

**Supports Intensity Scale for Children
Field Test Version 3.0**

**American Association on Intellectual and Developmental Disabilities
April 4, 2012**

ASSESSMENT

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Children’s SIS: Demographic Information:

Part A. Information about the interviewer

Name: _____ Agency/School: _____ City, State: _____

Gender: Male Female Education: HS Diploma 2-yr. degree BS/BA Master’s Degree Doctoral Degree

Ethnic Background: White – Non-Hispanic Black – Non-Hispanic Asian/Pacific Islander Native People Hispanic
 Multiple ethnic backgrounds Other (specify _____)

Years of Work Experience in Services to Children or Youth with Disabilities: _____ years

Current Workplace Location: Urban/suburban Rural

Interviewer relationship to child: _____ number of years known child: _____

Part B. Information about the respondents

Respondent #1: relationship to child: _____ number of years known child: _____

Respondent #2: relationship to child: _____ number of years known child: _____

Part C. Information about the child being rated

Gender: Male Female Age: _____ years, _____ months

IQ Level: <25 or profound 25-39 or severe 40-55 or moderate 55-70 or mild

Adaptive Behavior Level: profound severe moderate mild

Ethnic Background: White – Non-Hispanic Black – Non-Hispanic Asian/Pacific Islander Native People Hispanic
 Multiple ethnic backgrounds Other (specify _____)

Home Residence: Family Home Foster family home Small group home (<7 residents) Midsize group home (7-15 residents)
 Large residential school/facility (>15 residents) Other residential facility (specify _____)

Presence of disabilities (check all that apply): Intellectual disability/mental retardation Low vision/Blindness
 Deafness/hearing impairment Psychiatric disability Developmental delay Physical disability: Arm/hand limitations
 Physical disability: Mobility limitations Chronic health condition Autism Spectrum Disorder (ASD) Brain/neurological damage
 Speech disorder Language disorder Learning disability Attention Deficit Hyperactivity Disorder (AD/HD) Other (specify)

Primary language understood: English Spanish French Other (specify _____)

List of Assistive Technologies the Child Uses: _____

Section II. Estimates of Support Needs

Instructions: Interviewers, Please read the name and description of each support domain, and request that each respondent rate the child’s support needs on a scale of 1 to 5 using the following criteria. Please stress that ratings should be made in relation to typically functioning children of the same age.

No extra support needed		Medium support needed		Total support needed
1	2	3	4	5

Respondent #1:

<p>Home Living Activities <i>Activities completed as a function of living in a household</i></p> <p>1 2 3 4 5</p>	<p>Community & Neighborhood Activities <i>Activities completed as a function of being a member of a community or neighborhood</i></p> <p>1 2 3 4 5</p>	<p>School Participation Activities <i>Activities associated with participating in the school community</i></p> <p>1 2 3 4 5</p>	<p>School Learning Activities <i>Activities associated with acquiring knowledge and/or skills while attending school</i></p> <p>1 2 3 4 5</p>	<p>Health and Safety Activities <i>Activities that assure safety across home, school, and community environments.</i></p> <p>1 2 3 4 5</p>	<p>Social Activities <i>Activities that pertain to social integration with others, both children and adults.</i></p> <p>1 2 3 4 5</p>	<p>Advocacy Activities <i>Activities related to acting as a causal agent in one's life, making choices and decisions, and availing oneself of leadership opportunities.</i></p> <p>1 2 3 4 5</p>
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Respondent #1: Rate the child’s **overall** support needs by circling the appropriate number (1-5) relative to other children the same age

No extra support needed		Medium support needed		Total support needed
1	2	3	4	5

Respondent #2:

