

## SIS-A----- Case Study

### Jacob Ryan

Jacob Ryan is a 25-year-old man who recently moved into his own apartment after living with his parents. While he prefers to be around others, Jacob-with his family's support – decided that he should live by himself as he becomes comfortable with completing daily chores in his own home. Although Jacob knows how to complete many chores at home, he will rely on others to do the chores, unless he is reminded or if support people do the chore with him. He makes some basic meals using a microwave and is now learning how to cook healthier meals. Putting together meals with more than a few steps or ingredients has always been a source of frustration for Jacob as he does not like to wait for his food to be cooked. Jacob is very safety conscious and becomes anxious if needing to use a hot stove, sharp cutting instruments, etc.

Jacob attended high school until age 21 and earned a diploma upon graduation. During high school, he participated in school activities and was the manager for the basketball team. Jacob is a very social person who loves to be involved in a variety of activities. His family often jokes that Jacob has never met a stranger. If anyone needs help, Jacob is always the first one to raise his hand to assist. Throughout his high school years, he was well known on campus, but had difficulty developing long lasting friendships.

Jacob currently has support to help him learn coping strategies and to control emotional outbursts as he can become upset easily when he is too hot, over stimulated or during transitions in life. These outbursts often lead to property destruction and can turn into incidences of physical assaults. Most of his outbursts occur when he is in his own home, and rarely occur in public places. One of Jacob's coping strategies is to go to his favorite restaurant if he is stressed or agitated, as the staff there know him well and like to talk with him.

Jacob has worked part-time at a local grocery store since high school and is saving money to get a driver's license and a car. Jacob's manager and co-workers provide extra support for him, which allows him to keep working without having a job coach with him each workday. Jacob enjoys his job and has recently began talking with the store management about increasing his hours and expanding his job duties.

Jacob rides his bike to some places in the community, but also needs support people to drive him to farther locations. He enjoys being involved in many activities and seems to know someone in every location. Jacob enjoys eating out at restaurants, and other recreational activities, such as swimming, helping the local baseball team and going the recreation center. He is very happy because his new apartment is close to the recreation center and he likes to use the treadmills. Jacob communicates well with many people, if the conversation does not involve in-depth information. In those situations, he needs others to help him so that he communicates accurately and fully.

Jacob continues to learn through life experiences and needs someone to patiently discuss options with him. If the options are too many or too complicated, he can become easily frustrated. Therefore, it is important that support people get to know Jacob well before helping him with complicated tasks or problems.

Jacob is a very polite person, who is also very charming. He is excited to invite people to his new apartment, and support people are hoping that this will help him develop new friendships. Lasting friendships have been difficult for Jacob as he can consume people's time by calling and texting them. To create friendships, Jacob buys gifts for people, which has led to him being exploited in the past. His parents and support staff balance keeping track of his finances, with giving him some independence to spend money as he wishes.

The ratings as noted on this completed SIS-A Interview and Profile Form reflect the supports that Jacob needs to be successful within a variety of typical adult activities in his community. This interview was completed with a trained SIS-A interviewer and at least 2 respondents who know Jacob well enough to discuss and describe his support needs. In this interview, Jacob also participated as a respondent, which allowed for three people to discuss, describe and give examples of his support needs from each person's unique perspective. For a more thorough explanation of Jacob's support and an understanding of the scoring of this assessment, please refer to the document titled: **Summary of Sample SIS-A Assessment for Jacob Ryan**

## INTERVIEW AND PROFILE FORM




ID/TRACKING NUMBER

NAME Ryan Jacob  
LAST FIRST MIDDLE

ADDRESS 34 Queen Street, Apt 111

CITY, STATE, ZIP Springfield, MA 00000

PHONE (555) 626-5555

PRIMARY LANGUAGE [CHECK ONE]

ENGLISH  SPANISH  OTHER [PLEASE SPECIFY] \_\_\_\_\_

PRIMARY COMMUNICATION MODE [CHECK ONE]

