



# Supports Intensity Scale™ Rating Scale

Type of Support	Frequency	Daily Support time
<p>What help do you need to (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 assistance provided?</p>	<p>How frequently would (name) need support doing (item) if they were going to be doing this activity over the next several months?</p>	<p>If engaged in the activity over the next several months, in a typical <u>24-hour</u> day, how much total, <u>cumulative</u> time would be needed to provide support?</p>
<p><b>0 = none</b> No support needed at any time</p> <p><b>1 = monitoring</b> Checking in &amp; observing Asking questions to prompt but not telling the person the step</p> <p><b>2= verbal/gesture prompting</b> Giving a verbal direction Giving a gestural direction Visual prompts Modeling</p> <p><b>3= partial physical assistance</b> Caregiver uses their body/voice for some steps Some steps need to be done for the person Some steps require hand over hand Some steps require speaking for the person</p> <p><b>4=full physical support</b> Care giver needs to use body/voice for the entire process All steps need to be done for the person All speaking needs to be done for the person</p>	<p><b>0 = none or less than monthly</b></p> <p>1 = at least once a <u>month</u>, but not once a week</p> <p><b>2 = at least once a <u>week</u> , but not once a day (up to 6 days a week)</b></p> <p><b>3 = at least once a <u>day</u>, but not once an hour (at least 7 days a week)</b></p> <p><b>4 = <u>hourly</u> or more frequently (24 hours a day)</b></p>	<p><b>0 = none</b></p> <p><b>1 = less than <u>30 minutes</u></b></p> <p><b>2 = 30 minutes to less than <u>2 hours</u></b></p> <p><b>3 = 2 hours to less than <u>4 hours</u></b></p> <p><b>4 = 4 hours or <u>more</u></b></p>
<p><b>Information for Individuals, Family Members, and Providers</b></p>		

## Exceptional Medical and Behavioral Support Needs

What help do you need to/for (item)?

### **0 = No Support Needed**

No support needed at any time

### **1 = Some Support Needed**

Checking in & observing

Monitoring

Occasional assistance

### **2= Extensive Support Needed**

Regular assistance

Poses an important health or safety risk

Support needed in most environments

Consequences of lack of support are severe

### **Other(s):**

Add as many exceptional medical or behavioral supports as needed

Do *not* add diagnoses or conditions: add only exceptional supports

Specify support provided

Score each support independently