<p>Home Living Activities <i>Activities completed as a function of living in a household</i></p> <p>1 2 3 4 5</p>	<p>Community & Neighborhood Activities <i>Activities completed as a function of being a member of a community or neighborhood</i></p> <p>1 2 3 4 5</p>	<p>School Participation Activities <i>Activities associated with participating in the school community</i></p> <p>1 2 3 4 5</p>	<p>School Learning Activities <i>Activities associated with acquiring knowledge and/or skills while attending school</i></p> <p>1 2 3 4 5</p>	<p>Health and Safety Activities <i>Activities that assure safety and health across home, school, and community environments.</i></p> <p>1 2 3 4 5</p>	<p>Social Activities <i>Activities that pertain to social integration with others, both children and adults.</i></p> <p>1 2 3 4 5</p>	<p>Advocacy Activities <i>Activities related to acting as a causal agent in one's life, making choices and decisions, and availing oneself of leadership opportunities.</i></p> <p>1 2 3 4 5</p>
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Respondent #2: Rate the child's **overall** support needs by circling the appropriate number (1-5) relative to other children the same age

No extra support needed		Medium support needed		Total support needed
1	2	3	4	5

PART I: EXCEPTIONAL MEDICAL AND BEHAVIORAL NEEDS

(Item descriptions in Instructions)

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).

MEDICAL				BEHAVIORAL			
Respiratory care				Externally-directed destructiveness			
Inhalation or oxygen therapy	0	1	2	Prevention of assaults or injuries to others	0	1	2
Postural drainage	0	1	2	Prevention of property destruction (e.g., fire setting, breaking furniture)	0	1	2
Chest PT	0	1	2	Prevention of stealing	0	1	2
Suctioning	0	1	2	Self-directed destructiveness			
Feeding assistance				Prevention of self-injury	0	1	2
Oral stimulation or jaw positioning	0	1	2	Prevention of pica (ingestion of inedible substances)	0	1	2
Tube feeding (e.g., nasogastric)	0	1	2	Prevention of suicide attempts	0	1	2
Parenteral feeding (e.g., IV)	0	1	2	Sexual			
Skin care				Prevention of sexual aggression	0	1	2
Turning or positioning	0	1	2	Prevention of non-aggressive but inappropriate sexual behavior	0	1	2
Dressing of open wound(s)	0	1	2	Other exceptional behavioral concerns			
Other exceptional medical care				Prevention of tantrums or emotional outbursts	0	1	2
Protection from infectious diseases due to immune system impairment	0	1	2	Prevention of wandering	0	1	2
Seizure management	0	1	2	Prevention of substance abuse	0	1	2
Dialysis	0	1	2	Maintaining mental health treatments	0	1	2
Ostomy care	0	1	2	Prevention of Truancy	0	1	2
Lifting and/or transferring	0	1	2	Other(s) – List all that apply			
Eating Disorders	0	1	2	_____	0	1	2
Therapy Services	0	1	2	_____	0	1	2
Allergies	0	1	2	_____	0	1	2
Diabetes Management	0	1	2	_____	0	1	2
Other(s) – List all that apply							
_____	0	1	2				
_____	0	1	2				

PART II: SUPPORTS NEEDS SCALE

PART II. Support Needs Scale Section A: Home Life Activities	TYPE					FREQUENCY					DAILY SUPPORT TIME				
	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
1. Completing household chores	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
2. Eating	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
3. Washing and keeping self clean	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
4. Dressing	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
5. Using the toilet	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
6. Sleeping and/or napping	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
7. Keeping track of personal belongings at home	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
8. Keeping self occupied during unstructured time (free time) at home	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
9. Operating electronic devices	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4