VERBAL  AUGMENTATIVE / ALTERNATIVE

DATE OF BIRTH 5 / 17 / 1994  
MO Day YR

GENDER  MALE  FEMALE

SIS—A ADMINISTRATION DATE 6 / 22 / 2019  
MO DAY YR

### INDIVIDUALS OR ORGANIZATIONS PROVIDING ESSENTIAL SUPPORTS

NAME Agency RELATIONSHIP Residential

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

### RESPONDENTS

NAME Renee Gibson RELATIONSHIP DSP

NAME Jeremy Ryan RELATIONSHIP Parent

NAME Jacob Ryan RELATIONSHIP Self

INTERVIEWER NAME Tori Adams

POSITION SIS-A Interviewer

AFFILIATION Mountain Agency

PHONE (555) 555-5555 EMAIL ADDRESS Tori@Mtn

### REORDER INFORMATION

To order additional manuals and forms, please call 202-387-1968, x216, or email books@aaidd.org. Product 350—User's Manual + 25 Interview Forms; Product 351—25 Interview Forms; Product 352—100 Interview Forms; Product 353—Manual only.

**IQ RANGE** [Check one]

< 50  51–70  > 70  Unknown

**ADAPTIVE BEHAVIOR RANGE** [Check one]

< 50  51–70  > 70  Unknown

**RACE** [Check one]

- White
- African American or Black
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Identifies with 2 or more races

**ETHNICITY** [Check one]

Hispanic origin  Not Hispanic origin

**PRESENCE OF DISABILITIES** [Check all that apply]

- Intellectual Disability
- Autism Spectrum Disorder
- Mental Health Diagnosis
- Speech/Language Impairment
- Physical Disability
- Low Vision/Blindness
- Deaf/Hard of Hearing
- Chronic Health Condition [please specify] \_\_\_\_\_

Other \_\_\_\_\_

**RESIDENCE** [Check one]

- Lives in own home
- Family home including living with relatives
- Small congregate setting [< 7 residents]
- Midsize congregate setting [7-15 residents]
- Large congregate setting [> 15 residents]
- Nursing home
- Other \_\_\_\_\_

**LOCATION** [Check one]

Urban  Suburban  Rural

**EDUCATIONAL ATTAINMENT** [Check one]

- Less than high school
- Completed high school
- Any postsecondary education

**CURRENT EMPLOYMENT** [Check all that apply]

- Competitive employment
- Supported employment
- Sheltered employment
- Nonpaid volunteer work
- Unemployed
- Retired, aged 65 or older

# Section 1. Exceptional Medical and Behavioral Support Needs

Circle the appropriate number to indicate how much support is needed in regard to each of the items below. If the person does not have the medical condition referenced, then the item should be rated "0." Subtotal the circled 1s and 2s. Total the subtotals. See Rating Key. Complete ALL items.

## Section 1A:

### Exceptional Medical Support Needs

	NO SUPPORT NEEDED	SOME SUPPORT NEEDED	EXTENSIVE SUPPORT NEEDED
<b>RESPIRATORY CARE</b>			
1. Inhalation or oxygen therapy	0	1	2
2. Postural drainage	0	1	2
3. Chest PT	0	1	2
4. Suctioning	0	1	2
<b>FEEDING ASSISTANCE</b>			
5. Oral stimulation or jaw positioning	0	1	2
6. Tube feeding (e.g., nasogastric)	0	1	2
7. Parenteral feeding (e.g., IV)	0	1	2
<b>SKIN CARE</b>			
8. Turning or positioning	0	1	2
9. Dressing of open wound(s)	0	1	2
<b>OTHER EXCEPTIONAL MEDICAL CARE</b>			
10. Protection from infectious diseases due to immune system impairment	0	1	2
11. Seizure management	0	1	2
12. Dialysis	0	1	2
13. Ostomy care	0	1	2
14. Lifting and/or transferring	0	1	2
15. Therapy services	0	1	2
16. Hypertension	0	1	2
17. Allergies	0	1	2
18. Diabetes	0	1	2
19. Other(s)— Specify: _____	0	1	2
<b>SUBTOTAL OF 1s AND 2s</b>		0	0

### RATING KEY

- 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]

**TOTAL**  
Add Subtotal of circled 1s and 2s

Enter Total on the S/S—A Profile, on page 11, Section 1A;  
Support Considerations Based on  
Exceptional Medical Support Needs

0
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# Section 1. Exceptional Medical and Behavioral Support Needs

Circle the appropriate number to indicate how much support is needed in regard to each of the items below. If the person does not engage in the challenging behaviors referenced, then the item should be rated "0." Subtotal the circled 1s and 2s. Total the subtotals. See Rating Key. Complete ALL items.

