

# **My Support Profile**

Confidential Interview and Profile Results for the Supports Intensity Scale (SIS®)

Person Being Asse	essed:	Assessment Data:	
Last Name:	Workman	Interview Date:	2/24/2015
First Name:	John	Medicaid Id:	0000000009
Middle Name:		PIHP ID:	0000000
Gender:	Male	CMH / Agency ID:	0
Language:			
Address:	1234 Dream Job Lane	Interviewer Data:	
City:	Flint	Interviewer:	Hannah DiMatteo
State:	MI	Agency:	Genesee Health System
Zip Code:	48504	Address:	725 Mason st.
Phone:		City:	Flint
Date of Birth:	01/01/1971	State:	MI
Age:	44	Zip Code:	48503
		Position:	Manager, I/DD Supports Assessment
		Phone:	(810) 424-6086
		Email:	hdimatteo@genhs.org

**Other Pertinent Information:** John lives in his own home with daily support and visits from family. Mother wants John to gain skills to prepare for when she is gone.

What Prompted Interview: First SIS

#### Information for the SIS ratings was provided by the following respondents:

Name	Relationship	Language Spoken
Mother Dearest	Parent/Legal Guardian	
Sister Flemming	Sibling	
Workman John	Self	
Services provided by:		
Name	Relationship	Phone
GHS ADULT CASE MANAGEMENT		

Name of person who entered this information: Hannah DiMatteo

#### Introduction to the SIS Report:

The supports intensity scale (SIS) 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 profile report is best applied in combination with person-centered planning to achieve the desired outcome in creating individual goals.

### ✤ RATING KEY FOR SECTION 1

This describes the rating for Type of Support, Frequency and Daily Support time for each of the six areas discussed in your SIS profile

Type of Support	Frequency	Daily Support Time
What help do you need to do the (item) on your own or by yourself	How often would (name) need support doing (item) if they were going to be doing this activity over the next	If engaged in the activity over the next several months, in a typical <u>24-hour</u> day, how much total,
If engaged in the activity over the next several months, what would the nature of the support look like?	several months?	<u>cumulative</u> time would be needed to provide support?
Which support type dominates the support provided?		
<b>0 = None</b> No support needed at any time	0 = None or Less Than Monthly (Up to 11 Times a Year)	0 = None
		1 = Less Than 30 Minutes
<ol> <li><b>1 = Monitoring</b></li> <li>Checking in &amp; observing</li> </ol>	1 = At Least Once a Month, But Not Once a Week	
Asking questions to prompt but not telling the		2 = 30 Minutes to Less Than 2
person the step		Hours
	2 = At Least Once a Week, But Not	
	Once a Day (Up to 6 Days a Week)	
2 = Verbal/Gesture Prompting Giving a verbal direction		3 = 2 Hours to Less Than 4 Hours
Giving a gestural direction	3 = At Least Once a Day, But Not	nours
Visual prompts	Once an Hour (At Least 7 Days a	4 = 4 Hours or More
Modeling	Week)	
3 = Partial Physical Assistance	4 = Hourly or More Frequently	
Some steps need to be done for the person Some, but not all, steps require hand over	(24 Hours a Day)	
hand		
Some steps require speaking for the person		
4 = Full Physical Support		
All, or nearly all, steps need to be done for the		
person		
All speaking needs to be done for the person		

# SECTION 1 RATINGS FOR EACH ITEM

Items are ranked from highest to lowest according to the amount of support the individual would benefit from.

# Section 1: Support Needs Ratings

# **Activity Subscale and Score Results**

# Part A - Home Living Activities

Item	Type of Support	Frequency	Daily Support Time	Total Score
3. Preparing food	2 - Verbal/Gesture	2 - At Least Once a	1 - Less Than 30	5
	Prompting	Week, But Not Once a	Minutes	
		Day		
	Notes: Consumer goes	to Mother's everyday for	dinner but would be su	iccessful
	in making all me	eals with coaching. Rehea	ts food, makes sandwi	ches and
	other simple me	als independently.		-
1. Using the toilet	0 - None	0 - None or Less Than	0 - None	0
		Monthly		
2. Taking care of clothes (includes	0 - None	0 - None or Less Than	0 - None	0
laundering)		Monthly		
4. Eating food	0 - None	0 - None or Less Than	0 - None	0
		Monthly		
5. House keeping and cleaning	0 - None	0 - None or Less Than	0 - None	0
		Monthly		
6. Dressing	0 - None	0 - None or Less Than	0 - None	0
		Monthly		
7. Bathing and taking care of personal	0 - None	0 - None or Less Than	0 - None	0
hygiene and grooming needs		Monthly		
8. Operating home appliances	0 - None	0 - None or Less Than	0 - None	0
		Monthly		
	Notes: John loves his st	ereo system.		