**REMEMBER TO SCORE SUPPORT NEEDS AS IF THE CHILD IS DOING THE ACTIVITY
EVEN IF HE/SHE CURRENTLY DOES NOT!**

SCORING KEY

Type of Support	Frequency of Support	Daily Support Time
0 = none 1 = monitoring 2 = verbal/gestural prompting 3 = partial physical assistance 4 = full physical assistance	0 = Negligible ; the child’s support needs are rarely if ever different than same-aged peers in regard to frequency. 1 = Infrequently ; the child will occasionally need someone to provide extraordinary support that same-aged peers will not need. 2 = Frequently ; in order for the child to participate in the activity, extra support will need to be provided for about half of the occurrences of the activity. 3 = Very Frequently ; in most occurrences of the activity the child will need extra support that same-aged peers will not need. 4 = Always ; on every occasion that the child participates in the activity, the child will need extra support that same-aged peers will not need.	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

PART II. Support Needs Scale Section B: Community and Neighborhood Activities	TYPE					FREQUENCY					DAILY SUPPORT TIME				
	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
1. Moving around the neighborhood and community	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
2. Participating in leisure activities that require physical activity	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
3. Participating in leisure activities that do <u>not</u> require physical exertion	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
4. Using public services in one's community or neighborhood.	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
5. Participating in community service and religious activities.	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
6. Shopping	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
7. Complying with basic community standards, rules, and/or laws	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
8. Attending special events in the community or neighborhood such as cookouts/picnics, cultural festivals, music/art fairs, or holiday oriented events	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4

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PART II. Support Needs Scale Section C: School Participation Activities	TYPE					FREQUENCY					DAILY SUPPORT TIME				
	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
1. Being included in general education classrooms	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
2. Participating in activities in common school areas (e.g., playground, hallways, cafeteria)	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
3. Participating in co-curricular activities	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
4. Getting to school (includes transportation)	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
5. Moving around within the school and transitioning between activities	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
6. Participating in large-scale test taking activities required by state education systems	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
7. Following classroom and school rules	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
8. Keeping track of personal belongings at school	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
9. Keeping track of schedule at school	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4

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PART II. Support Needs Scale Section D: School Learning Activities	TYPE					FREQUENCY					DAILY SUPPORT TIME				
	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
1. Accessing grade level curriculum content	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
2. Learning academic skills	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
3. Learning and using metacognitive strategies	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
4. Completing academic tasks (e.g., time, quality, neatness, organizational skills)	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
5. Learning how to use and using educational materials, technologies, and tools	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
6. Learning how to use and using problem solving and self-regulation strategies in the classroom	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
7. Participating in classroom level evaluations, such as tests	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
8. Accessing the health and physical education curricula	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
9. Completing homework assignments	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4

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PART II. Support Needs Scale Section E: Health & Safety Activities	TYPE					FREQUENCY					DAILY SUPPORT TIME				
	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
1. Communicating health related issues and medical problems, including aches and pains	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
2. Maintaining physical fitness	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
3. Maintaining emotional well-being	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
4. Maintaining health and wellness	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
5. Implementing routine first aid when experiencing minor injuries such as a bloody nose	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
6. Responding in emergency situations	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
7. Protecting self from physical, verbal, and/or sexual abuse	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
8. Avoiding health and safety hazards	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4

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PART II. Support Needs Scale Section F: Social Activities	TYPE					FREQUENCY					DAILY SUPPORT TIME				
	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
1. Maintaining positive relationships with others	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
2. Respecting the rights of others	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
3. Maintaining conversation	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
4. Responding to and providing constructive criticism	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
5. Coping with changes in routines and/or transitions across social situations	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
6. Making and keeping friends	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
7. Communicating with others in social situations	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
8. Respecting others personal space/property	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
9. Protecting self from exploitation and bullying	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4

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PART II. Support Needs Scale Section G: Advocacy Activities	TYPE					FREQUENCY					DAILY SUPPORT TIME				
	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
1. Expressing preferences	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
2. Setting personal goals	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
3. Taking action and attaining goals	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
4. Making choices and decisions	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
5. Advocating for and assisting others	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
6. Learning and using self-advocacy skills	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
7. Communicating personal wants and needs	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
8. Participating in educational decision making	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
9. Learning and using problem solving and self-regulation strategies in the home and community	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4

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