## Section 1B:

### Exceptional Behavioral Support Needs

	NO SUPPORT NEEDED	SOME SUPPORT NEEDED	EXTENSIVE SUPPORT NEEDED
<b>EXTERNALLY DIRECTED BEHAVIOR</b>			
1. Prevention of emotional outbursts	0	1	2
2. Prevention of assaults or injuries to others	0	1	2
3. Prevention of property destruction (e.g., fire setting, breaking furniture)	0	1	2
4. Prevention of stealing	0	1	2
<b>SELF-DIRECTED BEHAVIOR</b>			
5. Prevention of self-injury	0	1	2
6. Prevention of suicide attempts	0	1	2
7. Prevention of pica [ingestion of inedible substances]	0	1	2
<b>SEXUAL BEHAVIOR</b>			
8. Prevention of nonaggressive but inappropriate sexual behavior (e.g., exposes self in public, exhibitionism, inappropriate touching or gesturing)	0	1	2
9. Prevention of sexual aggression	0	1	2
<b>OTHER</b>			
10. Prevention of substance abuse	0	1	2
11. Prevention of wandering	0	1	2
12. Maintenance of mental health treatments	0	1	2
13. Prevention of other serious behavior problem(s) Specify: _____ _____	0	1	2
<b>SUBTOTAL OF 1s AND 2s</b>		4	4
<b>TOTAL</b> Add Subtotal of circled 1s and 2s			8

Enter Total on the S/S—A Profile, on page 11, Section 1B;  
Support Considerations Based on  
Exceptional Behavioral Support Needs

## Section 2 Support Needs Index

Circle the appropriate number for each measurement. (See Rating Key.) Complete ALL items, even if the person is not currently performing a listed activity. Sum the scores across to get a Raw Score. Sum the Raw Scores down to get a Total Raw Score.

1. This scale should be completed without regard to the services or supports currently provided or available.
2. Scores should reflect the supports that would be necessary for this person to be successful in each activity.
3. If an individual uses assistive technology, the person should be rated with said technology in place.
4. Complete ALL items, even if the person is not currently performing a listed activity.

### Section 2A: Home Living Activities

	TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME	RAW SCORE
1. Operating home appliances/electronics	0 (1) 2 3 4	0 1 2 (3) 4	0 (1) 2 3 4	5
2. Bathing and taking care of personal hygiene and grooming needs	0 (1) 2 3 4	0 1 2 (3) □	0 (1) 2 3 4	5
3. Using the toilet	(0) 1 2 3 4	(0) 1 2 3 4	(0) 1 2 3 4	0
4. Dressing	0 (1) 2 3 4	0 1 (2) 3 4	0 (1) 2 3 4	4
5. Preparing food	0 1 2 (3) 4	0 1 2 (3) □	0 1 (2) 3 4	8
6. Eating food	(0) 1 2 3 4	(0) 1 2 3 4	(0) 1 2 3 4	0
7. Taking care of clothes, including laundering	0 (1) 2 3 4	0 1 (2) 3 4	0 (1) 2 3 4	4
8. Housekeeping and cleaning	0 1 2 (3) 4	0 1 (2) 3 4	0 (1) 2 □ □	6
<b>TOTAL RAW SCORE Home Living Activities</b>				32

Enter the Raw Score (max = 92) on the SIS—A Profile, on page 11, Section 2A; Home Living Activities

### RATING KEY

TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME
What kind of support should be provided?	How frequently is support needed for this activity?	On a typical day when support in this area is needed, how much time should be devoted?
0 = none 1 = monitoring 2 = verbal/gestural prompting 3 = partial physical assistance 4 = full physical assistance	0 = none or less than monthly 1 = at least once a month, but not once a week 2 = at least once a week, but not once a day 3 = at least once a day, but not once an hour 4 = hourly or more frequently	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

## Section 2 Support Needs Index *continued*

Circle the appropriate number for each measurement. (See Rating Key.) Complete ALL items, even if the person is not currently performing a listed activity. Sum the scores across to get a Raw Score. Sum the Raw Scores down to get a Total Raw Score.

