

## Family-Friendly Report (SIS-A)

Confidential Interview and Profile Results for the Supports Intensity Scale Adult Version™ : SIS-A™

### Person Being Assessed:

**Last:** Victor  
**First:** Joey  
**Middle:**  
**Language Spoken at Home:** English  
**Gender:** M  
**Address:** 122 Main Street  
**City:** Greely  
**State/Province:** AL  
**Zip Code:** 00000  
**Phone:**  
**D.O.B. (mm/dd/yyyy):** 07/15/2000  
**Age:** 17  
**Medicaid ID:** 00000  
**LME/MCO ID:**  
**Medicaid Number:**  
**SSN:**

### Assessment Data:

**Interview Date (mm/dd/yyyy):** 06/23/2018  
**ISP Begin Date:**  
**SIS ID:** 1465352  
**Reason for Assessment:** First SIS  
**Individual Participation:** All of

### Interviewer Data:

**Interviewer:** Kathy Varner  
**Agency/Affiliation:** AAIDD  
**Interviewer Address:** 501 3rd St., NW Ste. 200  
**City:** Washington  
**State/Province:** DC  
**Zip Code:** 20001  
**Position:**  
**Phone:** (202)387-1968  
**Ext.:**  
**Interviewer Email:** KVarner@aaidd.org

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

Name	Relationship	Phone	Ext.
Agency	Residential		

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

First Name	Last Name	Relationship	Agency	Email	Language
Crystal	Starr	parent			
Bill	Starr	parent			
Joey	Victor	self			

### Person who entered this information:

**First Name:** Kathy  
**Last Name:** Varner

### Other Pertinent Information - This assessment is used as an example only

**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
<p>What help do you need to do the (item) on your own or by yourself</p> <p>If engaged in the activity over the next several months, what would the nature of the support look like?</p> <p>Which support type dominates the support provided?</p>	<p>How frequently is supported needed for this activity?</p>	<p>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?</p>
<p><b>0 = None</b> No support needed at any time</p> <p><b>1 = Monitoring (reminders). For example</b>                      * Encouragement, general supervision                      * Checking in, observing, telling, &amp;/or giving reminders to complete the activity                      * Asking questions to trigger the individual to complete steps within the activity</p> <p><b>2 = Verbal/Gesture Prompting (demonstration). For example:</b>                      * Step by step instruction                      Walking a person through required steps                      * Providing visual prompts, showing                      * Modeling, teaching, role play, social stories</p> <p><b>3 = Partial Physical Assistance (help through doing). For example:</b>                      * Individual participates in some parts of the activity                      * Some, essential steps are required to be completed for the person</p> <p><b>4 = Full Physical Support (doing for). For example:</b>                      * All essential steps need to be completed for the person</p>	<p><b>0 = None or less than monthly</b></p> <p><b>1 = At least once a month, but not once a week</b></p> <p><b>2 = At least once a week, but not once a day</b></p> <p><b>3 = At least once a day, But not once an hour</b></p> <p><b>4 = Hourly or more frequently</b></p>	<p><b>0 = None</b></p> <p><b>1 = Less Than 30 Minutes</b></p> <p><b>2 = 30 Minutes to Less Than 2 Hours</b></p> <p><b>3 = 2 Hours to Less Than 4 Hours</b></p> <p><b>4 = 4 Hours or More</b></p>

## Section 2. Supports Needs Index

### 2A. Home Living

Item	Type of Support	Frequency	Daily Support Time	Total Score
5. Preparing food	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	8
1. Operating home appliances/electronics	1 - Monitoring	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	6
Joey enjoys electronics, but also will become upset while using electronics. Monitoring is needed to ensure appropriateness.				
2. Bathing and taking care of personal hygiene and grooming needs	1 - Monitoring	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	6
7. Taking care of clothes (includes laundering)	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
8. Housekeeping and cleaning	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	6
4. Dressing	1 - Monitoring	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	4
3. Using the toilet	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
6. Eating food	0 - None	0 - None or Less Than Monthly	0 - None	0

**2B. Community Living**

<b>Item</b>	<b>Type of Support</b>	<b>Frequency</b>	<b>Daily Support Time</b>	<b>Total Score</b>
1. Getting from place to place throughout the community (transportation)	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	8
Joey does not drive or ride bus independently. He has a good sense of direction and conveys directions to many places in town.				
8. Going to visit friends and family	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
2. Participating in recreation/leisure activities in the community	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
3. Participating in preferred community activities (church, volunteering, etc.)	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
Joey is active in his church and enjoys attending services.				
6. Shopping and purchasing goods and services	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
7. Interacting with community members	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
5. Using public services in the community	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	5
4. Accessing public buildings and settings	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3

