



### My Support Profile

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

**Person Being Assessed:**

**Last Name:** Simms  
**First Name:** Mary  
**Middle Name:**  
**Gender:** Female  
**Language:** English  
**Address:** 160 Avalon Road  
**City:** Avalon  
**State:** VA  
**Zip Code:** 24343  
**Phone:** (276) 728-3121  
**Date of Birth:** 09/06/1958  
**Age:** 53

**Assessment Data:**

**Interview Date:** 7/1/2009  
**Tracking Number:** 6778

**Interviewer Data:**

**Interviewer:** Jennnifer Jones  
**Agency:** Oakridge CSB  
**Address:** 7877 Patton St.  
**City:** Avalon  
**State:** VA  
**Zip Code:** 20456  
**Position:** Support Coordinator  
**Phone:** (598) 667-9000  
**Email:** jjones@oakridge.com

**What Prompted Interview:** Regularly scheduled assessment

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

Name	Relationship	Language Spoken
Monica Simms	Guardian	English
Marty Lowe	Direct Support Staff	English
Sharon Irving	Direct Support Staff	English

**Services provided by:**

Name	Relationship	Phone
Meadow Glen	Residential	
Therapy Associates	Therapeutic Consult	
Nurses@Home	Skilled Nursing	
Oakridge CSB	Support Coordination	

**Name of person who entered this information:** Jennnifer 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><b>0 = None</b> No support needed at any time</p> <p><b>1 = Monitoring</b> Checking in &amp; observing Asking questions to prompt but not telling the person the step</p> <p><b>2 = Verbal/Gesture Prompting</b> Giving a verbal direction Giving a gestural direction Visual prompts Modeling</p> <p><b>3 = Partial Physical Assistance</b> 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><b>4 = Full Physical Support</b> All, or nearly all, steps need to be done for the person All speaking needs to be done for the person</p>	<p><b>0 = None or Less Than Monthly (Up to 11 Times a Year)</b></p> <p><b>1 = At Least Once a Month, But Not Once a Week (Up to 3 Times Per Month)</b></p> <p><b>2 = At Least Once a Week, But Not Once a Day (Up to 6 Days a Week)</b></p> <p><b>3 = At Least Once a Day, But Not Once an Hour (At Least 7 Days a Week)</b></p> <p><b>4 = Hourly or More Frequently (24 Hours a Day)</b></p>	<p><b>0 = None</b></p> <p><b>1 = Less Than 30 Minutes</b></p> <p><b>2 = 30 Minutes to Less Than 2 Hours</b></p> <p><b>3 = 2 Hours to Less Than 4 Hours</b></p> <p><b>4 = 4 Hours or More</b></p>

## ❖ SECTION 1 RATINGS FOR EACH ITEM

**Section 1: Support Needs Ratings****Activity Subscale and Score Results**

<b>Part A - Home Living Activities</b>				
<b>Item</b>	<b>Type of Support</b>	<b>Frequency</b>	<b>Daily Support Time</b>	<b>Total Score</b>
4. Eating food	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	3 - 2 Hours to Less Than 4 Hours	10
2. Taking care of clothes (includes laundering)	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	3 - 2 Hours to Less Than 4 Hours	9
3. Preparing food	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	9
5. House keeping and cleaning	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	9
8. Operating home appliances	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	9
1. Using the toilet	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	8
6. Dressing	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	8
7. Bathing and taking care of personal hygiene and grooming needs	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	8

**Part B - Community Living Activities**

<b>Item</b>	<b>Type of Support</b>	<b>Frequency</b>	<b>Daily Support Time</b>	<b>Total Score</b>
1. Getting from place to place throughout the community (transportation)	4 - Full Physical Support	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	9
2. Participating in recreation/leisure activities in the community settings	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	3 - 2 Hours to Less Than 4 Hours	8
4. Going to visit friends and family	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	8
3. Using public services in the community	4 - Full Physical Support	1 - At Least Once a Month, But Not Once a Week	2 - 30 Minutes to Less Than 2 Hours	7
5. Participating in preferred activities (church, volunteer, etc.)	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	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
7. Interacting with community members	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
8. Accessing public buildings and settings	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	7