1. This scale should be completed without regard to the services or supports currently provided or available.
2. Scores should reflect the supports that would be necessary for this person to be successful in each activity.
3. If an individual uses assistive technology, the person should be rated with said technology in place.
4. Complete ALL items, even if the person is not currently performing a listed activity.

### Section 2B: Community Living Activities

	TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME	RAW SCORE
1. Getting from place to place throughout the community [transportation]	0 1 2 (3) 4	0 1 2 (3) <input type="checkbox"/>	0 1 (2) 3 4	8
2. Participating in recreation/leisure activities in the community	0 (1) 2 3 4	0 1 (2) 3 <input type="checkbox"/>	0 1 (2) 3 4	5
3. Participating in preferred community activities [churches, volunteer, etc.]	0 (1) 2 3 4	0 1 (2) 3 <input type="checkbox"/>	0 1 (2) 3 4	5
4. Accessing public buildings and settings	0 (1) 2 3 4	0 (1) 2 3 4	0 (1) 2 3 4	3
5. Using public services in the community	0 1 (2) 3 4	0 1 (2) 3 <input type="checkbox"/>	0 (1) 2 3 4	5
6. Shopping and purchasing goods and services	0 1 (2) 3 4	0 1 (2) 3 4	0 1 (2) 3 4	6
7. Interacting with community members	0 1 (2) 3 4	0 1 (2) 3 4	0 (1) 2 3 4	5
8. Going to visit friends and family	0 1 2 (3) 4	0 1 (2) 3 <input type="checkbox"/>	0 1 (2) 3 4	7
<b>TOTAL RAW SCORE Community Living Activities</b>				44

Enter the Raw Score (max = 91) on the S/S—A Profile, on page 11, Section 2B; Community Living Activities

### RATING KEY

TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME
What kind of support should be provided? 0 = none 1 = monitoring 2 = verbal/gestural prompting 3 = partial physical assistance 4 = full physical assistance	How frequently is support needed for this activity? 0 = none or less than monthly 1 = at least once a month, but not once a week 2 = at least once a week, but not once a day 3 = at least once a day, but not once an hour 4 = hourly or more frequently	On a typical day when support in this area is needed, how much time should be devoted? 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

## Section 2 Support Needs Index *continued*

Circle the appropriate number for each measurement. (See Rating Key.) Complete ALL items, even if the person is not currently performing a listed activity. Sum the scores across to get a Raw Score. Sum the Raw Scores down to get a Total Raw Score.

1. This scale should be completed without regard to the services or supports currently provided or available.
2. Scores should reflect the supports that would be necessary for this person to be successful in each activity.
3. If an individual uses assistive technology, the person should be rated with said technology in place.
4. Complete ALL items, even if the person is not currently performing a listed activity.

### Section 2C: Lifelong Learning Activities

	TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME	RAW SCORE
1. Learning and using problem-solving strategies	0 1 2 (3) 4	0 1 (2) 3 4	0 1 (2) 3 4	7
2. Learning functional academics (reading signs, counting change, etc.)	0 1 2 (3) 4	0 1 (2) 3 4	0 1 (2) 3 4	7
3. Learning health and physical education skills	0 1 (2) 3 4	0 1 (2) 3 4	0 1 (2) 3 4	6
4. Learning self-determination skills	0 1 2 (3) 4	0 1 2 (3) 4	0 1 2 (3) 4	9
5. Learning self-management strategies	0 1 2 (3) 4	0 1 2 (3) <input type="checkbox"/>	0 1 2 3 (4)	10
6. Participating in training/ educational decisions	0 1 2 (3) 4	(0) 1 2 3 <input type="checkbox"/>	0 1 (2) 3 <input type="checkbox"/>	5
7. Accessing training/ educational settings	0 1 2 (3) 4	0 1 (2) 3 4	0 1 (2) 3 4	7
8. Interacting with others in learning activities	0 1 2 (3) 4	0 1 (2) 3 <input type="checkbox"/>	0 1 2 3 (4)	9
9. Using technology for learning	0 1 (2) 3 4	0 1 (2) 3 4	0 1 2 (3) 4	7
<b>TOTAL RAW SCORE</b> <b>Lifelong Learning Activities</b>				67

