Supports Intensity Scale—Adult Version™   [AGES 16 AND UP]

INTERVIEW AND PROFILE FORM

SIS—A™

ID/TRACKING NUMBER

NAME _____
LAST   FIRST   MIDDLE

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

PRIMARY LANGUAGE [CHECK ONE]

☐ ENGLISH   ☐ SPANISH   ☐ OTHER [PLEASE SPECIFY] _____

PRIMARY COMMUNICATION MODE [CHECK ONE]

☐ VERBAL   ☐ AUGMENTATIVE / ALTERNATIVE

DATE OF BIRTH _____/_____/_____
                          MO   Day   YR

GENDER   ☐ MALE   ☐ FEMALE

SIS—A ADMINISTRATION DATE _____/_____/_____
                                                    MO   DAY   YR

INDIVIDUALS OR ORGANIZATIONS PROVIDING ESSENTIAL SUPPORTS

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

RESPONDENTS

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

INTERVIEWER

NAME _____

POSITION _____

AFFILIATION _____

PHONE _____ EMAIL ADDRESS _____

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IQ RANGE [Check one]
☐ < 50   ☐ 51–70   ☐ > 70   ☐ Unknown

ADAPTIVE BEHAVIOR RANGE [Check one]
☐ < 50   ☐ 51–70   ☐ > 70   ☐ Unkown

RACE [Check one]
☐ White
☐ African American or Black
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Pacific Islander
☐ Identifies with 2 or more races

ETHNICITY [Check one]
☐ Hispanic origin   ☐ Not Hispanic origin

PRESENCE OF DISABILITIES [Check all that apply]
☐ Intellectual Disability
☐ Autism Spectrum Disorder
☐ Mental Health Diagnosis
☐ Speech/Language Impairment
☐ Physical Disability
☐ Low Vision/Blindness
☐ Deaf/Hard of Hearing
☐ Chronic Health Condition [please specify]
_____
☐ Other _____

RESIDENCE [Check one]
☐ Lives in own home
☐ Family home including living with relatives
☐ Small congregate setting [< 7 residents]
☐ Midsize congregate setting [7-15 residents]
☐ Large congregate setting [> 15 residents]
☐ Nursing home
☐ Other _____

LOCATION [Check one]
☐ Urban   ☐ Suburban   ☐ Rural

EDUCATIONAL ATTAINMENT [Check one]
☐ Less than high school
☐ Completed high school
☐ Any postsecondary education

CURRENT EMPLOYMENT [Check all that apply]
☐ Competitive employment
☐ Supported employment
☐ Sheltered employment
☐ Nonpaid volunteer work
☐ Unemployed
☐ Retired, aged 65 or older

Section 1. Exceptional Medical and Behavioral Support Needs

Circle the appropriate number to indicate how much support is needed in regard to each of the items below. If the person does not have the medical condition referenced, then the item should be rated "0." Subtotal the circled 1s and 2s. Total the subtotals. See Rating Key. Complete ALL items.

Section 1A:
Exceptional Medical Support Needs

	NO SUPPORT NEEDED	SOME SUPPORT NEEDED	EXTENSIVE SUPPORT NEEDED
RESPIRATORY CARE			
1. Inhalation or oxygen therapy	0	1	2
2. Postural drainage	0	1	2
3. Chest PT	0	1	2
4. Suctioning	0	1	2
FEEDING ASSISTANCE			
5. Oral stimulation or jaw positioning	0	1	2
6. Tube feeding (e.g., nasogastric)	0	1	2
7. Parenteral feeding (e.g., IV)	0	1	2
SKIN CARE			
8. Turning or positioning	0	1	2
9. Dressing of open wound(s)	0	1	2
OTHER EXCEPTIONAL MEDICAL CARE			
10. Protection from infectious diseases due to immune system impairment	0	1	2
11. Seizure management	0	1	2
12. Dialysis	0	1	2
13. Ostomy care	0	1	2
14. Lifting and/or transferring	0	1	2
15. Therapy services	0	1	2
16. Hypertension	0	1	2
17. Allergies	0	1	2
18. Diabetes	0	1	2
19. Other(s)— Specify: _____	0	1	2
SUBTOTAL OF 1s AND 2s			

