Supports Intensity Scale for Children
Field Test Version 3.0

American Association on Intellectual and Developmental Disabilities
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INSTRUCTIONS

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OVERVIEW

The *Supports Intensity Scale (SIS) for Children* provides a standardized procedure <u>and</u> a reliable and valid means to measure the relative intensity of support needs of children with intellectual disabilities and related developmental disabilities. An intellectual disability is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. These limitations create a mismatch between what a child is able to do and what the environment requires (for a child of a similar age and from a similar culture), which results in needing types and patterns of support that most other children do not need.

HOW THE SIS-CHILDREN IS DIFFERENT FROM AN ADAPTIVE BEHAVIOR SCALE

Adaptive behavior (AB) scales measure aspects of conceptual, practical, and social intelligence. Completing AB scales involve making judgments about whether a person does or does not typically perform specific observable skills and tasks. In contrast, the *SIS-Children* requires judgments to be made about the frequency, duration, and type of supports that a child needs to successfully participate in a wide range of life activities. Therefore, when completing the *SIS-Children* the focus is not on what specific, skills or tasks the child is able to do, but rather on what types of support the child needs to receive in order to fully participate in a variety of activities.

INSTRUCTIONS FOR FIELD TEST

- The *SIS-Children* is scored by an **interviewer**. Interviewers should have completed at least a bachelor-level degree. However, under exceptional circumstances, others who have experience conducting individual assessments and possess an extensive knowledge of behavior rating or psychological testing principles may be acceptable. Interviewers should also have several years of direct work experience with people with intellectual and closely related developmental disabilities. Finally, interviewers should know how to request and verify information from respondents.

- An **interviewer** <u>must</u> collect information from at least **two respondents** when completing the SIS for Children. The interview collects information from the respondents and is responsible for scoring each item. The interviewer may (a) interview respondents separately <u>or</u> (b) interview two or more respondents at the same time (making it a **group interview**).

- **Respondents** are individuals who know the child very well, and could include parents and other family members, teachers, or direct support staff. If the interviewer knows the child well, he/she can also serve as one of the respondents. It is also possible for the child with a disability to be a respondent.

- The *SIS-Children* is made of up two sections. In **Part 1 – Exceptional and Medical Support Needs** the interviewer <u>must</u> place an **"X"** in the appropriate square to indicate the relative intensity of support needed associated with a variety of medical conditions and behavioral problems. In **Part 2 – Support Needs Scale 1** the interviewer must rate the child in relationship to three rating measures. An **"X"** should be placed in the appropriate square (0-4) for each item.

- Every item <u>must</u> be completed. Complete <u>all</u> items, even if the child is not currently performing a listed activity. In this case, ask the respondent to use his or her judgment to estimate the nature of support he or she feels would be necessary for the child to be successful in the activity.

- Scores should reflect the supports that would be necessary for this child *to be successful* in each activity. *To be successful* is defined as engagement in all aspects of an activity as judged against contemporary school and community standards and resulting in maximal involvement (i.e., full

participation) of the child in an activity. In other words, successful engagement entails a level of performance/involvement/participation in an activity that is comparable to that of typically functioning peers without disabilities.

• Each item makes an assumption that the child has the opportunity to participate at levels potentially requiring maximum frequency, time, and type of support. Therefore, respondents should remember that ratings can reflect this maximum level of potential activity.

GUIDE TO RATING ITEMS IN PART 1 – EXCEPTIONAL MEDICAL AND BEHAVIORAL SUPPORT NEEDS

Special medical and behavioral concerns are identified in this section of scale. It is assumed that certain medical conditions and challenging behaviors can dictate that a child will require substantial levels of support, regardless of his or her relative intensity of support needs in other life areas assessed in Part 2 - Support Needs Scale. For example, children who have significant support needs due to ostomy care are likely to need significant levels of support in their daily life, regardless of their needs in the areas of home living, school learning, etc. Using the 3-point Likert rating scale (0 = no support needed; 1 = some support needed; 2 = extensive support needed), the interviewer assesses the individual's intensity of support need for each medical and behavioral item.