Item	Type of Support Frequency		Daily Support	Total
		,	Time	Score
3. Using public services in the community	3 - Partial Physical	1 - At Least Once a	1 - Less Than 30	5
	Assistance	Month, But Not Once	Minutes	
		a Week		
	Notes: John has great d	ifficulty understanding ar	nd writing on forms. Mo	other
	assists with com	mon public services by w	riting, reading and thir	nking
	through answers	for him.		
6. Shopping and purchasing goods and	2 - Verbal/Gesture	2 - At Least Once a	1 - Less Than 30	5
services	Prompting	Week, But Not Once a	Minutes	
		Day		
	Notes: John is successful with coaching on counting change, budgeting and			
	ensuring he does	s not give his money awa	y to others.	
1. Getting from place to place throughout	1 - Monitoring	0 - None or Less Than	1 - Less Than 30	2
the community (transportation)		Monthly	Minutes	
	Notes: John has his own car and being able to drive is very important to him.			
	Reminders about	t unfamiliar directions and	d ensuring he gets oil o	changes,
	maintenance, et	c. keep him independent.		
2. Participating in recreation/leisure activities	0 - None	0 - None or Less Than	0 - None	0
in the community settings		Monthly		
<ol><li>Going to visit friends and family</li></ol>	0 - None	0 - None or Less Than	0 - None	0
		Monthly		
5. Participating in preferred activities	0 - None	0 - None or Less Than	0 - None	0
(church, volunteer, etc.)		Monthly		
7. Interacting with community members	0 - None	0 - None or Less Than	0 - None	0
		Monthly		
8. Accessing public buildings and settings	0 - None	0 - None or Less Than	0 - None	0
		Monthly		

Item	Type of Support	Frequency	Daily Support Time	Total Score
1. Interacting with others in learning activities	2 - Verbal/Gesture Prompting	3 - At Least Once a Day, But Not Once an Hour	4 - 4 Hours or More	9
6. Learning functional academics (reading signs, counting change)	2 - Verbal/Gesture Prompting	3 - At Least Once a Day, But Not Once an Hour	4 - 4 Hours or More	9
	become indeper	d a tutor or someone to w ndent with reading, writing erall independent living sk	g and math, which wou	
4. Using technology for learning	3 - Partial Physical Assistance	2 - At Least Once a Week, But Not Once a Day	2 - 30 Minutes to Less Than 2 Hours	7
	Notes: Reading would	be a barrier.		_
8. Learning self-determination 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
9. Learning self-management strategies	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	3 - 2 Hours to Less Than 4 Hours	7
2. Participating in training/educational decisions	3 - Partial Physical Assistance	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	5
3. Learning and using problem solving strategies	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
5. Accessing training/educational settings	0 - None	0 - None or Less Than Monthly	0 - None	0
7. Learning health and physical skills	0 - None	0 - None or Less Than	0 - None	0

Item	Type of Support	Frequency	Daily Support Time	Total Score
2. 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
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
8. Seeking information and assistance from an employer	2 - Verbal/Gesture Prompting	1 - At Least Once a Month, But Not Once a Week	2 - 30 Minutes to Less Than 2 Hours	5
1. Acessing/receiving job/task accommodations	2 - Verbal/Gesture Prompting	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	4
4. Interacting with supervisors and coaches	1 - Monitoring	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	4
	community emp	ustrated by bosses and w ny they might be doing/sa loyment but had trouble a supervisors when it wasr	aying/restricting. John at workshop listening t	
3. Interacting with co-workers	0 - None	0 - None or Less Than Monthly	0 - None	0
7. Changing job assignments	0 - None	0 - None or Less Than Monthly	0 - None	0