<b>2C. Lifelong Learning</b>				
<b>Item</b>	<b>Type of Support</b>	<b>Frequency</b>	<b>Daily Support Time</b>	<b>Total Score</b>
1. Learning and using problem-solving strategies	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	4 - 4 Hours or More	10
Joey is easily frustrated when encountering problems				
5. Learning self-management strategies	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	4 - 4 Hours or More	10
2. Learning functional academics (reading signs, counting change, etc.)	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	3 - 2 Hours to Less Than 4 Hours	9
Joey wants to learn more about counting money and reading.				
4. Learning self-determination skills	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	3 - 2 Hours to Less Than 4 Hours	9
8. Interacting with others in learning activities	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	4 - 4 Hours or More	9
7. Accessing training/educational settings	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
9. Using technology for learning	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	3 - 2 Hours to Less Than 4 Hours	7
3. Learning health and physical education skills	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
6. Participating in training/educational decisions	3 - Partial Physical Assistance	0 - None or Less Than Monthly	2 - 30 Minutes to Less Than 2 Hours	5

**2D. Employment**

<b>Item</b>	<b>Type of Support</b>	<b>Frequency</b>	<b>Daily Support Time</b>	<b>Total Score</b>
1. Learning and using specific job skills	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	3 - 2 Hours to Less Than 4 Hours	7
4. Interacting with supervisors/coaches	3 - Partial Physical Assistance	1 - At Least Once a Month, But Not Once a Week	2 - 30 Minutes to Less Than 2 Hours	6
When encountering difficulties, Joey needs assistance to interact with supervisor. He does not need assistance with routine interactions				
5. Completing work-related tasks with acceptable speed	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
6. Completing work-related tasks with acceptable quality	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
2. Accessing/receiving job/task accommodations	3 - Partial Physical Assistance	0 - None or Less Than Monthly	2 - 30 Minutes to Less Than 2 Hours	5
3. Interacting with coworkers	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	5
7. Changing job assignments	1 - Monitoring	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	5
8. Seeking information and assistance from an employer	3 - Partial Physical Assistance	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	5
General Comments: Joey recently started a new job at a local grocery store				

**2E. Health and Safety**

Item	Type of Support	Frequency	Daily Support Time	Total Score
8. Maintaining emotional well-being	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	4 - 4 Hours or More	10
5. Learning how to access emergency services	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	3 - 2 Hours to Less Than 4 Hours	8
6. Maintaining nutritious diet	2 - Verbal/Gesture Prompting	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	7
Joey is learning healthy nutrition and has lost weight during the past 6 months				
1. Taking medications	2 - Verbal/Gesture Prompting	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	6
It is important that Joey takes his medications as directed by physician				
3. Avoiding health and safety hazards	1 - Monitoring	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	6
7. Maintaining physical health and fitness	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
4. Obtaining health care services	3 - Partial Physical Assistance	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	5
2. Ambulating and moving about	0 - None	0 - None or Less Than Monthly	0 - None	0

**2F. Social**

<b>Item</b>	<b>Type of Support</b>	<b>Frequency</b>	<b>Daily Support Time</b>	<b>Total Score</b>
5. Engaging in loving and intimate relationships	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	3 - 2 Hours to Less Than 4 Hours	9
Joey has recently expressed an interest in asking a girl out on a date				
6. Socializing within the household	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	3 - 2 Hours to Less Than 4 Hours	9
4. Making and keeping friends	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	3 - 2 Hours to Less Than 4 Hours	8
7. Communicating with others about personal needs	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	8
3. Socializing outside the household	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	3 - 2 Hours to Less Than 4 Hours	7
Joey enjoys socializing and needs assistance to ensure conversations are appropriate				
1. Using appropriate social skills	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
2. Participating in recreation/leisure activities with others	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
8. Engaging in volunteer work	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	2 - 30 Minutes to Less Than 2 Hours	4
Joey is quick to volunteer to help others. He has volunteered at church, with a local shelter and through his school.				