Exceptional Medical Needs

The critical question to answer when completing the **medical** items is "What is the significance of the following medical conditions for this child in regard to extra support required?"

Rating options are:

0 = No Support Needed;
1 = Some Support Needed (i.e., providing monitoring and/or occasional assistance);
2 = Extensive Support Needed (i.e., providing regular assistance to manage the medical condition or behavior).

If the child does not have the condition, score the item "0" for *No Support Needed*. If the child has the condition and *some* extra support is required (e.g., perhaps a small amount of time each day is devoted to monitoring or otherwise managing the condition, and people who support the individual must be cognizant continuously of the condition in order to assure the individual's health and safety), then score the item a "1" *for Some Support Needed*. If the child has the condition and *significant* extra support is required (e.g., perhaps several hours a day are devoted to managing the condition, and the condition poses an important health and safety risk for the individual), then score the item a "2" for *Extensive Support Needed*. There is definitely a gray area between the "some" and "extensive" support needed. This is inherent in quantifying (i.e., applying a specific number) a construct such as support needs. Support needs will vary along a continuum; that is, there are in actuality fine gradations in the intensities of needs for different individuals. In cases that seem to fall between "some support needed" and "extensive support needed," respondents are encouraged to use their best judgment and whenever possible consult with additional respondents.

Exceptional Behavioral Needs

The critical question to answer when completing the **behavioral** items is "What is the significance of the following challenging behaviors for this child in regard to extra support required?"

Rating options are:

0 = No Support Needed;
1 = Some Support Needed (i.e., providing monitoring and/or occasional assistance);
2 = Extensive Support Needed (i.e., providing regular assistance to manage the medical condition or behavior).

If the behavior is not an issue and the child does not display the behavior, then score the item "0" for *No Support Needed*. If the child displays the behavior and some extra support is required (e.g., perhaps a small amount of time each day is devoted to monitoring or otherwise managing the behavior and those who interact with the individual must be continuously aware of the behavior in order to assure the health and safety of the individual as well as others in the child's presence), then score the item "1" for *Some Support Needed*. If the child displays the behavior and significant extra support is required (e.g., perhaps several hours a day are devoted to monitoring or otherwise managing the behavior, and the behavior poses an important health and safety risk for the individual or others in the environment), then score the item "2" for *Extensive Support Need*.

As with exceptional medical needs, distinguishing between "some" and "extensive" support can be difficult. When attempting to determine whether an item should be scored a "1" or a "2" for borderline cases, the interviewer may want to consider the severity of the consequences of the behavior. For example, if "property destruction" were a concern, it would be important to consider how much damage the child could actually do if the behavior were to occur in the worst case scenario and how life threatening the property destruction could be. A child who had engaged in destroying an entire room (e.g., break furniture, smash a television) would pose a more serious risk than a child who is likely to destroy only objects such as toys. It would also be considered more dangerous if the child typically engaged in breaking windows with his fist versus punching seat cushions on a couch. It would be best to score the item as a "2" if there is a real risk that the behavior could have very significant consequences (e.g., health hazard, violation of the law). However, if the behavior (in an extreme instance) is likely to have less intensive consequences, it would be best to score the item a "1".

Review of Key Guidelines for Part 1 – Exceptional Medical and Behavioral Needs

- Rate all items; if an item is not an issue for a child, rate it as a "0"
- When distinguishing between "some" (rating of 1) and "extensive" (rating of 2) support, consider (a) consulting with additional individuals to get additional input, (b) the time involved in providing supports, and (c) the consequences of either the behavior or medical condition (Is the child likely to become seriously ill? Does the challenging behavior have the potential to threaten the health and safety of the child or others?).
- If a child experiences one or more medical conditions or challenging behaviors that are not on the list in **Part 1 – Exceptional Medical and Behavioral Needs**, it is essential to list these under the "other" category. Items listed under "other" carry the same weight and influence as those identified in the scales.

GUIDE TO RATING ITEMS FOR PART 2: SUPPORTS NEED SCALE

Items in Part 2 – Support Needs Scale, are rated across three dimension of support intensity: <u>Frequency</u> (how often is extraordinary support needed?), <u>Time</u> (how much time by another human being is needed to provide extraordinary support), and <u>Type</u> (what is the nature of the extraordinary support that is provided?).