Enter the Raw Score (max = 104) on the *SIS—A Profile*, on page 11, Section 2C; Lifelong Learning Activities

### RATING KEY

TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME
What kind of support should be provided?	How frequently is support needed for this activity?	On a typical day when support in this area is needed, how much time should be devoted?
0 = none	0 = none or less than monthly	0 = none
1 = monitoring	1 = at least once a month, but not once a week	1 = less than 30 minutes
2 = verbal/gestural prompting	2 = at least once a week, but not once a day	2 = 30 minutes to less than 2 hours
3 = partial physical assistance	3 = at least once a day, but not once an hour	3 = 2 hours to less than 4 hours
4 = full physical assistance	4 = hourly or more frequently	4 = 4 hours or more



## Section 2 Support Needs Index *continued*

Circle the appropriate number for each measurement. (See Rating Key.) Complete ALL items, even if the person is not currently performing a listed activity. Sum the scores across to get a Raw Score. Sum the Raw Scores down to get a Total Raw Score.

1. This scale should be completed without regard to the services or supports currently provided or available.
2. Scores should reflect the supports that would be necessary for this person to be successful in each activity.
3. If an individual uses assistive technology, the person should be rated with said technology in place.
4. Complete ALL items, even if the person is not currently performing a listed activity.

### Section 2D: Employment Activities

	TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME	RAW SCORE
1. Learning and using specific job skills	0 1 (2) 3 4	0 1 (2) 3 <input type="checkbox"/>	0 1 2 (3) 4	7
2. Accessing/receiving job/task accommodations	0 1 2 (3) 4	(0) 1 2 3 <input type="checkbox"/>	0 1 (2) 3 4	5
3. Interacting with coworkers	0 1 (2) 3 4	0 1 (2) 3 <input type="checkbox"/>	0 (1) 2 3 4	5
4. Interacting with supervisors/coaches	0 1 2 (3) 4	0 (1) 2 3 <input type="checkbox"/>	0 1 (2) 3 4	6
5. Completing work-related tasks with acceptable speed	0 1 (2) 3 4	0 1 (2) 3 <input type="checkbox"/>	0 1 (2) 3 4	6
6. Completing work-related tasks with acceptable quality	0 1 (2) 3 4	0 1 (2) 3 <input type="checkbox"/>	0 1 (2) 3 4	6
7. Changing job assignments	0 1 (2) 3 4	0 1 (2) <input type="checkbox"/> <input type="checkbox"/>	0 1 (2) 3 4	6
8. Seeking information and assistance from an employer	0 1 2 (3) 4	0 (1) 2 3 <input type="checkbox"/>	0 (1) 2 3 4	5
<b>TOTAL RAW SCORE Employment Activities</b>				46

Enter the Raw Score (max = 87) on the S/S—A Profile, on page 11, Section 2D; Employment Activities

### RATING KEY

TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME
What kind of support should be provided? 0 = none 1 = monitoring 2 = verbal/gestural prompting 3 = partial physical assistance 4 = full physical assistance	How frequently is support needed for this activity? 0 = none or less than monthly 1 = at least once a month, but not once a week 2 = at least once a week, but not once a day 3 = at least once a day, but not once an hour 4 = hourly or more frequently	On a typical day when support in this area is needed, how much time should be devoted? 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

## Section 2 Support Needs Index *continued*

Circle the appropriate number for each measurement. (See Rating Key.) Complete ALL items, even if the person is not currently performing a listed activity. Sum the scores across to get a Raw Score. Sum the Raw Scores down to get a Total Raw Score.

1. This scale should be completed without regard to the services or supports currently provided or available.
2. Scores should reflect the supports that would be necessary for this person to be successful in each activity.
3. If an individual uses assistive technology, the person should be rated with said technology in place.
4. Complete ALL items, even if the person is not currently performing a listed activity.

