SIS-A Summary Report

Supports Intensity Scale - Adult Version® 2nd Ed.
SIS ID:

Report Sample
Tracking #:
Residence:

Interview:
DOB:

Support Needs Summary

Supports Snapshot

Home Living
0%

Community Living
0%

Health & Safety
0%

Lifelong Learning
0%

Work
0%

Social
0%

Advocacy
0%

Key Supports

♥ **Matters to Me (Important To Me)**

⊙ **Other Priority Supports (Important For Me)**

✚ **Exceptional Medical Support Needs**

♡ **Exceptional Behavioral Support Needs**

Primary Supports

 - Matters to Me (Important To Me)

 - Other Priority Supports (Important For Me)

Supports that are a Priority and Matter to Me

Activity		How to Help	How Often	How Much Time

Exceptional Medical & Behavioral Support Needs

Medical Condition	Support Need	Notes
Inhalation or oxygen therapy	No Support (0)	
Postural drainage	No Support (0)	
Chest PT	No Support (0)	
Suctioning	No Support (0)	
Oral Stimulation or jaw positioning	No Support (0)	
Dysphagia (swallowing difficulties)	No Support (0)	
Tube feeding (e.g., nasogastric)	No Support (0)	
Parenteral feeding (e.g., IV)	No Support (0)	
Turning or positioning	No Support (0)	
Dressing of open wound(s)	No Support (0)	
Protection from infectious diseases due to immune system impairment	No Support (0)	
Seizure Disorder management	No Support (0)	
Dialysis management	No Support (0)	
Ostomy and Catheter care	No Support (0)	
Gastrointestinal health management	No Support (0)	
Incontinence management	No Support (0)	
Lifting and/or transferring	No Support (0)	
Hypertension or Hypotension management	No Support (0)	
Allergies management	No Support (0)	
Diabetes management	No Support (0)	
Chronic Pain management	No Support (0)	
Arthritis management	No Support (0)	
Conditions requiring specialized oral care management	No Support (0)	
Management of other serious medical conditions- specify:	No Support (0)	
TOTAL	**0**	

Exceptional Medical & Behavioral Support Needs

Behavior	Support Need	Notes
Prevention of emotional outbursts	No Support (0)	
Prevention of assaults or injuries to others	No Support (0)	
Prevention of property destruction (e.g., fire setting, breaking furniture)	No Support (0)	
Prevention of stealing	No Support (0)	
Prevention of self-injury	No Support (0)	
Prevention of self-neglect	No Support (0)	
Prevention of suicide attempts	No Support (0)	
Prevention of pica (ingestion of inedible substances)	No Support (0)	
Prevention of nonaggressive but inappropriate sexual behavior (e.g., exposes self in public, exhibitionism, inappropriate touching, gesturing, talk, or advances)	No Support (0)	
Prevention of sexual aggression	No Support (0)	
Prevention of substance abuse	No Support (0)	
Prevention of wandering	No Support (0)	
Maintenance of mental health (MH) treatments (e.g., prevent disruption in MH care)	No Support (0)	
Prevention of other serious behavior problem(s). Please specify:	No Support (0)	
TOTAL	**0**	

Support Needs for Life Activities

Home Living Activities

Type of Support	Frequency of Support	Daily Support Time
1. Bathing and taking care of personal hygiene and grooming needs		
None (0)	None or less than monthly (0)	None (0)
Notes:		
2. Dressing		
None (0)	None or less than monthly (0)	None (0)
Notes:		
3. Using the toilet		
None (0)	None or less than monthly (0)	None (0)
Notes:		
4. Preparing food		
None (0)	None or less than monthly (0)	None (0)
Notes:		
5. Eating Food		
None (0)	None or less than monthly (0)	None (0)
Notes:		
6. Taking care of clothes, including laundering		
None (0)	None or less than monthly (0)	None (0)
Notes:		
7. Housekeeping and cleaning		
None (0)	None or less than monthly (0)	None (0)
Notes:		
8. Operating home appliances/electronics		
None (0)	None or less than monthly (0)	None (0)
Notes:		