Rating TYPE

When rating Type of Support, the respondent should focus on the following:

If a child were to engage in the activity on a regular basis over the next several months, what would be the nature of the extraordinary support (i.e., assistance that most typically functioning peers would not need) that others would need to provide to enable the individual to be successful in the activity. **This dimension of support is concerned with identifying the characteristics of the support that is provided by others.** Although different types of support are needed for any activity (e.g., verbal prompting and partial physical assistance may both be involved), the respondent is asked to identify which type of support *best characterizes or most dominates the* assistance that is provided.

Rating options are:
0=none
1=monitoring
2=verbal/gestural prompting
3=partial physical assistance
4=full physical assistance

Rating FREQUENCY

When rating *FREQUENCY*, the respondent should focus on answering the following question:

If this child were to engage in this activity on a regular basis over the next several months, **how often** would he/she would require someone (teacher, residential staff, teacher's aid, peer, community volunteer) to provide support to him/her *that most typically functioning children of the same age would not need*?

This dimension of support is concerned with identifying **how often** extra support needs to be provided by others. This dimension of support is **NOT** concerned with how often the child actually engages in an activity. There are many good reasons why a child may or may not choose to participate in an activity on a regular basis. However, for purposes of completing the *SIS-Children*, the scoring must be based on the support necessary if the child were to engage in the activity on a regular basis over the next several months.

Rating options are:

0 = Negligible; the child's support needs are rarely if ever different than same-aged peers in regard to frequency.

1 = Infrequently; the child will occasionally need someone to provide extraordinary support to him/her that same-aged peers will not need, but on most occasions will not need any extra support.

2 = Frequently; in order for the child to participate in the activity, extra support will need to be provided for about half of the occurrences of the activity.

3 = Very Frequently; in most occurrences of the activity the child will need extra support that same aged peers will not need; only occasionally will the child <u>not</u> require any extra support.

4 = Always; on every occasion that the child participates in the activity, the child will need extra support that peers of the same chronological age will not need

Rating Amount of DAILY SUPPORT TIME (DST)

When rating *Amount of Daily Support Time* (DST), the respondent should focus on answering the following question:

If this child were to engage in the activity on a regular basis over the next several months - during the course of a typical day (24 hours), how much total daily time would be needed to provide extraordinary supports (i.e., types of assistance that most typically functioning children would not need) to enable the individual to be successful in the activity? This "extra time" might be needed very regularly (e.g., every day) or it might be needed more episodically (e.g., once every two weeks). However, it is of vital importance for interviewers to understand that this dimension does not take frequency into account. Rather, the focus is on the total daily time that is needed to provide extraordinary supports (i.e., types of assistance that most typically functioning children would not need) on the days when the support is needed.

This rating estimates the amount of time needed to provide the support across a TYPICAL day when the support is needed. A day is defined as 24 hours. Thus, whether the support is needed everyday or very infrequently, on a typical day when the support is needed – during that 24-hour cycle – how much total, cumulative time needs to be devoted to providing the support?

Rating options are:

0=none.

1=less than 30 minutes

2=30 minutes to less than 2 hours

3=2 hours to less than 4 hours

4=4 hours or more

GUIDELINES WHEN DETERMINING RATINGS IN PART 2 – SUPPORT NEEDS SCALE

A. <u>Consider Multiple Tasks Within An Activity</u>.

If the activity contains multiple elements, then greater emphasis should be placed on the essential element(s) that are at the heart of the activity when determining ratings; *however, the secondary elements should also be considered.* The task for respondents is to provide a rating that reflects their perception of a valid composite rating of primary and secondary elements. For example, Item #3 (Keeping self clean and properly groomed) of Part 2 - Section A (Home Living Activities) includes bathing, washing hands, keeping oneself clean during meals and snacks, combing hair, brushing teeth, and in

general maintaining a kempt appearance (based on age expectations – standards of appearance for a 6 year old are different than standards for a 15 year old). An example for applying these guidelines to the three ratings is provided below:

- If the child requires only verbal/gestural prompting to do the essential element of bathing, but needs partial physical assistance for maintaining a kempt appearance, and full physical assistance for combing hair, then a type of support rating of "3" (partial physical assistance) is justified. In this example, enough physical assistance is needed to complete the activity of "Keeping self clean and properly groomed" on a regular basis to justify a composite rating of "3- partial physical assistance" for "type of support".
- If the child only occasionally needed extraordinary support that same aged peers would not need for the essential element of bathing (i.e., for most baths the child did not need any extraordinary support), and also only occasionally needed extra support for the secondary elements of the activity, then a Frequency rating of "1" would be the accurate rating; 1 = Infrequently; the child will occasionally need someone to provide extraordinary support to him/her that same-aged peers will not need, but on most occasions will not need any extra support. To justify the higher rating of "2", extra support will need to be provided for about half of the occurrences of the activity.
- If approximately 30 minutes of daily support time was required for the essential element of "bathing" on a typical day that the individual took a bath or shower and regular assistance was needed for washing hands, keeping oneself clean during meals and snacks, combing hair, brushing teeth, maintaining a kempt appearance, etc., requiring at least an additional 60 minutes a day, then the typical daily support time would be 90 minutes. Therefore, a DST rating of "2" (30 minutes to less than 2 hours) would be the correct rating that best reflects daily support time in its entirety. In this example, *the bathing is a relatively quick process and there is <u>not</u> enough extra time required on a daily basis to complete the secondary tasks to justify a higher composite rating of "3" (2 hours but less than 4 hours).*

B. <u>Assess the Individual's Support Needs Holistically.</u>

The individual's skill level, use of assistive technology, motivation, health, behavior, and safety/vulnerability must all be considered when determining ratings. People should be rated in accordance with their current status and functioning. **Rate children exactly the way they are today.**

If an individual uses assistive technology, the person should be rated with said technology in place. That is, it is important to factor in the assistive technology that the person uses on a regular basis when making the ratings. However, ratings should <u>not</u> be based on the intensity of support a person might require if their use of assistive technology might change in the future. If assistive technology is not yet used or is not yet available to the person, it should not be considered when completing the SIS. For example, an individual might need less support in "Participating in activities in common school areas (e.g., playground, hallways, cafeteria)" if he had access to a motorized wheelchair. However, because this person does <u>not</u> have access to a motorized wheelchair, ratings on the SIS should reflect the reality of his situation and the support he needs due to (a) his disabilities and (b) the lack of appropriate AT. In many cases, the intensity of an individual's support needs will decrease when provided with appropriate AT.

C. <u>Base Ratings on School and Community Environments.</u>

Ratings should be referenced to settings (i.e., school, home, community) used by the general population. For example, ratings such as those related to school should be based on schooling in general education settings. This is not to say that a planning team must conclude the least restrictive education setting for each child is always the general education classroom when developing an IEP. However, ratings on the Children's SIS should always be based on general education settings not on specialized environments.

D. <u>Do Not Consider Services and Supports the Person is Currently Receiving.</u>

Ratings should be made for each activity without regard to the services or supports currently provided by other people. Moreover, ratings should not be altered because of the availability of natural supports. That is, in instances where a neighborhood friend provides extraordinary support to an individual child (e.g., the friend helps the child identify which school bus to board at the end of the school day), the child should still be rated as needing the extraordinary support.

E. Pay Close Attention to the Verb Used in the Item Stem.

The rating should consider the action verb that is used in the stem of the activity, since some verbs may reflect a greater level of activity and therefore more support. For example, *getting to school* includes transportation, whereas *participating in test taking and evaluation activities* assumes that one is already there. *Keeping track of personal belongings* involves the use of money and potential vulnerability issues. *Interacting with friends, family and community members* is not as complex of an activity as is *making and keeping friends*.