<b>Part C - Lifelong Learning Activities</b>				
<b>Item</b>	<b>Type of Support</b>	<b>Frequency</b>	<b>Daily Support Time</b>	<b>Total Score</b>
4. Using technology for learning	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	8
9. Learning self-management strategies	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	8
3. Learning and using problem solving strategies	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	7
6. Learning functional academics (reading signs, counting change)	4 - Full Physical Support	1 - At Least Once a Month, But Not Once a Week	2 - 30 Minutes to Less Than 2 Hours	7
7. Learning health and physical skills	4 - Full Physical Support	1 - At Least Once a Month, But Not Once a Week	2 - 30 Minutes to Less Than 2 Hours	7
5. Accessing training/educational settings	4 - Full Physical Support	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	6
8. Learning self-determination skills	4 - Full Physical Support	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	6
1. Interacting with others in learning activities	3 - Partial Physical Assistance	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	5
2. Participating in training/educational decisions	3 - Partial Physical Assistance	1 - At Least Once a Month, But Not Once a Week	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	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	4 - 4 Hours or More	10
5. Completing work related tasks with acceptable speed	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	4 - 4 Hours or More	10
6. Completing work related tasks with acceptable quality	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	4 - 4 Hours or More	9
1. Accessing/receiving job/task accommodations	3 - Partial Physical Assistance	1 - At Least Once a Month, But Not Once a Week	4 - 4 Hours or More	8
7. Changing job assignments	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	8
3. Interacting with co-workers	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
4. Interacting with supervisors and coaches	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
8. Seeking information and assistance from an employer	4 - Full Physical Support	0 - None or Less Than Monthly	1 - Less Than 30 Minutes	5

**Part E - Health and Safety Activities**

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

**Part F - Social Activities**

<b>Item</b>	<b>Type of Support</b>	<b>Frequency</b>	<b>Daily Support Time</b>	<b>Total Score</b>
2. Participating in recreation/leisure activities with others	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	8
3. Socializing outside the household	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	3 - 2 Hours to Less Than 4 Hours	8
4. Making and keeping friends	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	3 - 2 Hours to Less Than 4 Hours	8
5. Communicating with others about personal needs services	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	8
6. Using appropriate social skills	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	8
1. Socializing within the household	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	7
7. Engaging in loving and intimate relationships	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
8. Engaging in volunteer work	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7

❖ SUPPORT NEEDS PROFILE - GRAPH

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

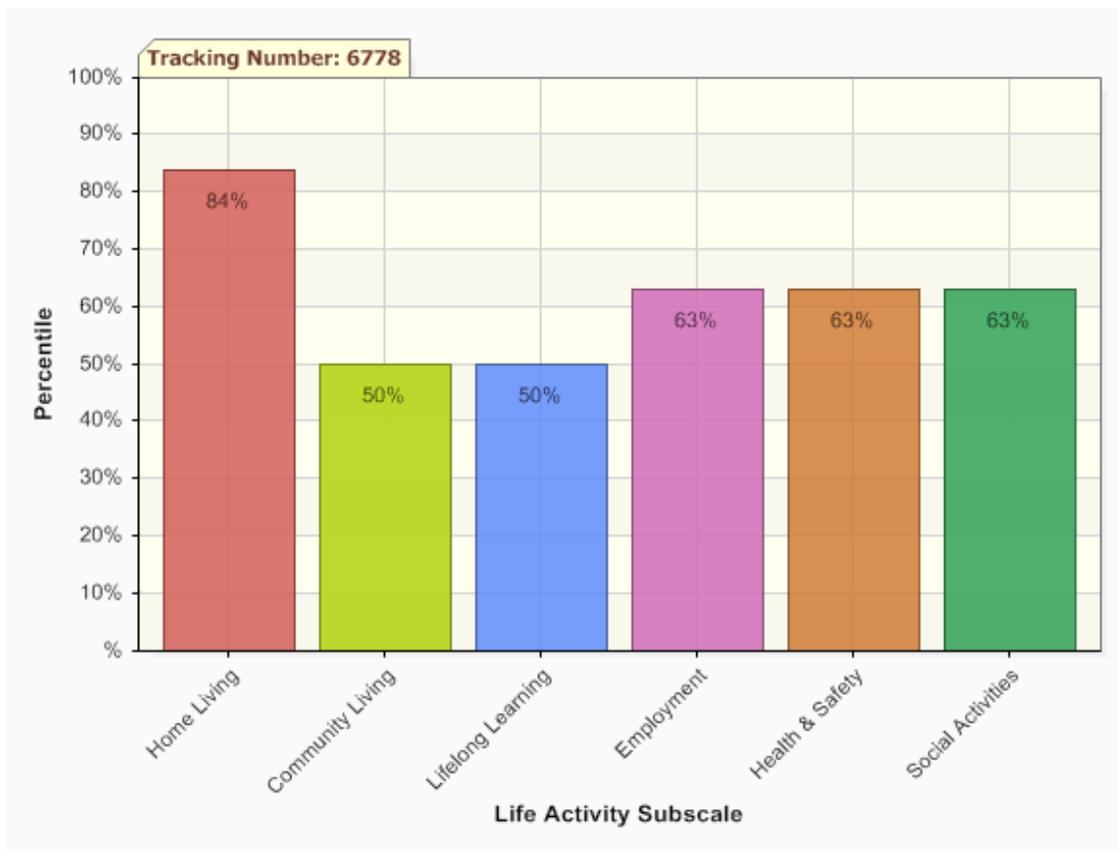
The graph reflects the pattern and intensity of the individual's level of support. The intent of the graph is to provide an easy means to prioritize the life activity areas in consideration of setting goals and developing the Individual Support Plan.