Total Raw Score: 0

Support Needs for Life Activities

 Community Living Activities

Type of Support	Frequency of Support	Daily Support Time
1. Getting from place to place throughout the community (transportation)		
None (0)	None or less than monthly (0)	None (0)
Notes:		
2. Participating in recreation/leisure activities in the community		
None (0)	None or less than monthly (0)	None (0)
Notes:		
3. Participating in preferred community activities (churches, volunteer, etc.)		
None (0)	None or less than monthly (0)	None (0)
Notes:		
4. Accessing public buildings and settings		
None (0)	None or less than monthly (0)	None (0)
Notes:		
5. Using public services in the community		
None (0)	None or less than monthly (0)	None (0)
Notes:		
6. Shopping and purchasing goods and services		
None (0)	None or less than monthly (0)	None (0)
Notes:		
7. Interacting with community members		
None (0)	None or less than monthly (0)	None (0)
Notes:		
8. Going to visit friends and family		
None (0)	None or less than monthly (0)	None (0)
Notes:		

Total Raw Score: 0

Support Needs for Life Activities

Health & Safety Activities

Type of Support	Frequency of Support	Daily Support Time
1. Taking medications		
None (0)	None or less than monthly (0)	None (0)
Notes:		
2. Ambulating and moving about		
None (0)	None or less than monthly (0)	None (0)
Notes:		
3. Avoiding health and safety hazards		
None (0)	None or less than monthly (0)	None (0)
Notes:		
4. Obtaining health care services		
None (0)	None or less than monthly (0)	None (0)
Notes:		
5. Learning how to access emergency services		
None (0)	None or less than monthly (0)	None (0)
Notes:		
6. Maintaining a nutritious diet		
None (0)	None or less than monthly (0)	None (0)
Notes:		
7. Maintaining physical health and fitness		
None (0)	None or less than monthly (0)	None (0)
Notes:		
8. Maintaining emotional well-being		
None (0)	None or less than monthly (0)	None (0)
Notes:		

Total Raw Score: 0

Support Needs for Life Activities

Lifelong Learning Activities

Type of Support	Frequency of Support	Daily Support Time
1. Learning and using problem-solving strategies		
None (0)	None or less than monthly (0)	None (0)
Notes:		
2. Learning functional academics (reading signs, counting change, etc.)		
None (0)	None or less than monthly (0)	None (0)
Notes:		
3. Learning health and physical education skills		
None (0)	None or less than monthly (0)	None (0)
Notes:		
4. Learning self-determination skills		
None (0)	None or less than monthly (0)	None (0)
Notes:		
5. Learning self-management strategies		
None (0)	None or less than monthly (0)	None (0)
Notes:		
6. Participating in training/educational decisions		
None (0)	None or less than monthly (0)	None (0)
Notes:		
7. Accessing training/educational settings		
None (0)	None or less than monthly (0)	None (0)
Notes:		
8. Interacting with others in learning activities		
None (0)	None or less than monthly (0)	None (0)
Notes:		
9. Using technology for learning		
None (0)	None or less than monthly (0)	None (0)
Notes:		

Total Raw Score: 0

Support Needs for Life Activities

Work Activities

Type of Support	Frequency of Support	Daily Support Time
1. Learning and using specific job skills		
None (0)	None or less than monthly (0)	None (0)
Notes:		
2. Completing work-related tasks with acceptable speed		
None (0)	None or less than monthly (0)	None (0)
Notes:		
3. Completing work-related tasks with acceptable quality		
None (0)	None or less than monthly (0)	None (0)
Notes:		
4. Changing job assignments		
None (0)	None or less than monthly (0)	None (0)
Notes:		
5. Interacting with coworkers		
None (0)	None or less than monthly (0)	None (0)
Notes:		
6. Interacting with supervisors/coaches		
None (0)	None or less than monthly (0)	None (0)
Notes:		
7. Accessing/receiving job/task accommodations		
None (0)	None or less than monthly (0)	None (0)
Notes:		
8. Seeking information and assistance from an employer		
None (0)	None or less than monthly (0)	None (0)
Notes:		