Review of Key Guidelines for Part 2 – Support Needs Scale

- Consider multiple tasks within an activity
- Assess a child's support needs holistically
- Base ratings on settings used by the general population (e.g., items related to classroom learning activities should be considered in regard to general education classrooms, not special class settings)
- Do not consider services or supports the child is currently receiving
- Pay close attention to the verb used in the item stem

Item descriptions used on the assessment follow

THANK YOU FOR PARTICIPATING IN THIS FIELD TEST

Item Descriptions for Exceptional Medical and Behavioral Support Needs

Descriptions of Exceptional Medical Needs   *Descriptions of Exceptional Behavioral Needs*

Item	Description	Item	Description
Respiratory care		**Externally-directed destructiveness**	
Inhalation or oxygen therapy	Uses of a nebulizer or oxygen	Prevention of assaults or injuries to others	Hits, punchs, kicks, bits or intentionally harms others
Postural drainage	Needs positioning to help drain secretions/mucus in the lungs	Prevention of property destruction	Breaks windows, damages furniture, sets fires, defaces property, etc.
Chest PT	Needs chest physical therapy to help with drainage of secretions	Prevention of stealing	Steals/takes other people's property, shoplifts, etc.
Suctioning	Needs suctioning of secretions	**Self-directed destructiveness**	
Feeding assistance		Prevention of self-injury	Engages in head banging, eye gouging, skin picking, cutting, etc.
Oral stimulation or jaw positioning	Needs physical assistance or oral stimulation to help with feeding	Prevention of pica (ingestion of inedible substances)	Eats cigarette butts, paper, or other objects
Tube feeding (e.g., nasogastric)	Uses a nasogastric or gastrostomy tube for feeding	Prevention of suicide attempts	Attempts to hurt oneself with the intention of suicide
Parenteral feeding (e.g., IV)	Uses an intravenous tube for feeding	**Sexual**	
Skin care		Prevention of sexual aggression	Engages in pedophilia, sexual assault, etc.
Turning or positioning	Needs assistance with repositioning or turning in chair or bed to prevent sores	Prevention of non-aggressive but inappropriate behavior	Masturbates in public places, exhibitionism
Dressing of open wound(s)	Needs assistance with the cleaning and dressing of open sores		

Item Descriptions for Exceptional Medical and Behavioral Support Needs Continue on Next Page

Descriptions of Exceptional Medical Needs		Descriptions of Exceptional Behavioral Needs	
Item	**Description**	**Item**	**Description**
Other exceptional medical care		**Other exceptional behavioral concerns**	
Protection from infectious diseases due to immune system impairment	Requires universal precautions to prevent infections due to weakened immunity system or infectious disease	Prevention of tantrums or emotional outbursts	Screams, curses, throws objects, threatens violence
Seizure management	Needs medication and seizure precautions and management	Prevention of wandering	Runs away, wanders off – risk of getting lost or potentially injured
Dialysis	Uses peritoneal or hemodialysis	Prevention of substance abuse	Engages in excessive consumption of alcohol, misuses prescription medication, uses illegal drugs or other toxic substances (e.g., sniffing glue, paint)
Ostomy care	Needs colostomy care	Maintaining mental health treatments	Includes taking psychotropic medication, attending appointments, and complying with treatment
Lifting and/or transferring	Needs assistance for lifting and transferring to and from chair, bed, etc.	Prevention of Truancy	Prevention of missing school for reasons other than health or family death
Eating disorders	Needs assistance to manage eating, including the refusal to eat	Other(s) – List all that apply	Should include a listing of any behavioral concerns that are not accounted for in the previous items
Therapy services	Needs occupational therapy, psychological therapy, speech-language therapy, individual or group psychotherapy		
Allergies	Needs assistance to avoid triggers for allergic reactions, and managing allergic reactions (e.g., epi-pen)		
Diabetes Management	Needs assistance managing childhood diabetes		
Other(s) – List all that apply	Should include a listing of any exceptional medical needs that are not accounted for in the previous items		