Part E - Health and Safety Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
8. Maintaining emotional well-being	2 - Verbal/Gesture	3 - At Least Once a	2 - 30 Minutes to	7
	Prompting	Day, But Not Once an Hour	Less Than 2 Hours	
1. Taking medications	1 - Monitoring	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	5
6. Maintaining a nutritious diet	1 - Monitoring	3 - At Least Once a Day, But Not Once an Hour	1 - Less Than 30 Minutes	5
3. Obtaining health care services	2 - Verbal/Gesture Prompting	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	4
7. Maintaining physical health and fitness	1 - Monitoring	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	4
2. Avoiding health and safety hazards	0 - None	0 - None or Less Than Monthly	0 - None	0
4. Ambulating and moving about	0 - None	0 - None or Less Than Monthly	0 - None	0
5. Learning how to access emergency services	0 - None	0 - None or Less Than Monthly	0 - None	0

Part F - Social Activities				
Item	Type of Support	Frequency	Daily Support Time	Total Score
4. Making and keeping friends	1 - Monitoring	1 - At Least Once a	1 - Less Than 30	3
		Month, But Not Once a Week	Minutes	
	Notes: Reminders for su may be mistreat	-	vhat a good friend is a	nd who
7. Engaging in loving and intimate relationships	1 - Monitoring	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	3
1. Socializing within the household	0 - None	0 - None or Less Than Monthly	0 - None	0
2. Participating in recreation/leisure activities with others	0 - None	0 - None or Less Than Monthly	0 - None	0
3. Socializing outside the household	0 - None	0 - None or Less Than Monthly	0 - None	0
5. Communicating with others about personal needs services	0 - None	0 - None or Less Than Monthly	0 - None	0
6. Using appropriate social skills	0 - None	0 - None or Less Than Monthly	0 - None	0
8. Engaging in volunteer work	0 - None	0 - None or Less Than Monthly	0 - None	0

#### SUPPORT NEEDS PROFILE - GRAPH

The graph provides a visual presentation of the six life activity areas from SIS Section 1: Support Needs Scale. The graph reflects the pattern and intensity of the individual's level of support need. 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. Standard scores and corresponding percentiles are computed for each of the six activity subscales. Percentiles lower than 50 indicate lower than average need; percentiles above 50- indicate higher than average need. For example, a score at the 37th percentile shows that the individual's score is the same as or higher than the scores of 37% of the standardization sample and that 63% had a higher score (i.e. greater support needs). A SIS Support Needs Index (or composite standard score) is calculated from scores from the six subscales and provides an overall indication of the intensity of an individual's support needs. For more information about the technical properties of the SIS assessment please refer to http://aaidd.org/sis/supports-and-sis#.U7G8\_onna2x.

# **Support Needs Profile**

### **Activity Subscale Percentile Results**

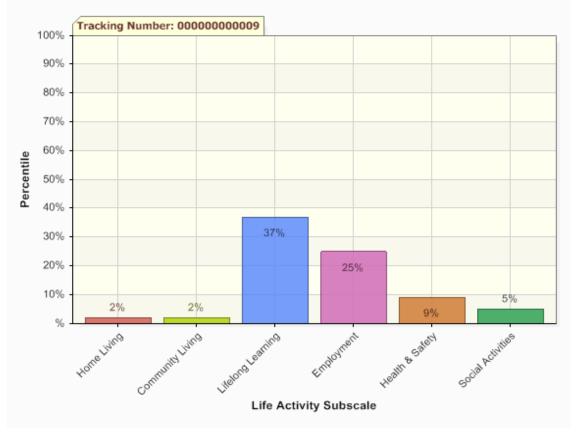
#### Activities Subscale Total Score to Percentile by Area

Activities Subscale	Total Raw Score	Standard Score	Percentile
A. Home Living	5	4	2%
B. Community Living	12	4	2%
C. Lifelong Learning	47	9	37%
D. Employment	32	8	25%
E. Health and Safety	25	6	9%
F. Social	6	5	5%

Activities Standard Score Total: 36

SIS Support Needs Index: 72

Percentile: 3%



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.

