceptional Behavioral Support Needs		
Item	Support Needed	Comments
1. Prevention of assaults or injuries to other	1 - Some Support Needed	Notes test Notes test Notes test
2. Prevention of property destruction (e.g., fire setting, breaking furniture)	1 - Some Support Needed	Notes test Notes test Notes test
3. Prevention of stealing	1 - Some Support Needed	Notes test Notes test Notes test
4. Prevention of self-injury	1 - Some Support Needed	Notes test Notes test Notes test
5. Prevention of pica (ingestion of inedible substances)	1 - Some Support Needed	Notes test Notes test Notes test
6. Prevention of suicide attempts	1 - Some Support Needed	Notes test Notes test Notes test
7. Prevention of sexual aggression	1 - Some Support Needed	Notes test Notes test Notes test
8. Prevention of non-aggressive but inappropriate behavior	1 - Some Support Needed	Notes test Notes test Notes test
9. Prevention of tantrums or emotional outbursts	1 - Some Support Needed	Notes test Notes test Notes test
10. Prevention of wandering	1 - Some Support Needed	Notes test Notes test Notes test
11. Prevention of substance abuse	1 - Some Support Needed	Notes test Notes test Notes test
12. Maintenance of mental health treatments	1 - Some Support Needed	Notes test Notes test Notes test
13. Prevention of other serious behavior problem(s): 1J;LAJKJA J;J ; LJ;JK; JGJ;LJEJJAHDJL F	1 - Some Support Needed	Notes test Notes test Notes test
Total Score	13	
General Comments	3B3B3B3B3 3B3B3B3B 3B3B3B3B	

Sample

Section 4 - Supplemental Questions

1. The Individual requires exceptionally high levels of staff support to address severe medical risks related to inhalation or oxygen therapy; postural drainage; chest PT, suctioning; oral stimulation and/or jaw positioning; tube feeding; parenteral feeding; skin care turning or positioning; skin care dressing of open wounds; protection from infectious diseases due to immune system impairment; seizure management; dialysis; ostomy care; medically-related lifting and/or transferring; therapy services, and/or other critical medical supports?
 - No
 - a. The Individual requires frequent hands-on staff involvement to address critical health and medical needs?
 - No
 - b. The Individual's severe medical risk currently requires direct 24-hour professional (licensed nurse) supervision?
 - No
 - c. The Individual has medical care plans, in place, that are documented within the ISP process?
 - No
 - d. How many days per week is the extensive support required?
 - d hrs. Approximately how many hours per day?
 - e. Description of the imminent (**i.e. within the next 30 to 60 days**) consequences if no support is provided to address the Individual's severe medical risk.
 - f. Specific SIS Section 3A items marked "2":

2. The Individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression and has been **convicted** of a crime related to these risks?
 - No
 - a. The Individual has been found guilty of a crime, related to these risks, through the criminal justice system?
 - No
 - b. The Individual's severe community safety risk to others requires a specially controlled home environment, direct supervision at home, and/or direct supervision in the community?
 - No
 - c. The Individual has documented restrictions in place, related to these risks, through a legal requirement or order?
 - No
 - d. How many days per week is the extensive support required??
 - d hrs. Approximately how many hours per day?
 - e. Description of the imminent (**i.e. within the next 30 to 60 days**) consequences if no support is provided to address the Individual's severe community safety risk.

3. The Individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression and has **not been convicted** of a crime related to these risks?
 - No
 - a. Individual has **not** been found guilty of a crime related to these risks, but displays the same severe community safety risk as a person found guilty through the criminal justice system?
 - No
 - b. The Individual's severe community safety risk to others requires a specially controlled home environment, direct supervision at home, and/or direct supervision in the community?
 - No
 - c. The Individual has documented restrictions in place, related to these risks, within the ISP Process?
 - No
 - d. How many days per week is the extensive support required?
 - d hrs. Approximately how many hours per day?

e. Description of the imminent (i.e. within the next 30 to 60 days) consequences if no support is provided to address the Individual's severe community safety risk

4. The Individual displays self-directed destructiveness related to self-injury; pica; and/or suicide attempts which seriously threatens their own health and/or safety?

