



My Support Profile

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

Person Being Assessed:

Last Name: Allen
First Name: John
Middle Name: Syrus
Gender: Male
Language: English
Address: 55555
City: Richmond
State: VA
Zip Code: 23225
Phone: (804) 762-5555
Date of Birth: 12/09/1984
Age: 30

Assessment Data:

Interview Date: 8/21/2015
CSB Tracking Num: 12912

Interviewer Data:

Interviewer: Johnny
Agency: ABC Company
Address: 555 Main Street
City: Richmond
State: VA
Zip Code: 23225
Position: IC
Phone: (804) 774-2276
Email: ab@bb.com

What Prompted Interview: Regularly scheduled assessment

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

Name	Relationship	Language Spoken
Sally Peterson	Services Coordinator	English
Tammy Jones	Direct Support Staff	English
Debbie Carlson	Vocational Services Manager	English

Services provided by:

Name	Relationship	Phone
City of Cambirdge	CSB	(555) 222-4444
Day Services	Day	(555) 333-4444
House Foundation	Residential	(555) 444-8888
Sally Peterson	Support Coordinator	(555) 888-4444

Name of person who entered this information: Rose Jones

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</u> day, 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>

❖ SECTION 1 RATINGS FOR EACH ITEM

Section 1: Support Needs Ratings

Activity Subscale and Score Results

Part A - Home Living Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
3. Preparing food	2 - Verbal/Gesture Prompting	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	7
2. Taking care of clothes (includes laundering)	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
5. House keeping and cleaning	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
1. Using the toilet	0 - None	0 - None or Less Than Monthly	0 - None	0
4. Eating food	0 - None	0 - None or Less Than Monthly	0 - None	0
6. Dressing	0 - None	0 - None or Less Than Monthly	0 - None	0
7. Bathing and taking care of personal hygiene and grooming needs	0 - None	0 - None or Less Than Monthly	0 - None	0
8. Operating home appliances	0 - None	0 - None or Less Than Monthly	0 - None	0

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)	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
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
2. Participating in recreation/leisure activities in the community settings	2 - Verbal/Gesture Prompting	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	4
3. Using public services in the community	2 - Verbal/Gesture Prompting	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	4
5. Participating in preferred activities (church, volunteer, etc.)	2 - Verbal/Gesture Prompting	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	4
7. Interacting with community members	1 - Monitoring	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	4
4. Going to visit friends and family	0 - None	0 - None or Less Than Monthly	0 - None	0
8. Accessing public buildings and settings	0 - None	0 - None or Less Than Monthly	0 - None	0

Part C - Lifelong Learning Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
6. Learning functional academics (reading signs, counting change)	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	3 - 2 Hours to Less Than 4 Hours	9
3. Learning and using problem solving strategies	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
2. Participating in training/educational decisions	3 - Partial Physical Assistance	1 - At Least Once a Month, But Not Once a Week	2 - 30 Minutes to Less Than 2 Hours	6
4. Using technology for learning	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	6
5. Accessing training/educational settings	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	6
7. Learning health and physical skills	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
8. Learning self-determination skills	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
1. Interacting with others in learning activities	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	5
9. Learning self-management strategies	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	5

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

Part E - Health and Safety Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
1. Taking medications	2 - Verbal/Gesture Prompting	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	6
3. Obtaining health care services	2 - Verbal/Gesture Prompting	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	4
6. Maintaining a nutritious diet	1 - Monitoring	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	4
8. Maintaining emotional well-being	2 - Verbal/Gesture Prompting	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	4
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
2. Avoiding health and safety hazards	0 - None	0 - None or Less Than Monthly	0 - None	0
4. Ambulating and moving about	0 - None	0 - None or Less Than Monthly	0 - None	0
7. Maintaining physical health and fitness	0 - None	0 - None or Less Than Monthly	0 - None	0

Part F - Social Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
5. Communicating with others about personal needs services	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	5
1. Socializing within the household	1 - Monitoring	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	4
2. Participating in recreation/leisure activities with others	1 - Monitoring	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	4
8. Engaging in volunteer work	1 - Monitoring	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	4
3. Socializing outside the household	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
4. Making and keeping friends	0 - None	0 - None or Less Than Monthly	0 - None	0
6. Using appropriate social skills	0 - None	0 - None or Less Than Monthly	0 - None	0
7. Engaging in loving and intimate relationships	0 - None	0 - None or Less Than Monthly	0 - None	0

❖ SUPPORT NEEDS PROFILE - GRAPH

The graph provides a visual presentation of the six life activity areas from section 1.

