

SIS-A Rating Key

Type of Support: What kind of extraordinary support would be needed to help the person accomplish the task?

- 0 = None (no support needed of any kind)
- 1 = Monitoring (person knows how, needs encouragement / reminders)
- 2 = Verbal / Gesture prompting (instruction / demonstration)
- 3 = Partial physical assistance (teamwork; assistance to perform some-to-most of the steps)
- 4 = Full physical assistance (doing on behalf; all steps need to be completed for the individual)

Frequency of Support: How often would the type of support be needed for the person to participate in 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 (1 - 6 days per week)
- 3 = At least once a day, but not once an hour (7 days per week)
- 4 = Hourly or more frequently (at least once every hour of all 24 hours per day)

Daily Support Time: On a typical day, when support in this area would be needed, how much cumulative 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

Please note: Some questions have scoring limitations.

Rating Key for Current Exceptional Medical and Behavioral Support Needs

- 0 = No support needed
- 1 = Some support needed
- 2 = Extensive support needed (immediate health / safety risk if support isn't provided)