Section A: Home Living	Item Descriptions
1. Completing household chores	Supports needed to (a) maintain personal belongings by keeping an orderly bedroom, putting away toys, etc., and (b) contribute to chores that serve the common good of all household members (e.g., cleaning up after supper).
2. Eating	Supports needed to: (a) facilitate ingestion of food through the mouth, chewing, and swallowing; (b) assisting with utensils and teaching utensil use; (c) cut food on plate; (d) assist the individual with positioning to facilitate swallowing and digestion (where relevant); (e) support a person during tube feeding (waiting, checking for residuals, flushing the tube with water etc.); and (f) regulate food intake (i.e., preventing choking, eating too fast, or eating too much).
3. Washing and keeping self clean	Supports needed to: (a) ensure safety in getting in and out of the shower; (b) take a shower or bath; (c) brush teeth, wash hair, hair care, wash hands; (d) keep clean during meals; (e) keep clean throughout the day.
4. Dressing	Supports needed to: (a) put clothes on, including zippers, snaps, buckles, and laces; (b) select clothes appropriate for the day's activities; and (c) choose weather appropriate clothing.
5. Using the toilet	Supports needed: (a) for accessing the bathroom (e.g. mobility, getting to the bathroom, operation of the door; communicating the need to use the bathroom; (b) during all steps in toileting (e.g. undoing clothes, fasteners, etc., pulling down clothes, re-buckling, re-snapping etc., pulling up clothes, assisting an individual to get on and off the toilet, changing briefs, cleaning self and washing hands); (c) for moving out of the bathroom and back to a previous activity; (d) in using a catheter or other alternatives for voiding; and (e) in all activities necessary for the person to void in a manner that is socially acceptable. Supports to promote dignity and privacy should also be included.
6. Sleeping and/or napping	Supports needed to remain in bed and sleep throughout the nighttime (e.g., awake caregiver, behavioral supports, alarm system) as well as supports necessary during nap times (napping may only apply to younger children).
7. Keeping track of personal belongings at home	Supports needed to manage personal belongings at home such as getting and retrieving things from bedroom, securing money and other valuables, and keeping track of personal items such as toys and toiletries.
8. Keeping self occupied during unstructured (free time) at home	Supports needed to engage self in enjoyable and/or productive activities during unstructured time at home.
9. Operating electronic devices	Supports needed to operate computers, toys, and entertainment devices such as a radios, TVs, and DVD players.

Section B: Community & Neighborhood Activities	Item Descriptions
1. Moving around the neighborhood and community	Supports to travel around from one setting to another. This includes knowing directions, using public transportation, car, or other modes of mobility. Vulnerability concerns should be considered.
2. Participating in leisure activities that require physical activity	Supports to take part in recreation activities such as participation on a sports team, dance class, or informal physical play in a neighbor's back yard, at a park playground, or at a local pool.
3. Participating in leisure activities that do not require physical exertion	Supports to participate in hobbies, crafts, board games, video games, concerts, museum, and other forms of passive entertainment (e.g., watching a baseball game).
4. Using public services in one's community or neighborhood	Supports to access and use a bank, post office, or library (includes running errands to such locations with family members). Also includes maintaining behavior appropriate for such settings.
5. Participating in community service and religious activities	Supports to participate in activities involving volunteerism, places of worship, habitat for humanity, and community or religious related social activities.
6. Shopping	Supports to make shopping list, locate items, request assistance, maintain behavior appropriate in stores/mall, and count change from purchases. Include supports for catalog shopping and internet shopping (which is considered a virtual community).
7. Complying with basic community standards, rules, and/or laws	Supports to reside in the community, observing the community's standards, rules, and laws.
8. Attending special events in the community or neighborhood such as cookouts/picnics, cultural festivals, music/art fairs, or holiday oriented events	Supports to attend special events in a community or neighborhood that only occur occasionally.