RATING KEY

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]

TOTAL
Add Subtotal of circled 1s and 2s

Enter Total on the *SIS—A* Profile, on page 11, Section1A;
Support Considerations Based on
Exceptional Medical Support Needs

Circle the appropriate number to indicate how much support is needed in regard to each of the items below. If the person does not engage in the challenging behaviors referenced, then the item should be rated "0." Subtotal the circled 1s and 2s. Total the subtotals. See Rating Key. Complete ALL items.

Section 1B:

Exceptional Behavioral Support Needs	NO SUPPORT NEEDED	SOME SUPPORT NEEDED	EXTENSIVE SUPPORT NEEDED
EXTERNALLY DIRECTED BEHAVIOR			
1. Prevention of emotional outbursts	0	1	2
2. Prevention of assaults or injuries to others	0	1	2
3. Prevention of property destruction (e.g., fire setting, breaking furniture)	0	1	2
4. Prevention of stealing	0	1	2
SELF-DIRECTED BEHAVIOR			
5. Prevention of self-injury	0	1	2
6. Prevention of suicide attempts	0	1	2
7. Prevention of pica [ingestion of inedible substances]	0	1	2
SEXUAL BEHAVIOR			
8. Prevention of nonaggressive but inappropriate sexual behavior (e.g., exposes self in public, exhibitionism, inappropriate touching or gesturing)	0	1	2
9. Prevention of sexual aggression	0	1	2
OTHER			
10. Prevention of substance abuse	0	1	2
11. Prevention of wandering	0	1	2
12. Maintenance of mental health treatments	0	1	2
13. Prevention of other serious behavior problem(s) Specify: _____	0	1	2
SUBTOTAL OF 1s AND 2s			

TOTAL
Add Subtotal of circled 1s and 2s

Enter Total on the *SIS—A* Profile, on page 11, Section1B;
Support Considerations Based on
Exceptional Behavioral Support Needs

Circle the appropriate number for each measurement. (See Rating Key.) Complete ALL items, even if the person is not currently performing a listed activity. Sum the scores across to get a Raw Score. Sum the Raw Scores down to get a Total Raw Score.

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 in each activity.
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.

Section 2A: Home Living Activities

	TYPE OF SUPPORT					FREQUENCY					DAILY SUPPORT TIME					RAW SCORE
1. Operating home appliances/electronics	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
2. Bathing and taking care of personal hygiene and grooming needs	0	1	2	3	4	0	1	2	3	■	0	1	2	3	4	
3. Using the toilet	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. Preparing food	0	1	2	3	4	0	1	2	3	■	0	1	2	3	4	
6. Eating food	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
7. Taking care of clothes, including laundering	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
8. Housekeeping and cleaning	0	1	2	3	4	0	1	2	3	4	0	1	2	■	■	

TOTAL RAW SCORE
Home Living Activities

Enter the Raw Score (max = 92) on the *SIS—A* Profile, on page 11, Section 2A; Home Living Activities

RATING KEY

TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME
What kind of support should be provided?	How frequently is support needed for this activity?	On a typical day when support in this area is needed, how much time should be devoted?
0 = none	0 = none or less than monthly	0 = none
1 = monitoring	1 = at least once a month, but not once a week	1 = less than 30 minutes
2 = verbal/gestural prompting	2 = at least once a week, but not once a day	2 = 30 minutes to less than 2 hours
3 = partial physical assistance	3 = at least once a day, but not once an hour	3 = 2 hours to less than 4 hours
4 = full physical assistance	4 = hourly or more frequently	4 = 4 hours or more

Circle the appropriate number for each measurement. (See Rating Key.) Complete ALL items, even if the person is not currently performing a listed activity. Sum the scores across to get a Raw Score. Sum the Raw Scores down to get a Total Raw Score.