### Section 2E: Health and Safety Activities

	TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME	RAW SCORE
1. Taking medications	0 1 <b>(2)</b> 3 4	0 1 2 <b>(3)</b> 4	0 <b>(1)</b> 2 3 4	6
2. Ambulating and moving about	<b>(0)</b> 1 2 3 4	<b>(0)</b> 1 2 3 4	<b>(0)</b> 1 2 3 4	0
3. Avoiding health and safety hazards	0 <b>(1)</b> 2 3 4	0 1 2 <b>(3)</b> 4	0 <b>(1)</b> 2 3 4	5
4. Obtaining health care services	0 1 2 <b>(3)</b> 4	0 <b>(1)</b> 2 3 4	0 <b>(1)</b> 2 <input type="checkbox"/> <input type="checkbox"/>	5
5. Learning how to access emergency services	0 1 <b>(2)</b> 3 4	0 1 <b>(2)</b> 3 4	0 1 <b>(2)</b> 3 4	6
6. Maintaining a nutritious diet	0 1 <b>(2)</b> 3 4	0 1 2 <b>(3)</b> 4	0 <b>(1)</b> 2 3 4	6
7. Maintaining physical health and fitness	0 1 <b>(2)</b> 3 4	0 1 <b>(2)</b> 3 4	0 1 <b>(2)</b> 3 4	6
8. Maintaining emotional well-being	0 1 2 <b>(3)</b> 4	0 1 2 <b>(3)</b> 4	0 1 2 3 <b>(4)</b>	10
<b>TOTAL RAW SCORE</b> <b>Health and Safety Activities</b>				44

Enter the Raw Score (max = 94) on the S/S—A Profile, on page 11, Section 2E; Health and Safety Activities

### RATING KEY

TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME
What kind of support should be provided?	How frequently is support needed for this activity?	On a typical day when support in this area is needed, how much time should be devoted?
0 = none	0 = none or less than monthly	0 = none
1 = monitoring	1 = at least once a month, but not once a week	1 = less than 30 minutes
2 = verbal/gestural prompting	2 = at least once a week, but not once a day	2 = 30 minutes to less than 2 hours
3 = partial physical assistance	3 = at least once a day, but not once an hour	3 = 2 hours to less than 4 hours
4 = full physical assistance	4 = hourly or more frequently	4 = 4 hours or more

## Section 2 Support Needs Index *continued*

Circle the appropriate number for each measurement. (See Rating Key.) Complete ALL items, even if the person is not currently performing a listed activity. Sum the scores across to get a Raw Score. Sum the Raw Scores down to get a Total Raw Score.

1. This scale should be completed without regard to the services or supports currently provided or available.
2. Scores should reflect the supports that would be necessary for this person to be successful in each activity.
3. If an individual uses assistive technology, the person should be rated with said technology in place.
4. Complete ALL items, even if the person is not currently performing a listed activity.

### Section 2F: Social Activities

	TYPE OF SUPPORT					FREQUENCY					DAILY SUPPORT TIME					RAW SCORE
1. Using appropriate social skills	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	6
2. Participating in recreation/leisure activities with others	0	1	2	3	4	0	1	2	3	<input type="checkbox"/>	0	1	2	3	4	5
3. Socializing outside the household	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	7
4. Making and keeping friends	0	1	2	3	4	0	1	2	3	<input type="checkbox"/>	0	1	2	3	4	7
5. Engaging in loving and intimate relationships	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	8
6. Socializing within the household	0	1	2	3	4	0	1	2	3	<input type="checkbox"/>	0	1	2	3	4	9
7. Communicating with others about personal needs	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	8
8. Engaging in volunteer work	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	4
<b>TOTAL RAW SCORE Social Activities</b>														54		

Enter the Raw Score (max = 93) on the S/S—A Profile, on page 11, Section 2F; Social Activities

### RATING KEY

TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME
What kind of support should be provided? 0 = none 1 = monitoring 2 = verbal/gestural prompting 3 = partial physical assistance 4 = full physical assistance	How frequently is support needed for this activity? 0 = none or less than monthly 1 = at least once a month, but not once a week 2 = at least once a week, but not once a day 3 = at least once a day, but not once an hour 4 = hourly or more frequently	On a typical day when support in this area is needed, how much time should be devoted? 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

## Section 3 Supplemental Protection and Advocacy Scale

Circle the appropriate number for each measurement. (See Rating Key.) Complete ALL items, even if the person is not currently performing a listed activity. Sum the scores across to get a Raw Score. Rank the Raw Scores from highest to lowest (1 = highest). Enter the four highest ranked activities and their scores on the SIS—A Support Needs Profile.