Section C: School Participation Activities	Item Description
1. Being included in general education classrooms	Supports to participate in a general education classroom setting during structured as well as unstructured times.
2. Participating in activities in common school areas (e.g., playground, hallways, cafeteria)	Includes support to visit and use common school areas such as hallways (to get to and from classes and/or other business), playgrounds (for informal/unstructured play as well as organized activities that might be part of a class or co-curricula activity), and cafeterias.
3. Participating in co-curricular activities	Supports to participate in co-curricular activities, such as school clubs and teams.
4. Getting to school (includes transportation)	Supports to get to and from school.
5. Moving around within the school and transitioning between activities	Supports to move throughout the school during structured as well as unstructured parts of the school day and to transition between activities and classes.
6. Participating in large-scale test taking activities required by state education systems.	Supports to participate in state level assessments, including high-stakes tests. Includes implementing reasonable accommodations and modifications.
7. Following classroom and school rules	Supports to participate in the school community without violating classroom or school rules.
8. Keeping track of personal belongings at school	Supports to manage personal belongings at school such as getting and retrieving things from school lockers, keeping and spending lunch money, keeping possession of text books, etc.
9. Keeping track of schedule at school	Supports to be at the right place at the right time and engage in classroom routines (e.g., settling down and paying attention when teacher begins lesson).

Section D: School Learning Activities	Item Descriptions
1. Accessing grade level curriculum content	Supports for participating in classes where content is tied to state and district curriculum standards and objectives (e.g., benefiting from Universal Design of curriculum, actively participating in cooperative learning groups, benefiting from differentiated instruction)
2. Learning academic skills	Supports for learning content that is associated with core academic subjects such as reading, writing, mathematics, science, and social studies (e.g., learning through curricula and instructional modifications such as graphic organizers, content enhancement routines, direct instruction, peer supports, or individual tutoring using explicit instructional practices).
3. Learning and using metacognitive strategies	Supports to learn and use metacognitive strategies (i.e., use of mnemonics, learning strategies, test-taking and study strategies, clustering) to complete school assignments and promote independent learning and generalization of skills .
4. Completing academic tasks (e.g., time, quality, neatness, organizational skills)	Supports to complete assignments in core academic subjects such as reading, writing, mathematics, science, and social studies (e.g., teaching students to use specialized technology, determining reasonable accommodations).
5. Learning how to use and using educational materials, technologies, and tools	Supports to learn and use educational materials (e.g., worksheets, books), technologies (e.g., computers, calculators) and tools (e.g., scissors, pencils).
6. Learning how to use and using problem solving and self-regulation strategies in the classroom	Supports to learn and use problem solving and self-regulation strategies for social, personal, and behavioral purposes, such as time management, self-instruction, and self-reinforcement techniques, while in classroom settings.
7. Participating in classroom evaluations, such as tests	Supports to participate in evaluations within the general education classroom, for formative or summative assessment of learning goals and objectives. Includes any planning for adaptations as well as implementing accommodations and modifications.
8. Accessing the health and physical education curricula	Supports to learn health (e.g., how to prevent illnesses, basic first aid, healthy nutritional practices) and physical education (e.g., exercise, participation in individual or team sports or games) skills.
9. Completing homework assignments	Supports to identify homework assignments, organize materials and time to complete assignments, secure homework for submission, and submit homework to the proper teachers at school.

Section E: Health & Safety Activities	Item Descriptions
1. Communicating health related and medical problems including aches and pains	Supports to: (a) communicate health care concerns and needs to caregivers and medical professionals; (b) participate in a doctor's office visits.
2. Maintaining physical fitness.	Supports to: (a) select and plan activities for physical fitness; (b) select physical fitness options; and (c) access activities and facilities for maintaining fitness.
3. Maintaining emotional well-being	Supports to communicate emotional needs, using coping strategies to manage emotional issues including anxiety, and anger.
4. Maintaining health and wellness.	Supports to maintain good daily health and engage in wellness activities such as those intended to relieve stress.
5. Implementing routine first aid when experiencing minor injuries such as a bloody nose	Supports to avoid infection and respond appropriately to minor injuries (e.g., wash a scratch and apply a bandage).
6. Responding in emergency situations	Supports to: (a) learn and use a Personal Emergency Response System when needed; (b) plan access to emergency services (e.g. putting emergency numbers on refrigerator); (c) plan and practice responses to prepare for emergencies (e.g., participate in school/family emergency fire drills); and (d) respond appropriately in an emergency (e.g., tell an adult if there is a fire or call the appropriate emergency number).
7. Protecting self from physical, verbal, and/or sexual abuse	Supports to learn, practice, and use skills relevant to: (a) recognizing and avoiding abuse; and (b) defending self against abuse.
8. Avoiding health and safety hazards	Supports to (a) complete routine activities of daily living (e.g., walk up and down steps, play by a street) without great risk for injury and (b) recognize dangerous situations and personal vulnerability (at home and school) including reading safety and danger signs regarding hazards and poisons.