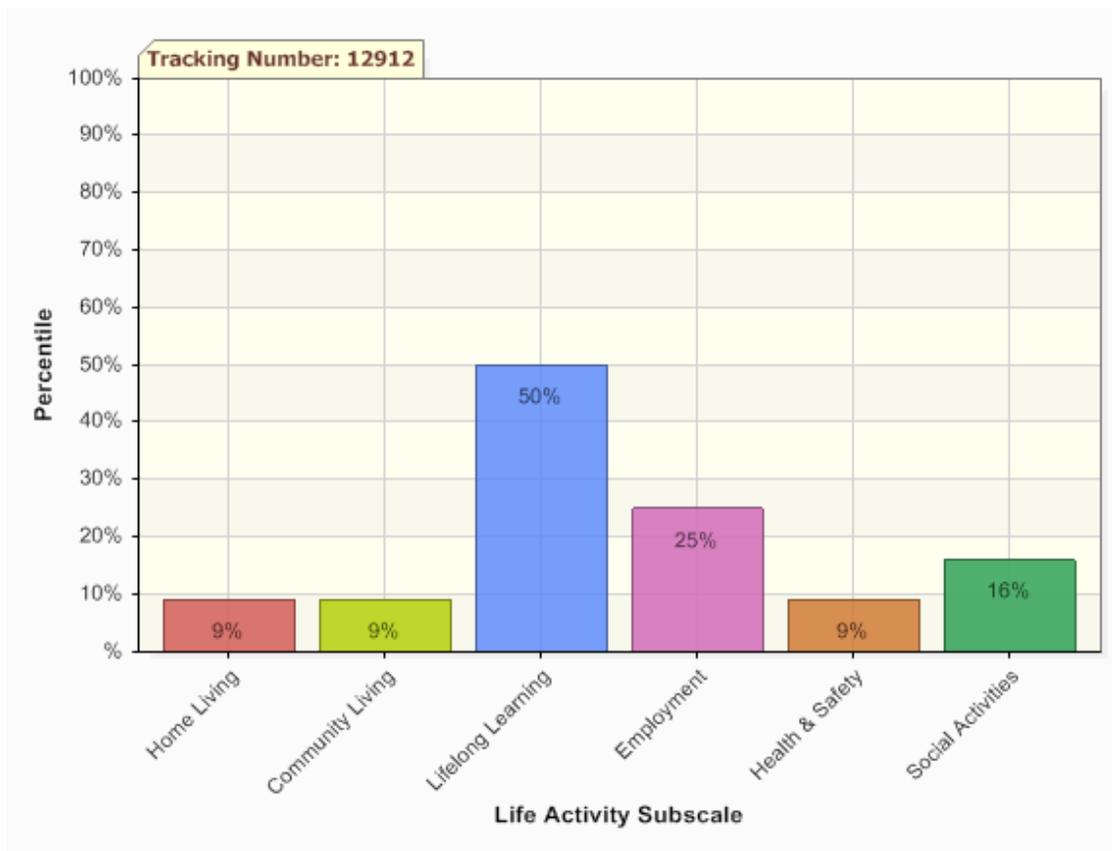
The graph reflects the pattern and intensity of the individual's level of support. The intent of the graph is to provide an easy means to prioritize the life activity areas in consideration of setting goals and developing the Individual Support Plan.

Support Needs Profile

Activity Subscale Percentile Results

Activities Subscale Total Score to Percentile by Area	Total	Percentile
A. Home Living	19	9%
B. Community Living	29	9%
C. Lifelong Learning	56	50%
D. Employment	39	25%
E. Health and Safety	21	9%
F. Social	20	16%

SIS Support Needs Index: 80



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.