## Section 3. Supplemental Protection and Advocacy Scale

Protection and Advocacy Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
7. Managing money and personal finances	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	4 - 4 Hours or More	10
2. Making choices and decisions	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	3 - 2 Hours to Less Than 4 Hours	9
3. Protecting self from exploitation	3 - Partial Physical Assistance	3 - At Least Once a Day, But Not Once an Hour	3 - 2 Hours to Less Than 4 Hours	9
1. Advocating for self	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
4. Exercising legal/civic responsibilities	2 - Verbal/Gesture Prompting	3 - At Least Once a Day, But Not Once an Hour	2 - 30 Minutes to Less Than 2 Hours	7
8. Advocating for others	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	6
6. Obtaining legal services	3 - Partial Physical Assistance	0 - None or Less Than Monthly	2 - 30 Minutes to Less Than 2 Hours	5
5. Belonging to and participating in self-advocacy/support organizations	2 - Verbal/Gesture Prompting	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	4

## Support Needs Profile - Graph

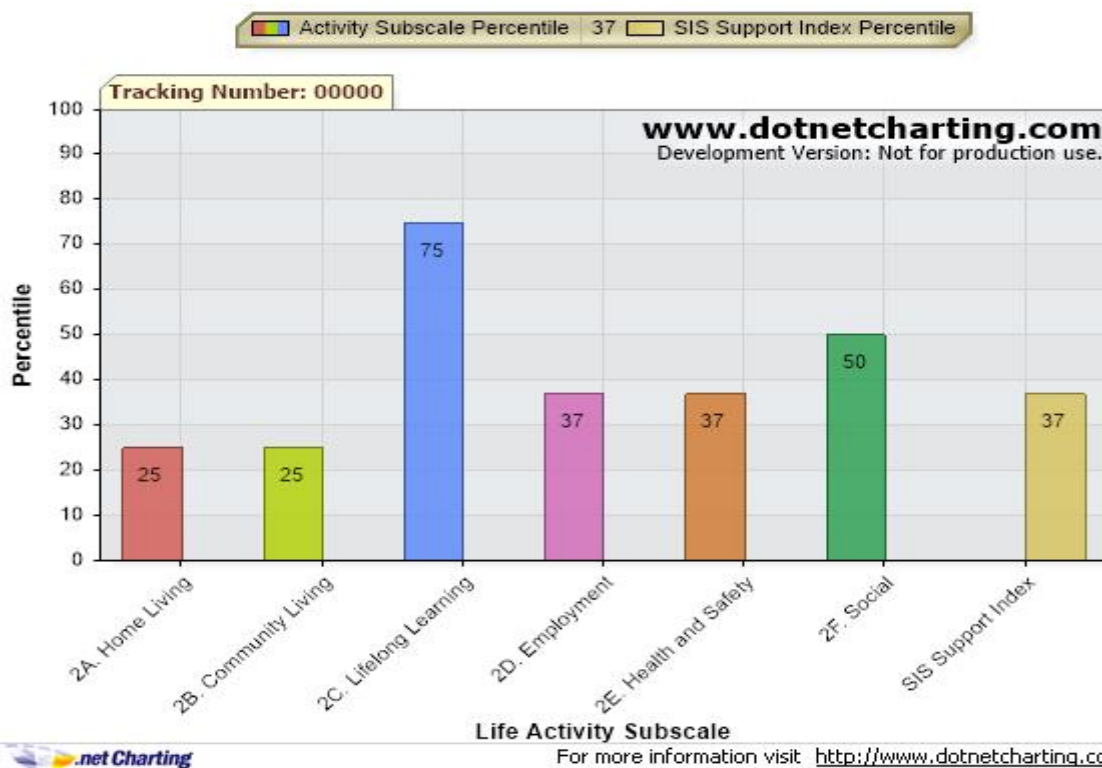
The graph provides a visual presentation of the six life activity areas from section 2.

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 life activity 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	39	8	25	7-9
2B. Community Living	47	8	25	7-9
2C. Lifelong Learning	72	12	75	11-13
2D. Employment	45	9	37	8-10
2E. Health and Safety	48	9	37	8-10
2F. Social	57	10	50	9-11
<b>Total:</b>	<b>308</b>	<b>56</b>		

**SIS Support Needs Index:** 95

**Percentile:** 37



## Section 3: Supplemental Protection and Advocacy Scale

### Protection and Advocacy Activities

Protection and Advocacy Activities	Raw Score
Advocating for self	7
Making choices and decisions	9
Protecting self from exploitation	9
Exercising legal/civic responsibilities	7
Belonging to and participating in self-advocacy/support organizations	4
Obtaining legal services	5
Managing money and personal finances	10
Advocating for others	6

The support needs profile reflects the pattern and intensity of the individual's support. The information provided in sections 1, 2, and 3, can be beneficial in the development of the individual's support plan.