Section F: Social Activities	Item Descriptions
1. Maintaining positive relationships with others	Supports to facilitate/promote verbal or non-verbal (e.g. use of sign language, gestures that others understand, writing or using augmentative communication) social interaction that is meaningful to the person and others.
2. Respecting the rights of others	Supports to recognize the rights of others as well as to not infringe upon others' opportunities to take advantage of and enjoy life experiences.
3. Maintaining conversation	Supports to communicate necessary information to others either verbally or non-verbally (e.g. use of sign language, gestures that others understand, writing or using augmentative communication) as well as observe common conversational parameters relating to topics (e.g. there are some things that one should not talk about with a stranger) and length (important not to go on an on, or consistently repeat what others have just said). Also includes listening skills essential to conversation.
4. Responding to and providing constructive criticism	Supports to respond to constructive criticism provided by family members, teachers, peers, coaches, or dance instructors in a positive manner (e.g. without taking offense). Includes supports to provide constructive feedback to others in a positive way.
5. Coping with changes in routines and/or transitions across social situations	Supports needed when routines or plans change. Also supports to transition from one activity to another.
6. Making and keeping friends	Supports to communicate with peers, learn social skills related to friendships such as initiating contact and displaying interest in joining activities with friends, locating programs/activities that lead to friendship, and using the phone and other communications (e.g. computer, text messaging, voice mail, e-mail) to maintain friendships.
7. Communicating with others in social situations	Supports to communicate to others about past experiences, moods, preferences, choices, concerns, etc. in both structured and unstructured social situations.
8. Respecting others personal space/property	Supports to be in home, school, and community and respecting other's personal property and personal space.
9. Protecting self from exploitation and bullying	Supports to recognize when peers and adults are attempting to (a) exploit (includes financial exploitation), (b) bully, and/or (c) deceive.

Section G: Advocacy Activities	Item Descriptions
1. Expressing preferences	Supports to express personal preferences, including identifying and communicating wants, needs, and interests.
2. Setting personal goals	Supports to set short and long range personal goals. This includes identifying aspirations and plans, as well as setting specific goals and milestones to accomplish.
3. Taking action and attaining goals	Supports to take action to achieve short and long term goals, including deciding and implementing an action plan linked to the goal, tracking progress toward goal attainment, and modifying the goal or action plan as needed based upon that evaluation.
4. Making choices and decisions	Supports to: (a) understand that choices and decisions are related to consequences and responsibilities; (b) identify people or things that influence a choice and/or decisions; (c) assess opportunities to make choices and decisions and types/level of importance; and (d) make good decisions and understand the consequences of various decisions.
5. Advocating for and assisting others	Supports to: (a) identify opportunities and situations in which one should advocate for others; (b) involvement in self-advocacy organizations, civic activities, and civic events; and (c) assist others when they are not able or allowed to speak out for themselves or express personal preferences.
6. Learning and using self-advocacy skills	Supports to learn self-determination and self-advocacy skills (e.g., explain needed accommodations and modifications to a teacher, express preferences and make choices, participate in Individual Education Plan development).
7. Communicating personal wants and needs	Supports to speak up for oneself (or communicating) and to exercise control over one's life; learning to advocate in an effective manner and to express personal preferences, needs and wants in ways that maximize the potential that they will be achieved.
8. Participating in educational decision making	Supports needed (a) for the person to understand and express preferences concerning learning options and goals; and (b) to participate in Person Centered Planning processes or Individual Education Plan development (including the time involved in such plan meetings).
9. Using problem solving and self-regulation strategies in the home and community	Supports to learn and use problem solving and self-regulation strategies for social, personal, and behavioral purposes, such as time management, self-instruction, and self-reinforcement techniques outside of classroom settings.