Person Being Assessed:

Last:	Sample SIS Report
First:	.
Middle:	
Language Spoken at Home:	English
Gender:	F
Address:	000 Sis Dr.
	Richmond, VA, 00000
Phone:	(000) 000-0000
D.O.B. (mm/dd/yyyy):	01/01/1966
Age on interview date:	56
Tracking Number:	00000
GUID:	
Client Id:	00000
Medicaid Number:	**********0000
SSN:	*******0000

Assessment Data:

Interview Date (mm/dd/yyyy):	12/16/2022
ISP Begin Date:	01/01/2023
SIS ID:	1414664
Reason for Assessment:	regular
Individual Participation:	All of

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

Name	Relationship	Phone	Ext.
SIS Community Services Board	Case Management	(000) 000-0000	
SIS Family Services	Residential	(000) 000-0000	
SIS Employment Services	Supported Employment	(000) 000-0000	
SIS Guardianship	Guardianship	(000) 000-0000	

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

First Name	Last Name	Relationship	Agency	Email	Languag
Harry	Sis	Services Coordinator	SIS Community Services BoardCommunity Services Board	sc.email.com	English
Ben	Sis	Residential Support Staff	SIS Family ServicesFamily Services	home.email.com	English
Casey	Sis	Employment Specialist	SIS Employment Services	job.email.com	English
Sy	Sis	Guardian	SIS GuardianshipCatholic Charities	guardianship.email.com	English

Person who entered this information:

First Name:	SIS
Last Name:	Interviewer

Introduction to the SIS Report:

The Supports Intensity Scale Adult Version (SIS-A) 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-A profile report is best applied in combination with person-centered planning to achieve the desired outcome in creating individual goals.

Rating Key for Sections 2 and 3

This describes the rating for Type of Support, Frequency and Daily Support time for each of the six areas discussed in your SIS-A profile

Type of Support	Frequency	Daily Support Time
What help do you need to do the (item) on your own or by yourself If engaged in the activity over the next several months, what would the nature of the support look like? Which support type dominates the support provided?	How frequently is supported needed for this activity?	If engaged in the activity over the next several months, in a typical 24-hour day, how much total, cumulative time would be needed to provide support?

0 = None
No support needed at any time
 	
1 = Monitoring (reminders). For example
* Encouragement, general supervision
* Checking in, observing, telling, &/or giving
  reminders to complete the activity
* Asking questions to trigger the individual to
  complete steps within the activity
 	
2 = Verbal/Gesture Prompting (demonstration). For example:
* Step by step instruction
  Walking a person through required steps
* Providing visual prompts, showing
* Modeling, teaching, role play, social stories
 	
3 = Partial Physical Assistance (help through) doing). For example:
* Individual participates in some parts of the activity
* Some, essential steps are required to be
  completed for the person
 	
4 = Full Physical Support (doing for). For example:
* All essential steps need to be completed for the
  person
	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. Supports Needs Index

2A. Home Living

Item	Type of Support	Frequency	Daily Support Time	Total Score
1. Operating home appliances/electronics	0 - None	0 - None or Less Than Monthly	0 - None	0
2. Bathing and taking care of personal hygiene and grooming needs	0 - None	0 - None or Less Than Monthly	0 - None	0
3. Using the toilet	0 - None	0 - None or Less Than Monthly	0 - None	0
4. Dressing	0 - None	0 - None or Less Than Monthly	0 - None	0
5. Preparing food	0 - None	0 - None or Less Than Monthly	0 - None	0
6. Eating Food	0 - None	0 - None or Less Than Monthly	0 - None	0
7. Taking care of clothes (includes laundering)	0 - None	0 - None or Less Than Monthly	0 - None	0
8. Housekeeping and cleaning	0 - None	0 - None or Less Than Monthly	0 - None	0

2B. Community Living				
Item	**Type of Support**	**Frequency**	**Daily Support Time**	**Total Score**
1. Getting from place to place throughout the community (transportation)	0 - None	0 - None or Less Than Monthly	0 - None	0
2. Participating in recreation/leisure activities in the community	0 - None	0 - None or Less Than Monthly	0 - None	0
3. Participating in preferred community activities (church, volunteering, etc.)	0 - None	0 - None or Less Than Monthly	0 - None	0
4. Accessing public buildings and settings	0 - None	0 - None or Less Than Monthly	0 - None	0
5. Using public services in the community	0 - None	0 - None or Less Than Monthly	0 - None	0
6. Shopping and purchasing goods and services	0 - None	0 - None or Less Than Monthly	0 - None	0
7. Interacting with community members	0 - None	0 - None or Less Than Monthly	0 - None	0
8. Going to visit friends and family	0 - None	0 - None or Less Than Monthly	0 - None	0

2B. Community Living
Item	**Type of Support**	**Frequency**	**Daily Support Time**	**Total Score**