### Protection and Advocacy Activities

	TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME	RAW SCORE	RANK RAW SCORES FROM HIGHEST TO LOWEST
1. Advocating for self	0 1 2 (3) 4	0 1 (2) 3 <input type="checkbox"/>	0 1 2 (3) 4	8	3
2. Making choices and decisions	0 1 2 (3) 4	0 1 2 (3) 4	0 1 2 (3) 4	9	2
3. Protecting self from exploitation	0 1 2 (3) 4	0 1 2 (3) 4	0 1 2 (3) 4	9	2
4. Exercising legal/civic responsibilities	0 1 (2) 3 4	0 1 2 (3) 4	0 1 (2) 3 4	7	4
5. Belonging to and participating in self-advocacy/support organizations	0 1 (2) 3 4	0 (1) 2 3 4	0 (1) 2 3 4	4	7
6. Obtaining legal services	0 1 2 (3) 4	(0) 1 2 3 4	0 1 (2) 3 4	5	6
7. Managing money and personal finances	0 1 2 (3) 4	0 1 2 (3) 4	0 1 2 3 (4)	10	1
8. Advocating for others	0 1 (2) 3 4	0 1 (2) 3 <input type="checkbox"/>	0 1 (2) 3 4	6	5
<b>TOTAL RAW SCORE</b> <b>Protection and Advocacy Activities</b>				57	

List the four Protection and Advocacy Activities with the highest Raw Score (from highest to lowest) on the SIS—A Profile, on page 12, Section 3

### RATING KEY

TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME
What kind of support should be provided? 0 = none 1 = monitoring 2 = verbal/gestural prompting 3 = partial physical assistance 4 = full physical assistance	How frequently is support needed for this activity? 0 = none or less than monthly 1 = at least once a month, but not once a week 2 = at least once a week, but not once a day 3 = at least once a day, but not once an hour 4 = hourly or more frequently	On a typical day when support in this area is needed, how much time should be devoted? 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

ID/TRACKING NUMBER

NAME Jacob Ryan

DATE SIS—A COMPLETED 6 / 22 / 2019 /  
MO DAY YR

NAME OF INTERVIEWER Tori Adams

**Section 1: Support Considerations Based on Exceptional Medical and Behavioral Support Needs**

**1A. MEDICAL**

1. Enter the number of Total points from Section 1A.		
2. Is this Total larger than 5?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. Is at least one "2" circled for Exceptional Medical Support Needs on page 2?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**1B. BEHAVIORAL**

1. Enter the number of Total points from Section 1B.		
2. Is this Total larger than 5?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is at least one "2" circled for Exceptional Behavioral Support Needs on page 3?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If "Yes" has been checked on any of the questions above, it is highly likely that this individual has greater support needs than others with a similar SIS—A Support Needs Index.

**Section 2: Support Needs Index Ratings**

1. Enter the Raw Scores for Sections 2A–2F.
2. Enter the Standard Scores and Percentiles using Appendix B in the manual.
3. Enter SIS—A Support Needs Index using Appendix C in the manual.

ACTIVITIES SUBSCALES	TOTAL RAW SCORES [From Section 2]	STANDARD SCORES [See Appendix B]	SUBSCALE PERCENTILES [See Appendix B]
A. Home Living	32	8	25
B. Community Living	44	8	25
C. Lifelong Learning	67	11	63
D. Employment	46	9	37
E. Health & Safety	44	9	37
F. Social	54	10	50
STANDARD SCORE TOTAL (sum)		55	
SIS—A SUPPORT NEEDS INDEX Composite Standard Score (See Appendix C)		94	
SUPPORT NEEDS INDEX PERCENTILE RANK (See Appendix C)			35

### Section 2: Support Needs Profile

Circle the Standard Score for each subscale and the SIS—A Support Needs Index. Then connect the subscale circles to form a graph.