No

a. The Individual engages in self-directed destructiveness related to self-injury, PICA, and/or suicide attempts, with the intent to harm self?

No

b. The Individual's severe risk of injury to self currently requires direct supervision during all waking hours?

No

c. The Individual has prevention and intervention plans, in place, that are documented within the ISP process?

No

d. How many days per week is the extensive support required?

d hrs. Approximately how many hours per day?

e. Description of the imminent (i.e. within the next 30 to 60 days) consequences if no support is provided to address the Individual's severe risk of injury to self.

5. Individual displays a risk of falling, as demonstrated by an unsteady gait, active seizures, documented history of falling, or other issue that effects falling. Describe specifics and frequency of falls in the past 12 months.

No

ADFSAF AF ASF ASFJ AJKFLAKJDFKJE AA FA FELJ

Page Notes: AFDDAF ENKJD FANFKJLEJKA S

Sample

How Information from My Support Profile Can Be Used in Supports Planning Approaches

Everyone benefits from supports that allow them to take part in everyday life activities and maintain a healthy lifestyle. *The Supports Intensity Scale* (SIS) assesses a person's pattern and intensity of support needs across life activities and exceptional medical and behavioral support need areas. The attached 'My Support Profile' summarizes information from the SIS that can be used in planning supports for individuals based on their support needs and the individuals' goals and interests.

Planning supports for individuals requires the collective wisdom of a Support Team that is made up of the individual receiving the services and supports, his/her parents or family members, a case manager or supports coordinator, direct support staff who work with the individual, and one or more professionals depending on the individual's support needs. The purpose of this attachment to the 'My Support Profile' is to provide answers to six questions asked frequently by the individual and his/her support team members as collectively they engage in the development, implementation, and monitoring of the individual's support planning.

1. How do we determine what is important to the individual and what is important for the individual?

- Identifying support needs that are **important to the individual** is based on the individual's goals, desires, and preferences.
- Identifying support needs that are **important for the individual** is based on:
 - higher support need scores from the 'My Support Profile' in the most relevant life activity areas
 - needed supports in health and safety
 - interventions prescribed by a professional.

2. How do we focus on the whole person and the individual's quality of life?

- The concept of quality of life reflects a holistic approach to an individual and includes areas that are valued by all persons.
- Eight core quality of life areas reflect this holistic approach:
 - Personal Development - Self-determination - Interpersonal Relations
 - Social Inclusion - Rights - Emotional Well-being
 - Physical Well-being - Material Well-being
- These eight quality of life areas can be used to develop an ISP.

3. What are the responsibilities of support team members?

- Determine **what is important to and for** the individual
- Identify specific support strategies to address the individual's personal goals and assessed support needs
- Specify a specific support objective for each support strategy and indicate who is responsible for implementing each support strategy
- Implement and monitor the Individual Supports Plan

4. What supports can we use to enhance the individual's well-being?

- Natural sources (e.g. family, friends, and community resources)
- Technology-based (e.g. assistive technology, information technology, smart technology, and prosthetics)
- Environment-based (e.g. environmental accommodation)
- Staff directed (e.g. incentives, skills/knowledge, and positive behavior supports)
- Professional services (e.g. medical, psychological, therapeutic services)

5. How does information obtained from the SIS relate to professional recommendations?

- Professional recommendations such as those from a doctor focus on lessening the impact of the individual's disability-related condition.
- SIS information focuses on the supports an individual needs in order to be more successful in everyday life activities.
- Both types of information need to be a part of planning supports for individuals.

6. How do we know if the supports provided have an effect on the individual?

- Informally, people will see an increased involvement of the individual in everyday life activity areas and an improvement in exceptional medical and behavioral support need areas.
- Formally, people will see enhanced personal quality of life-related outcomes on one or more quality of life areas.