## SECTION 2 SUPPLEMENTAL PROTECTION AND ADVOCACY SCALE

Protection and Advocacy Scale is presented from highest to lowest level of need, according to the level of supports needed.

The Protection and Advocacy Scale outlines the four top items an individual may want to explore when developing a support plan.

# Section 2: Supplemental Protection and Advocacy Scale

Part P - Supplemental Protection and Advocacy Scale				
Item	Type of Support	Frequency	Daily Support Time	Total Score
2. Managing money for personal finances activities with others	2 - Verbal/Gesture Prompting	1 - At Least Once a Month, But Not Once a Week	2 - 30 Minutes to Less Than 2 Hours	5
5. Belonging to and participating in self-advocacy/support organizations	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	5
6. Obtaining legal services	3 - Partial Physical Assistance	0 - None or Less Than Monthly	2 - 30 Minutes to Less Than 2 Hours	5
7. Making choices and decisions	2 - Verbal/Gesture Prompting	2 - At Least Once a Week, But Not Once a Day	1 - Less Than 30 Minutes	5
1. Advocating for self	2 - Verbal/Gesture Prompting	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	4
3. Protecting self from exploitation	2 - Verbal/Gesture Prompting	1 - At Least Once a Month, But Not Once a Week	1 - Less Than 30 Minutes	4
	<b>Notes:</b> Teaching to understand who may be taking advantage is important as John is very independent in the community and at home socially.			
4. Exercising legal responsibilities	0 - None	0 - None or Less Than Monthly	0 - None	0
8. Advocating for others	0 - None	0 - None or Less Than Monthly	0 - None	0

# ✤ RATING KEY FOR SECTION 3

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

SECTION 3 EXCEPTIONAL MEDICAL AND BEHAVIORAL SUPPORT NEEDS

Any rating of 2 in this area indicates an exceptional need with medical conditions and/or challenging behaviors.

It should be noted that a high total score in section 3 clearly identifies additional support that is required for living safely in the community. The information from section 3 is considered separately from section 1.

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.

# **Section 3: Exceptional Medical and Behavioral Support Needs**

Part A - Exceptional Medical Support Needs				
Item	Support Needed	Comments		
16. Other: Diabetes care- Reminders to check blood sugar.	1 - Some Support Needed			
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. Parental 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			

1

Total Score General Comments

Part B - Exceptional Behavioral Support Needs					
Item	Support Needed	Comments			
1. Prevention of assaults or injuries to other	0 - No Support Needed				
2. Prevention of property destruction (e.g., fire setting, breaking furniture)	0 - No Support Needed				
3. Prevention of stealing	0 - No Support Needed				
4. Prevention of self-injury	0 - No Support Needed				
5. Prevention of pica (ingestion of inedible substances)	0 - No Support Needed				
6. Prevention of suicide attempts	0 - No Support Needed				
7. Prevention of sexual aggression	0 - No Support Needed				
8. Prevention of non-aggressive but inappropriate behavior	0 - No Support Needed				
9. Prevention of tantrums or emotional outbursts	0 - No Support Needed				
10. Prevention of wandering	0 - No Support Needed				
11. Prevention of substance abuse	0 - No Support Needed				
12. Maintenance of mental health treatments	0 - No Support Needed				
13. Prevention of other serious behavior problem(s):	0 - No Support Needed				
Total Score	0				
General Comments					

		Most Important To the Individual			
Sect 1, P	art B Item 1	Getting from place to place throughout the community (transportation)	0	1	
Notes:	John has his own	car and being able to drive is very important to him. Reminders about unfamiliar directions and			
	• •	oil changes, maintenance, etc. keep him independent.			
Sect 1, P	art D Item 4	Interacting with supervisors and coaches	2	1	
Notes:		istrated by bosses and would need consistent reminders on why they might be			
		icting. John wants community employment but had trouble at workshop listening to instruction fr	om		
	supervisors when	it wasn't what he wanted.			
		Most Important For the Individual			
Sect 1, P	art A Item 3	Preparing food	2	1	
Notes:	Consumer goes to	o Mother's everyday for dinner but would be successful in making all meals with coaching. Rehe	ats		
		wiches and other simple meals independently.			
Sect 1, P	art B Item 3	Using public services in the community	1	1	
Notes:	-	fficulty understanding and writing on forms. Mother assists with common public services by writi	ng,		
_		ing through answers for him.			
	art B Item 6	Shopping and purchasing goods and services	2	1	
Notes:		I with coaching on counting change, budgeting and ensuring he does not give his money away t	0		
<u> </u>	others.		•		
	art C Item 6	Learning functional academics (reading signs, counting change)	3	4	
Notes:		a tutor or someone to work with him every day to become independent with reading, writing and			
Coot 4 D		d increase his overall independent living skills.	<u>^</u>	1	
	art D Item 4	Interacting with supervisors and coaches	2	I	
Notes:		istrated by bosses and would need consistent reminders on why they might be			
		icting. John wants community employment but had trouble at workshop listening to instruction fr	om		
	•	it wasn't what he wanted. Protecting self from exploitation	1	1	
Sect 2, It	em K				