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 in each activity.
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.

Section 2B: Community Living Activities

	TYPE OF SUPPORT					FREQUENCY					DAILY SUPPORT TIME					RAW SCORE
1. Getting from place to place throughout the community [transportation]	0	1	2	3	4	0	1	2	3	■	0	1	2	3	4	
2. Participating in recreation/ leisure activities in the community	0	1	2	3	4	0	1	2	3	■	0	1	2	3	4	
3. Participating in preferred community activities [churches, volunteer, etc.]	0	1	2	3	4	0	1	2	3	■	0	1	2	3	4	
4. Accessing public buildings and settings	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
5. Using public services in the community	0	1	2	3	4	0	1	2	3	■	0	1	2	3	4	
6. Shopping and purchasing goods and services	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
7. Interacting with community members	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
8. Going to visit friends and family	0	1	2	3	4	0	1	2	3	■	0	1	2	3	4	

TOTAL RAW SCORE
Community Living Activities

Enter the Raw Score (max = 91) on the *SIS—A* Profile, on page 11, Section 2B; Community Living Activities

RATING KEY

TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME
What kind of support should be provided?	How frequently is support needed for this activity?	On a typical day when support in this area is needed, how much time should be devoted?
0 = none 1 = monitoring 2 = verbal/gestural prompting 3 = partial physical assistance 4 = full physical assistance	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	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

Circle the appropriate number for each measurement. (See Rating Key.) Complete ALL items, even if the person is not currently performing a listed activity. Sum the scores across to get a Raw Score. Sum the Raw Scores down to get a Total Raw Score.

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 in each activity.
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.

Section 2C: Lifelong Learning Activities

	TYPE OF SUPPORT					FREQUENCY					DAILY SUPPORT TIME					RAW SCORE
1. Learning and using problem-solving strategies	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
2. Learning functional academics (reading signs, counting change, etc.)	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
3. Learning health and physical education skills	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
4. Learning self-determination skills	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
5. Learning self-management strategies	0	1	2	3	4	0	1	2	3	■	0	1	2	3	4	
6. Participating in training/ educational decisions	0	1	2	3	4	0	1	2	3	■	0	1	2	3	■	
7. Accessing training/ educational settings	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
8. Interacting with others in learning activities	0	1	2	3	4	0	1	2	3	■	0	1	2	3	4	
9. Using technology for learning	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	

TOTAL RAW SCORE
Lifelong Learning Activities

Enter the Raw Score (max = 104) on the *SIS—A* Profile,
on page 11, Section 2C; Lifelong Learning Activities

RATING KEY

TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME
What kind of support should be provided?	How frequently is support needed for this activity?	On a typical day when support in this area is needed, how much time should be devoted?
0 = none 1 = monitoring 2 = verbal/gestural prompting 3 = partial physical assistance 4 = full physical assistance	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	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

Circle the appropriate number for each measurement. (See Rating Key.) Complete ALL items, even if the person is not currently performing a listed activity. Sum the scores across to get a Raw Score. Sum the Raw Scores down to get a Total Raw Score.

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 in each activity.
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.

Section 2D: Employment Activities

	TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME	RAW SCORE
1. Learning and using specific job skills	0 1 2 3 4	0 1 2 3 ■	0 1 2 3 4	
2. Accessing/receiving job/ task accommodations	0 1 2 3 4	0 1 2 3 ■	0 1 2 3 4	
3. Interacting with coworkers	0 1 2 3 4	0 1 2 3 ■	0 1 2 3 4	
4. Interacting with supervisors/ coaches	0 1 2 3 4	0 1 2 3 ■	0 1 2 3 4	
5. Completing work-related tasks with acceptable speed	0 1 2 3 4	0 1 2 3 ■	0 1 2 3 4	
6. Completing work-related tasks with acceptable quality	0 1 2 3 4	0 1 2 3 ■	0 1 2 3 4	
7. Changing job assignments	0 1 2 3 4	0 1 2 ■ ■	0 1 2 3 4	
8. Seeking information and assistance from an employer	0 1 2 3 4	0 1 2 3 ■	0 1 2 3 4	