## Rating Key For Section 1

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

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.

<b>Section 1A: Exceptional Medical Support Needs</b>		
<b>Item</b>	<b>Support Needed</b>	<b>Comments</b>
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	
General Comments: Joey is very healthy		

<b>Section 1B: Exceptional Behavioral Support Needs</b>		
<b>Item</b>	<b>Support Needed</b>	<b>Comments</b>
1. Prevention of emotional outbursts	2 - Extensive Support	Joey has multiple triggers and requires frequent intervention by many people to decrease the intensity of outbursts
2. Prevention of assaults or injuries to others	1 - Some Support	
3. Prevention of property destruction (e.g., fire setting, breaking furniture)	1 - Some Support	Joey is using coping strategies and is needing fewer interventions to prevent property destruction.
5. Prevention of self-injury	1 - Some Support	Joey needs reminders to not pick at open wounds
8. Prevention of nonaggressive but inappropriate sexual behavior (e.g., exposes self in public, exhibitionism, inappropriate touching or gesturing)	1 - Some Support	
12. Maintaining mental health treatments	1 - Some Support	
4. Prevention of stealing	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	
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	
13. Other - Specify :	0 - No Support Needed	
Total Score	7	

## Most Important To the Individual

Section 3, Item 1:	Advocating for self	3	2	2
Notes:				
Section 3, Item 8:	Advocating for others	2	2	2
Notes:				
Section 2A, Item 1:	Operating home appliances/electronics	1	3	2
Notes: Joey enjoys electronics, but also will become upset while using electronics. Monitoring is needed to ensure appropriateness.				
Section 2A, Item 4:	Dressing	1	2	1
Notes:				
Section 2B, Item 1:	Getting from place to place throughout the community (transp...	3	3	2
Notes: Joey does not drive or ride bus independently. He has a good sense of direction and conveys directions to many places in town.				
Section 2B, Item 2:	Participating in recreation/leisure activities in the commun...	2	2	2
Notes:				
Section 2B, Item 3:	Participating in preferred community activities (church, vol...	2	2	2
Notes: Joey is active in his church and enjoys attending services.				
Section 2B, Item 7:	Interacting with community members	2	2	2
Notes:				
Section 2C, Item 2:	Learning functional academics (reading signs, counting chang...	3	3	3
Notes: Joey wants to learn more about counting money and reading.				
Section 2D, Item 1:	Learning and using specific job skills	2	2	3
Notes:				
Section 2E, Item 3:	Avoiding health and safety hazards	1	3	2
Notes:				
Section 2E, Item 6:	Maintaining nutritious diet	2	3	2
Notes: Joey is learning healthy nutrition and has lost weight during the past 6 months				
Section 2F, Item 3:	Socializing outside the household	2	2	3
Notes: Joey enjoys socializing and needs assistance to ensure conversations are appropriate				
Section 2F, Item 5:	Engaging in loving and intimate relationships	3	3	3
Notes: Joey has recently expressed an interest in asking a girl out on a date				
Section 2F, Item 8:	Engaging in volunteer work	1	1	2
Notes: Joey is quick to volunteer to help others. He has volunteered at church, with a local shelter and through his school.				

