

SIS Rating Key

Type of Support: What kind of support should be provided?

- 0 = None
- 1 = Monitoring
- 2 = Verbal/Gesture prompting
- 3 = Partial physical assistance
- 4 = Full physical assistance

Frequency of Support: How frequently is support needed for this activity?

- 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

Daily Support Time: On a typical day when support in this area is needed, how much time should be devoted?

- 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

Rating Key for Exceptional Medical and Behavioral Support Needs

- 0 = No support needed
- 1 = Some support needed
- 2 = Extensive support needed