Total Raw Score: 0

Support Needs for Life Activities

Social Activities

Type of Support	Frequency of Support	Daily Support Time
1. Using appropriate social skills		
None (0)	None or less than monthly (0)	None (0)
Notes:		
2. Participating in recreation/leisure activities with others		
None (0)	None or less than monthly (0)	None (0)
Notes:		
3. Socializing outside the household		
None (0)	None or less than monthly (0)	None (0)
Notes:		
4. Making and keeping friends		
None (0)	None or less than monthly (0)	None (0)
Notes:		
5. Engaging in loving and intimate relationships		
None (0)	None or less than monthly (0)	None (0)
Notes:		
6. Socializing within the household		
None (0)	None or less than monthly (0)	None (0)
Notes:		
7. Communicating with others about personal needs		
None (0)	None or less than monthly (0)	None (0)
Notes:		
8. Engaging in volunteer work		
None (0)	None or less than monthly (0)	None (0)
Notes:		

Total Raw Score: 0

Support Needs for Life Activities

 Advocacy Activities

Type of Support	Frequency of Support	Daily Support Time
1. Making choices and decisions		
None (0)	None or less than monthly (0)	None (0)
Notes:		
2. Advocating for self		
None (0)	None or less than monthly (0)	None (0)
Notes:		
3. Managing money and personal finances		
None (0)	None or less than monthly (0)	None (0)
Notes:		
4. Protecting self from exploitation		
None (0)	None or less than monthly (0)	None (0)
Notes:		
5. Exercising legal/civic responsibilities		
None (0)	None or less than monthly (0)	None (0)
Notes:		
6. Belonging to and participating in self-advocacy/support organizations		
None (0)	None or less than monthly (0)	None (0)
Notes:		
7. Obtaining legal services		
None (0)	None or less than monthly (0)	None (0)
Notes:		
8. Advocating for others		
None (0)	None or less than monthly (0)	None (0)
Notes:		

Total Raw Score: 0

Support Needs Profile - Graph

The graph provides a visual presentation of the seven life activity areas from Section 2.

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 lifeactivity areas in consideration of setting goals and developing the Individual Support Plan.

Activities Subscale	Total Raw Score	Standard Score	Percentile	Confidence Interval (95%)
2A. Home Living Activities	0	0	0	0-2
2B. Community Living Activities	0	0	0	0-2
2C. Health & Safety Activities	0	0	0	0-2
2D. Lifelong Learning Activities	0	0	0	0-2
2E. Work Activities	0	0	0	0-2
2F. Social Activities	0	0	0	0-2
2G. Advocacy Activities	0	0	0	0-2

Total:

SIS-A Support Needs Index:

Percentile:

Individual's Support Needs
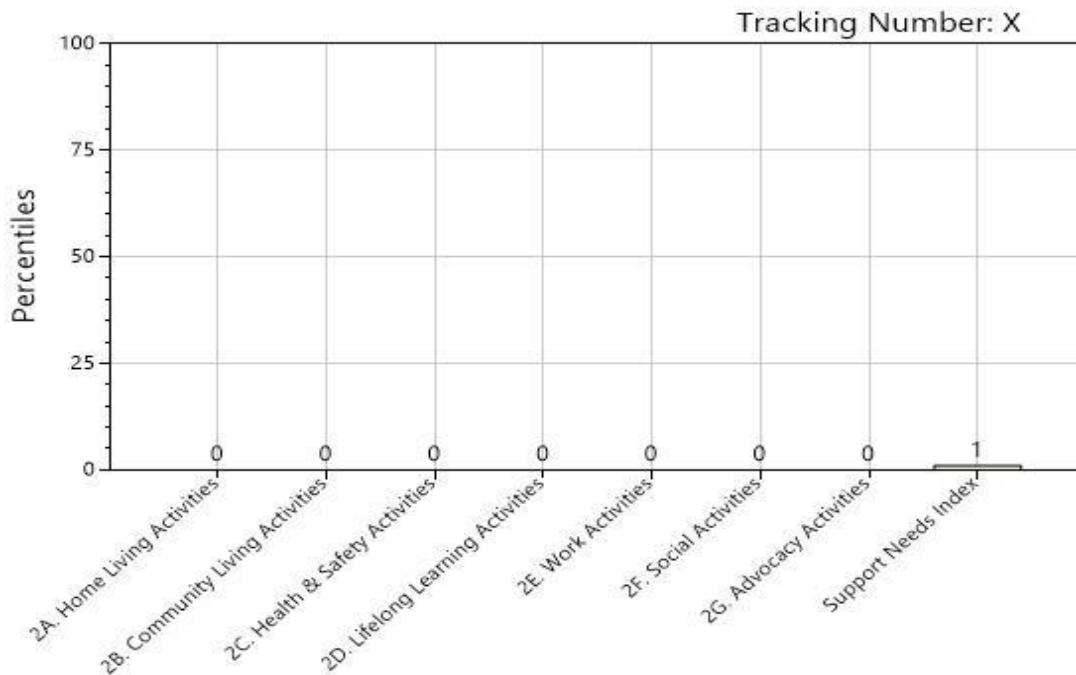
Interview Details

Person Being Assessed:

Last:

First:

Middle:

Language Spoken at Home:

Gender:

Address:

City:

State/Province:

Zip Code:

Phone:

D.O.B. (mm/dd/yyyy):

Age:

Tracking Number:

GUID:

Client Id:

Medicaid Number:

SSN:

Assessment Data:

Interview Date (mm/dd/yyyy):

ISP Begin Date:

SIS ID:

Reason for Assessment:

Interviewer Data:

Interviewer:

Position:

Agency/Affiliation:

Interviewer Address:

Phone: (000) 000-0000   **Ext.:**

Support Providers - **Essential supports for this individual are being provided by the following**

Name	Relationship	Phone	Ext.

Respondent Data - **Information for the SIS ratings was provided by the following respondents**

First Name	Last Name	Relationship	Agency	Email	Language

Person who entered this information:

First Name:

Last Name:

Primary Communication:

Other Pertinent Information:

Understanding the SIS-A Summary Report

This report lists all the ratings and results for the Supports Intensity Scale-Adult Version, 2nd Edition (SIS-A®, 2nd Ed.) interview. The information provided below will help to understand the numerical parts of the report.

Section 1: Exceptional Medical and Behavioral Supports

Medical and Behavioral Supports scores show the total points received for each subscale.

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].

Section 2: Support Needs for Life Activities

Rating Key

Type of support	Frequency of support	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 = Monthly. 2 = Weekly. 3 = Daily. 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.

Total Raw Scores are the total number of points received in each subscale of Section 2. Raw scores are changed into "standard scores."

Standard Scores provide a consistent system for comparing raw scores from one person to another. They can range from 1-20. As compared to the group of people with intellectual and developmental disabilities whose scores normed Section 2 (norm group),

* A standard score of 10 is average and indicates that the individual needs an average amount of support in that area.

* Standard scores above 10 are generally higher than average.

* Standard scores below 10 are considered lower than average.

The Percentile shows the percentage of the norm group scores are at or below a given standard score. For example, a score at the 37th percentile shows that the individual's score is the same as or higher than the scores of 37% of the norm group and 63% of the norm group had a higher score.

The Confidence Interval relates to the assessment's accuracy and not to the individual's support needs.

The Support Needs Index (SNI) shows an overall summary score. An SNI of 100 is average and indicates average support needs. Scores above and below 100 show higher and lower than average support needs.

Graph
The bar graph provides a visual picture of the individual's standard scores and percentiles. The higher the bar, the greater the support needs.