2C. Lifelong Learning

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

2D. Employment

Item	Type of Support	Frequency	Daily Support Time	Total Score
1. Learning and using specific job skills	0 - None	0 - None or Less Than Monthly	0 - None	0
2. Accessing/receiving job/task accommodations	0 - None	0 - None or Less Than Monthly	0 - None	0
3. Interacting with co-workers	0 - None	0 - None or Less Than Monthly	0 - None	0
4. Interacting with supervisors/coaches	0 - None	0 - None or Less Than Monthly	0 - None	0
5. Completing work-related tasks with acceptable speed	0 - None	0 - None or Less Than Monthly	0 - None	0
6. Completing work-related tasks with acceptable quality	0 - None	0 - None or Less Than Monthly	0 - None	0
7. Changing job assignments	0 - None	0 - None or Less Than Monthly	0 - None	0
8. Seeking information and assistance from an employer	0 - None	0 - None or Less Than Monthly	0 - None	0

2E. Health and Safety				
Item	**Type of Support**	**Frequency**	**Daily Support Time**	**Total Score**
1. Taking medications	0 - None	0 - None or Less Than Monthly	0 - None	0
2. Ambulating and moving about	0 - None	0 - None or Less Than Monthly	0 - None	0
3. Avoiding health and safety hazards	0 - None	0 - None or Less Than Monthly	0 - None	0
4. Obtaining health care services	0 - None	0 - None or Less Than Monthly	0 - None	0
5. Learning how to access emergency services	0 - None	0 - None or Less Than Monthly	0 - None	0
6. Maintaining nutritious diet	0 - None	0 - None or Less Than Monthly	0 - None	0
7. Maintaining physical health and fitness	0 - None	0 - None or Less Than Monthly	0 - None	0
8. Maintaining emotional well-being	0 - None	0 - None or Less Than Monthly	0 - None	0

2F. Social				
Item	**Type of Support**	**Frequency**	**Daily Support Time**	**Total Score**
1. Using appropriate social skills	0 - None	0 - None or Less Than Monthly	0 - None	0
2. Participating in recreation/leisure activities with others	0 - None	0 - None or Less Than Monthly	0 - None	0
3. Socializing outside the household	0 - None	0 - None or Less Than Monthly	0 - None	0
4. Making and keeping friends	0 - None	0 - None or Less Than Monthly	0 - None	0
5. Engaging in loving and intimate relationships	0 - None	0 - None or Less Than Monthly	0 - None	0
6. Socializing within the household	0 - None	0 - None or Less Than Monthly	0 - None	0
7. Communicating with others about personal needs	0 - None	0 - None or Less Than Monthly	0 - None	0
8. Engaging in volunteer work	0 - None	0 - None or Less Than Monthly	0 - None	0

Section 3. Supplemental Protection and Advocacy Scale

Protection and Advocacy Activities

Item	Type of Support	Frequency	Daily Support Time	Total Score
1. Advocating for self	0 - None	0 - None or Less Than Monthly	0 - None	0
2. Making choices and decisions	0 - None	0 - None or Less Than Monthly	0 - None	0
3. Protecting self from exploitation	0 - None	0 - None or Less Than Monthly	0 - None	0
4. Exercising legal/civic responsibilities	0 - None	0 - None or Less Than Monthly	0 - None	0
5. Belonging to and participating in self-advocacy/support organizations	0 - None	0 - None or Less Than Monthly	0 - None	0
6. Obtaining legal services	0 - None	0 - None or Less Than Monthly	0 - None	0
7. Managing money and personal finances	0 - None	0 - None or Less Than Monthly	0 - None	0
8. Advocating for others	0 - None	0 - None or Less Than Monthly	0 - None	0

Rating Key For Section 1

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

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 1 clearly identifies additional support that is required for living safely in the community. The information from section 1 is considered separately from section 2.

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 1A: Exceptional Medical Support Needs	
Item	**ex Needed**
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
6. Tube feeding (e.g., nasogastric)	0 - No Support Needed
7. Parenteral feeding (e.g., IV)	0 - No Support Needed
8. Turning or positioning	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
11. Seizure management	0 - No Support Needed
12. Dialysis	0 - No Support Needed
13. Ostomy Care	0 - No Support Needed
14. Lifting and/or transferring	0 - No Support Needed
15. Therapy services	0 - No Support Needed
16. Hypertension	0 - No Support Needed
17. Allergies	0 - No Support Needed
18. Diabetes	0 - No Support Needed
19. Other - Specify :	0 - No Support Needed
Total Score	0

Section 1B: Exceptional Behavioral Support Needs

Item	ex Needed
1. Prevention of emotional outbursts	0 - No Support Needed
2. Prevention of assaults or injuries to others	0 - No Support Needed
3. Prevention of property destruction (e.g., fire setting, breaking furniture)	0 - No Support Needed
4. Prevention of stealing	0 - No Support Needed
5. Prevention of self-injury	0 - No Support Needed
6. Prevention of suicide attempts	0 - No Support Needed
7. Prevention of pica ingestion of inedible substances	0 - No Support Needed
8. Prevention of nonaggressive but inappropriate sexual behavior (e.g., exposes self in public, exhibitionism, inappropriate touching or gesturing)	0 - No Support Needed
9. Prevention of sexual aggression	0 - No Support Needed
10. Prevention of substance abuse	0 - No Support Needed
11. Prevention of wandering	0 - No Support Needed
12. Maintaining mental health treatments	0 - No Support Needed
13. Other - Specify :	0 - No Support Needed
Total Score	0