PERCENTILE	A. HOME LIVING	B. COMMUNITY LIVING	C. LIFELONG LEARNING	D. EMPLOYMENT	E. HEALTH & SAFETY	F. SOCIAL	SIS—A SUPPORT NEEDS INDEX	PERCENTILE
99	17–20	17–20	17–20	17–20	17–20	17–20	> 131	99
	15–16	15–16	15–16	15–16	15–16	15–16	124–131	
90	14	14	14	14	14	14	120–123	90
	13	13	13	13	13	13	116–119	
80							113–115	80
	12	12	12	12	12	12	110–112	
70							108–109	70
							106–107	
60	11	11	11	11	11	11	105	60
							102–104	
50	10	10	10	10	10	10	100–101	50
							98–99	
40	9	9	9	9	9	9	97	40
							94–96	
30							92–93	30
	8	8	8	8	8	8	90–91	
20							88–89	20
	7	7	7	7	7	7	85–87	
10	6	6	6	6	6	6	82–84	10
	5	5	5	5	5	5	75–81	
1	1–4	1–4	1–4	1–4	1–4	1–4	<74	1

### Section 3: Support Considerations Based on Protection and Advocacy Scores

List the 4 highest ranked Protection and Advocacy Activities from page 10.

ACTIVITY	RAW SCORE
1. Managing Money and Personal Finances	10
2. Making Choices and Decisions	9

ACTIVITY	RAW SCORE
3. Protecting Self from Exploitation	9
4. Advocating for Self	8

## ***Summary of Sample SIS-A Assessment for Jacob Ryan***

This assessment shows the supports needed for Jacob Ryan, a 25-year-old male, to be successful within his community. The assessment was completed by Jacob, his father-Jeremy, and a direct support professional who works with Jacob through the residential agency.

**Demographic Information** (page 1): Shows Jacob's IQ range, adaptive behavioral range, race and ethnicity, diagnoses, living environment and location, educational attainment and current employment. Page 1 also shows information related to current supporters- including agencies as well as the respondents who attended the SIS-A Interview.

**Exceptional Medical and Behavioral Support Needs** (pages 2 and 3): Shows that Jacob currently needs no exceptional medical support but does need exceptional behavioral support for prevention of several behavioral challenges. To see a summary of this scoring, please refer to **Section 1: Support Considerations Based on Exceptional Medical and Behavioral Support Needs** on page 11 of the SIS-A Interview and Profile Form.

**Section 2, the Support Needs Index:** (pages 4 – 9): This section shows the ratings and support needed for success as discussed by the respondents and the interviewer during the interview process. Rating options are shown at the bottom of each of the pages, while important instructions related to the conversation during the interview process is listed on the top of each of the pages. The ratings from these pages are used to create the standard scores and Support Needs Index and the Support Needs Profile graph (pages 11-12) and noted below.

**Section 3: Supplemental Protection and Advocacy Scale** (page 10): Shows the support needed for success and uses the same rating options as Section 2. These ratings and scores are not part of the Support Needs Index but are summarized at the bottom of page 12.

**The Support Needs Index Ratings** (page 11): Shows the raw scores from each domain and the corresponding standard scores and percentiles.

**The Support Needs Index score:** A composite score that reflects a person's overall intensity of support needs.

**The Support Needs Profile** (page 12): A visual graph of the pattern of a person's support needs across six life activity domains, relative to the standardization sample and the composite score.

**The Percentile Score:** This score indicates the percentage of individuals in the standardization sample that scored below particular score.

In this case study, Jacob's overall Support Needs Index (SNI) is 94, which indicates the Support Needs Index Percentile Rank of 35. This means that he has more intense support needs than 35% of the standardized sample and less intense support needs than 65% of the standardized sample. Jacob's most intense support needs are in the activities associated with lifelong learning, and social activities. In the Supplemental Protection and Advocacy domain, Jacob's most intense support need is with Managing money and Personal finances.