## Most Important For the Individual

Section 3, Item 2:	Making choices and decisions	3	3	3
Notes:				
Section 3, Item 3:	Protecting self from exploitation	3	3	3
Notes:				
Section 3, Item 7:	Managing money and personal finances	3	3	4
Notes:				
Section 2A, Item 1:	Operating home appliances/electronics	1	3	2
Notes: Joey enjoys electronics, but also will become upset while using electronics. Monitoring is needed to ensure appropriateness.				
Section 2A, Item 2:	Bathing and taking care of personal hygiene and grooming nee...	1	3	2
Notes:				
Section 2C, Item 1:	Learning and using problem-solving strategies	3	3	4
Notes: Joey is easily frustrated when encountering problems				
Section 2C, Item 2:	Learning functional academics (reading signs, counting chang...	3	3	3
Notes: Joey wants to learn more about counting money and reading.				
Section 2C, Item 5:	Learning self-management strategies	3	3	4
Notes:				
Section 2D, Item 4:	Interacting with supervisors/coaches	3	1	2
Notes: When encountering difficulties, Joey needs assistance to interact with supervisor. He does not need assistance with routine interactions				
Section 2E, Item 1:	Taking medications	2	3	1
Notes: It is important that Joey takes his medications as directed by physician				
Section 2E, Item 8:	Maintaining emotional well-being	3	3	4
Notes:				
Section 2F, Item 6:	Socializing within the household	3	3	3
Notes:				
Section 1B, Item 0:	Prevention of emotional outbursts	2		
Notes: Joey has multiple triggers and requires frequent intervention by many people to decrease the intensity of outbursts				
Section 1B, Item 1:	Prevention of assaults or injuries to others	1		
Notes:				
Section 1B, Item 2:	Prevention of property destruction (e.g., fire setting, bre...	1		
Notes: Joey is using coping strategies and is needing fewer interventions to prevent property destruction.				
Section 1B, Item 4:	Prevention of self-injury	1		
Notes: Joey needs reminders to not pick at open wounds				
Section 1B, Item 7:	Prevention of nonaggressive but inappropriate sexual behavio...	1		
Notes:				
Section 1B, Item 12:	Maintaining mental health treatments	1		
Notes:				

## How Information from My Support Profile Can Be Used in Supports Planning Approaches

Everyone benefits from supports that allow them to take part in everyday life activities and maintain a healthy lifestyle. The Supports Intensity Scale Adult Version (SIS-A) assesses a person's pattern and intensity of support needs across life activities and exceptional medical and behavioral support need areas. The attached 'My Support Profile' summarizes information from the SIS-A that can be used in planning supports for individuals based on their support needs and the individuals' goals and interests.

Planning supports for individuals requires the collective wisdom of a Support Team that is made up of the individual receiving the services and supports, his/her parents or family members, a case manager or supports coordinator, direct support staff who work with the individual, and one or more professionals depending on the individual's support needs. The purpose of this attachment to the 'My Support Profile' is to provide answers to six questions asked frequently by the individual and his/her support team members as collectively they engage in the development, implementation, and monitoring of the individual's support planning.

### 1. How do we determine what is important to the individual and what is important for the individual?

Identifying support needs that are important to the individual is based on the individual's goals, desires, and preferences.

Identifying support needs that are important for the individual is based on:

- higher support need scores from the 'My Support Profile' in the most relevant life activity areas
- needed supports in health and safety
- interventions prescribed by a professional.

### 2. How do we focus on the whole person and the individual's quality of life?

The concept of quality of life reflects a holistic approach to an individual and includes areas that are valued by all persons.

Eight core quality of life areas reflect this holistic approach:

- |                        |                       |                           |
|------------------------|-----------------------|---------------------------|
| - Personal Development | - Self-determination  | - Interpersonal Relations |
| - Social Inclusion     | - Rights              | - Emotional Well-being    |
| - Physical Well-being  | - Material Well-being |                           |

These eight quality of life areas can be used to develop an ISP.

### 3. What are the responsibilities of support team members?

Determine what is important to and for the individual

Identify specific support strategies to address the individual's personal goals and assessed support needs

Specify a specific support objective for each support strategy and indicate who is responsible for implementing each support strategy

Implement and monitor the Individual Supports Plan

### 4. What supports can we use to enhance the individual's well-being?

Natural sources (e.g. family, friends, and community resources)

Technology-based (e.g. assistive technology, information technology, smart technology, and prosthetics)

Environment-based (e.g. environmental accommodation)

Staff directed (e.g. incentives, skills/knowledge, and positive behavior supports)

Professional services (e.g. medical, psychological, therapeutic services)



5. How does information obtained from the SIS-A relate to professional recommendations?

Professional recommendations such as those from a doctor focus on lessening the impact of the individual's disability-related condition.

SIS information focuses on the supports an individual needs in order to be more successful in everyday life activities.

Both types of information need to be a part of planning supports for individuals.

6. How do we know if the supports provided have an effect on the individual?

Informally, people will see an increased involvement of the individual in everyday life activity areas and an improvement in exceptional medical and behavioral support need areas.

Formally, people will see enhanced personal quality of life-related outcomes on one or more quality of life areas.