# Rating Key for Respondents: Life Activities

- 1. This scale should be completed without regard to the services or supports currently provided or available.
- 2. Scores should reflect the supports that would be necessary for this person to be successful.
- 3. If an individual uses assistive technology, the person should be rated with said technology in place.
- 4. Complete ALL items, even if the person is not currently performing a listed activity.

Type of Support	Frequency of Support	Daily Support Time
What extraordinary support would be needed for success in the activity? 0 = None 1 = Reminders (monitoring) 2 = Coaching (verbal/gestural prompting) 3 = Doing Some (partial physical assistance) 4 = Doing For	How often would extraordinary support be needed for success in the activity? 0 = None (or less than monthly) 1 = Monthly 2 = Weekly (up to 6 days a week) 3 = Daily (at least 7 days a week) 4 = Hourly (or more frequently)	How much total extraordinary support time would be needed for success in the activity? 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
(full physical assistance required)		

#### **Support Needs for Life Activities**

- Home Living Activities
- Community Living Activities
- Health and Safety Activities
- Lifelong Learning Activities

- Work Activities
- Social Activities
- Advocacy Activities

**1** | Supports Intensity Scale Adult Version<sup>®</sup> 2<sup>nd</sup> Ed.

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# **Exceptional Medical and Behavioral Support Needs**

### **Rating Key**

### 0 = No Exceptional Support Needed

(condition or behavior is not an issue, or no exceptional support is needed to manage the medical condition or behavior)

## 1 = Some Exceptional Support Needed

(continuously aware, monitoring, episodic active support, may not need in all environments)

#### 2 = Extensive Exceptional Support Needed

(intense, active support occurs frequently, may need active supports in all environments, active support takes significant time)



- Respiratory Care
- Feeding Assistance
- Skin Care
- Other Exceptional Medical Care

#### **Exceptional Behavioral Support Needs**

- Externally Directed Behavior
- Self-Directed Behavior
- Sexual Behavior
- Other

**2** | Supports Intensity Scale Adult Version<sup>®</sup> 2<sup>nd</sup> Ed.

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