❖ SECTION 2 SUPPLEMENTAL PROTECTION AND ADVOCACY SCALE

Protection and Advocacy is rated from highest to lowest according to the amount of support the individual would benefit from.

The Protection and Advocacy Scale outlines the four top items an individual may want to explore when developing a support plan.

Section 2: Supplemental Protection and Advocacy Scale

Part P - Supplemental Protection and Advocacy Scale				
Item	Type of Support	Frequency	Daily Support Time	Total Score
2. Managing money for personal finances activities with others	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	6
1. Advocating for self	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	5
3. Protecting self from exploitation	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	5
6. Obtaining legal services	3 - Partial Physical Assistance	0 - None or Less Than Monthly	2 - 30 Minutes to Less Than 2 Hours	5
7. Making choices and decisions	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	5
5. Belonging to and participating in self-advocacy/support organizations	2 - Verbal/Gesture Prompting	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	4
4. Exercising legal responsibilities	0 - None	0 - None or Less Than Monthly	0 - None	0
8. Advocating for others	0 - None	0 - None or Less Than Monthly	0 - None	0

❖ **RATING KEY FOR SECTION 3**

Type of Support		
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 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.

Section 3: Exceptional Medical and Behavioral Support Needs

Part A - Exceptional Medical Support Needs		
Item	Support Needed	Comments
1. Inhalation or oxygen therapy	1 - Some Support Needed	May need the PRN nebulizer treatment during allergy season. This is usually 1 per day as needed.
3. Chest PT	1 - Some Support Needed	May need cupping when needed -this is only during allergy season.
16. Other: Diabetes, Hypertension	1 - Some Support Needed	John has diabetes that is controlled by medications. He may need some assistance to check his blood sugar. He checks it daily at 6am before breakfast and adheres to a low sugar, low sodium diet that also addresses hypertension. He also needs his Bp taken twice a week.
2. Postural drainage	0 - No Support Needed	
4. Suctioning	0 - No Support Needed	
5. Oral stimulation or jaw positioning	0 - No Support Needed	
6. Tube feeding (e.g., nasogastric)	0 - No Support Needed	
7. Parental feeding (e.g., IV)	0 - No Support Needed	
8. Turning or positioning	0 - No Support Needed	
9. Dressing of open wound(s)	0 - No Support Needed	
10. Protection from infectious diseases due to immune system impairment	0 - No Support Needed	
11. Seizure management	0 - No Support Needed	John has pseudo seizures, thinking that he is having a seizure when he is not. Staff make sure that he is okay and is safe. This has been evaluated and is not a medical concern, but rather attention seeking.
12. Dialysis	0 - No Support Needed	
13. Ostomy care	0 - No Support Needed	
14. Lifting and/or transferring	0 - No Support Needed	
15. Therapy services	0 - No Support Needed	
Total Score	3	
General Comments		

Part B - Exceptional Behavioral Support Needs		
Item	Support Needed	Comments
9. Prevention of tantrums or emotional outbursts	2 - Extensive Support Needed	When frustrated John will bang on the wall, turn his music up loud and curse. During times of frustration or anxiety, John needs support to be redirected. This occurs regularly and frequently
2. Prevention of property destruction (e.g., fire setting, breaking furniture)	1 - Some Support Needed	It was reported that John will break his own things when frustrated, but would not damage others' property. This can generally be supported through redirection.
4. Prevention of self-injury	1 - Some Support Needed	In the past, John has attempted to cut himself with a butter knife so no sharp objects are kept in his house and is something that staff are aware of.
11. Prevention of substance abuse	1 - Some Support Needed	John needs support related to alcohol as there is concern related to interactions with his medications. He needs to be monitored upon return from community trips.
12. Maintenance of mental health treatments	1 - Some Support Needed	John will sometimes refuse to take his medication and needs support to be compliant.
13. Prevention of other serious behavior problem(s): John requires support to prevent attention seeking behavior	1 - Some Support Needed	As mentioned, John may attempt to seek attention by having pseudo seizures. When this occurs, staff need to support him to ensure that he is safe and to then identify and talk through what may be upsetting him.
1. Prevention of assaults or injuries to other	0 - No Support Needed	
3. Prevention of stealing	0 - No Support Needed	
5. Prevention of pica (ingestion of inedible substances)	0 - No Support Needed	
6. Prevention of suicide attempts	0 - No Support Needed	
7. Prevention of sexual aggression	0 - No Support Needed	
8. Prevention of non-aggressive but inappropriate behavior	0 - No Support Needed	
10. Prevention of wandering	0 - No Support Needed	
Total Score	7	
General Comments		