## Support Needs Profile

### Activity Subscale Percentile Results

Activities Subscale Total Score to Percentile by Area	Total	Percentile
A. Home Living	70	84%
B. Community Living	60	50%
C. Lifelong Learning	59	50%
D. Employment	64	63%
E. Health and Safety	64	63%
F. Social	61	63%

SIS Support Needs Index: 107



*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	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	8
1. Advocating for self	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
3. Protecting self from exploitation	4 - Full Physical Support	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	7
6. Obtaining legal services	4 - Full Physical Support	1 - At Least Once a Month, But Not Once a Week	2 - 30 Minutes to Less Than 2 Hours	7
7. Making choices and decisions relationships	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	7
4. Exercising legal responsibilities	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	6
5. Belonging to and participating in self-advocacy/support organizations	3 - Partial Physical Assistance	1 - At Least Once a Month, But Not Once a Week	2 - 30 Minutes to Less Than 2 Hours	6
8. Advocating for others	3 - Partial Physical Assistance	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	5

❖ RATING KEY FOR SECTION 3

***Type of Support***

<b>0 = No Support Needed</b>	<b>1 = Some Support Needed</b>	<b>2 = Extensive Support Needed</b>
<p>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.</p>	<p>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.</p> <p>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</p>	<p>Extensive support is needed to address the medical condition and/or behavior.</p> <p>For example:                      Significant physical/hands on contribution                      Support is intense and/or requires significant support time</p>

❖ 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
6. Tube feeding (e.g., nasogastric)	2 - Extensive Support Needed	Mary has a tube that is used for daily medications and occasional nourishment. She requires physical assistance with taking medications and maintaining the tube site.
8. Turning or positioning	2 - Extensive Support Needed	Mary needs support repositioning every 30 minutes throughout the day to avoid body sores.
11. Seizure management	2 - Extensive Support Needed	Mary takes multiple medications for seizures and needs support with recovery after seizures occur.
14. Lifting and/or transferring	2 - Extensive Support Needed	Mary needs help in transferring all the time from her wheel chair.
15. Therapy services	2 - Extensive Support Needed	TO: Mary receives and enjoys water therapy on a regular basis. FOR: Mary participates in daily range of motion exercises prescribed by her physical therapist to reduce contracture.
1. Inhalation or oxygen therapy	0 - No Support Needed	
2. Postural drainage	0 - No Support Needed	
3. Chest PT	0 - No Support Needed	
4. Suctioning	0 - No Support Needed	
5. Oral stimulation or jaw positioning	0 - No Support Needed	
7. Parental feeding (e.g., IV)	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	
12. Dialysis	0 - No Support Needed	
13. Ostomy care	0 - No Support Needed	
16. Other:	0 - No Support Needed	
Total Score	<b>10</b>	
General Comments		

<b>Part B - Exceptional Behavioral Support Needs</b>		
<b>Item</b>	<b>Support Needed</b>	<b>Comments</b>
4. Prevention of self-injury	2 - Extensive Support Needed	When Mary is anxious she may bite her own hand. She benefits from reminders and moving from the stressful event to calm down and resolve this concern.
9. Prevention of tantrums or emotional outbursts	1 - Some Support Needed	Mary may yell when she is upset. This is an indication that she is uncomfortable and needs to move away from the situation.
1. Prevention of assaults or injuries to other	0 - No Support Needed	
2. Prevention of property destruction (e.g., fire setting, breaking furniture)	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	
11. Prevention of substance abuse	0 - No Support Needed	
12. Maintenance of mental health treatments	0 - No Support Needed	
13. Prevention of other serious behavior problem(s):	0 - No Support Needed	
Total Score	<b>3</b>	
General Comments		

## 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.