#### Section 4 - Supplemental Questions

- 1. The Individual requires exceptionally high levels of staff support to address severe medical risks related to inhalation or oxygen therapy; postural drainage; chest PT, suctioning; oral stimulation and/or jaw positioning; tube feeding; parenteral feeding; skin care turning or positioning; skin care dressing of open wounds; protection from infectious diseases due to immune system impairment; seizure management; dialysis; ostomy care; medically-related lifting and/or transferring; therapy services, and/or other critical medical supports?
  - No
  - a. The Individual requires frequent hands-on staff involvement to address critical health and medical needs? No
  - b. The Individual's severe medical risk currently requires direct 24-hour professional (licensed nurse) supervision? No
  - c. The Individual has medical care plans, in place, that are documented within the ISP process? No
  - d. How many days per week is the extensive support required?

d hrs. Approximately how many hours per day?

- e. Description of the imminent (i.e. within the next 30 to 60 days) consequences if no support is provided to address the Individual's severe medical risk.
- f. Specific SIS Section 3A items marked "2":
- 2. The Individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression and has been <u>convicted</u> of a crime related to these risks?
  - No
  - a. The Individual has been found guilty of a crime, related to these risks, through the criminal justice system? No
  - b. The Individual's severe community safety risk to others requires a specially controlled home environment, direct supervision at home, and/or direct supervision in the community? No
  - c. The Individual has documented restrictions in place, related to these risks, through a legal requirement or order? No
  - d. How many days per week is the extensive support required??

d hrs. Approximately how many hours per day?

- e. Description of the imminent (i.e. within the next 30 to 60 days) consequences if no support is provided to address the Individual's severe community safety risk.
- 3. The Individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression and has <u>not been convicted</u> of a crime related to these risks?
  - No
  - Individual has <u>not</u> been found guilty of a crime related to these risks, but displays the same severe community safety risk as a person found guilty through the criminal justice system? No
  - b. The Individual's severe community safety risk to others requires a specially controlled home environment, direct supervision at home, and/or direct supervision in the community? No
  - c. The Individual has documented restrictions in place, related to these risks, within the ISP Process? No
  - d. How many days per week is the extensive support required?

d hrs. Approximately how many hours per day?

b.

- e. Description of the imminent (i.e. within the next 30 to 60 days) consequences if no support is provided to address the Individual's severe community safety risk
- 4. The Individual displays self-directed destructiveness related to self-injury; pica; and/or suicide attempts which seriously threatens their own health and/or safety? No
  - a. The Individual engages in self-directed destructiveness related to self-injury, PICA, and/or suicide attempts, with the intent to harm self?
    - No
    - The Individual's severe risk of injury to self currently requires direct supervision during all waking hours ? No
  - c. The Individual has prevention and intervention plans, in place, that are documented within the ISP process? No
  - d. How many days per week is the extensive support required?

d hrs. Approximately how many hours per day?

- e. Description of the imminent (i.e. within the next 30 to 60 days) consequences if no support is provided to address the Individual's severe risk of injury to self.
- Individual displays a risk of falling, as demonstrated by an unsteady gait, active seizures, documented history of falling, or other issue that effects falling. Describe specifics and frequency of falls in the past 12 months. No

Page 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* (SIS) 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 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 <u>to the individual</u> and what is important <u>for</u> <u>the individual</u>?

- 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 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.