Most Important To the Individual

Sect 1, Part A Item 3	Preparing food	3	2	2
Notes:	John likes to help with fixing his meals.			
Sect 1, Part A Item 5	House keeping and cleaning	2	2	2
Notes:	It is important to John that he keeps his apartment clean.			
Sect 1, Part A Item 6	Dressing	0	0	0
Notes:	John independently selects his own clothes. He stated that he likes to look good.			
Sect 1, Part B Item 2	Participating in recreation/leisure activities in the community settings	1	1	2
Notes:	John likes to be on the go and it is important to him to have opportunities to do fun things in the community.			
Sect 1, Part B Item 4	Going to visit friends and family	0	0	0
Notes:	John likes to visit his mother and other family members.			
Sect 1, Part B Item 5	Participating in preferred activities (church, volunteer, etc.)	1	1	2
Notes:	John's favorite activities include going to scary movies and to dances. He looks forward to these opportunities.			
Sect 1, Part B Item 6	Shopping and purchasing goods and services	2	2	2
Notes:	John likes to shop and make purchases, but needs some guidance when doing so.			
Sect 1, Part C Item 8	Learning self-determination skills	2	2	2
Notes:	John is able to speak up for himself, but may need others to talk through consequences and to help him plan for and achieve what he wants.			
Sect 1, Part C Item 9	Learning self-management strategies	2	1	2
Notes:	John benefits from the opportunity to talk things through with others when frustrated or anxious to help him self-regulate.			
Sect 1, Part D Item 3	Interacting with co-workers	2	1	2
Notes:	John may need some direction to restate what he has said to be understood by others in a work setting.			
Sect 1, Part D Item 4	Interacting with supervisors and coaches	2	1	2
Notes:	John would need coaching on what to ask for in regards to materials handling or training in a competitive work setting.			
Sect 1, Part D Item 6	Completing work related tasks with acceptable quality	2	1	2
Notes:	It is important to John that he produce quality work. His job is important to him, and he takes pride in doing it well.			
Sect 1, Part F Item 2	Participating in recreation/leisure activities with others	2	1	1
Notes:	Having opportunities to engage socially with others is important to John.			
Sect 1, Part F Item 7	Engaging in loving and intimate relationships	0	0	0
Notes:	John has a girlfriend with whom he maintains a relationship. His team stated that his relationship is important to him.			
Sect 2, Item 2	Managing money for personal finances activities with others	2	1	3
Notes:	John has a bank account and a debit card, but needs some assistance regarding overall money management.			
Sect 2, Item 7	Making choices and decisions relationships	2	1	2
Notes:	It is important to John to have opportunities to make his own choices and decisions. Others may need to explain the consequences or responsibilities of his decisions and to help with more complex decision making.			

Most Important For the Individual

Sect 1, Part E Item 1	Taking medications	3	1	2
Notes:	John needs reminders to use his medicated mouthwash, to have daily blood sugar checks, and to take his medications for diabetes and hypertension as prescribed. Some direction is given to ensure compliance.			
Sect 1, Part E Item 6	Maintaining a nutritious diet	2	1	1
Notes:	John is on a low sodium and low sugar diet which he understands, and is able to comply with fairly well with only minimal assistance.			
Sect 2, Item 3	Protecting self from exploitation	2	1	2
Notes:	John is very trusting and requires some direction to alert him to situations in which he could be taken advantage of.			

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.