**TOTAL RAW SCORE
Employment Activities**

Enter the Raw Score (max = 87) on the *SIS—A* Profile,
on page 11, Section 2D; Employment Activities

RATING KEY

TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME
What kind of support should be provided?	How frequently is support needed for this activity?	On a typical day when support in this area is needed, how much time should be devoted?
0 = none 1 = monitoring 2 = verbal/gestural prompting 3 = partial physical assistance 4 = full physical assistance	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	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

Circle the appropriate number for each measurement. (See Rating Key.) Complete ALL items, even if the person is not currently performing a listed activity. Sum the scores across to get a Raw Score. Sum the Raw Scores down to get a Total Raw Score.

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 in each activity.
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.

Section 2E: Health and Safety Activities

	TYPE OF SUPPORT					FREQUENCY					DAILY SUPPORT TIME					RAW SCORE
1. Taking medications	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
2. Ambulating and moving about	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
3. Avoiding health and safety hazards	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
4. Obtaining health care services	0	1	2	3	4	0	1	2	3	4	0	1	2	■	■	
5. Learning how to access emergency services	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
6. Maintaining a nutritious diet	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
7. Maintaining physical health and fitness	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
8. Maintaining emotional well-being	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	

TOTAL RAW SCORE
Health and Safety Activities

Enter the Raw Score (max = 94) on the *SIS—A* Profile,
on page 11, Section 2E; Health and Safety Activities

RATING KEY

TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME
What kind of support should be provided?	How frequently is support needed for this activity?	On a typical day when support in this area is needed, how much time should be devoted?
0 = none	0 = none or less than monthly	0 = none
1 = monitoring	1 = at least once a month, but not once a week	1 = less than 30 minutes
2 = verbal/gestural prompting	2 = at least once a week, but not once a day	2 = 30 minutes to less than 2 hours
3 = partial physical assistance	3 = at least once a day, but not once an hour	3 = 2 hours to less than 4 hours
4 = full physical assistance	4 = hourly or more frequently	4 = 4 hours or more

Circle the appropriate number for each measurement. (See Rating Key.) Complete ALL items, even if the person is not currently performing a listed activity. Sum the scores across to get a Raw Score. Sum the Raw Scores down to get a Total Raw Score.

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 in each activity.
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.

Section 2F: Social Activities

	TYPE OF SUPPORT					FREQUENCY					DAILY SUPPORT TIME					RAW SCORE
1. Using appropriate social skills	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
2. Participating in recreation/ leisure activities with others	0	1	2	3	4	0	1	2	3	■	0	1	2	3	4	
3. Socializing outside the household	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
4. Making and keeping friends	0	1	2	3	4	0	1	2	3	■	0	1	2	3	4	
5. Engaging in loving and intimate relationships	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
6. Socializing within the household	0	1	2	3	4	0	1	2	3	■	0	1	2	3	4	
7. Communicating with others about personal needs	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
8. Engaging in volunteer work	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	

TOTAL RAW SCORE
Social Activities

Enter the Raw Score (max = 93) on the *SIS—A* Profile, on page 11, Section 2F; Social Activities

RATING KEY

TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME
What kind of support should be provided?	How frequently is support needed for this activity?	On a typical day when support in this area is needed, how much time should be devoted?
0 = none 1 = monitoring 2 = verbal/gestural prompting 3 = partial physical assistance 4 = full physical assistance	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	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

Circle the appropriate number for each measurement. (See Rating Key.) Complete ALL items, even if the person is not currently performing a listed activity. Sum the scores across to get a Raw Score. Rank the Raw Scores from highest to lowest (1 = highest). Enter the four highest ranked activities and their scores on the *SIS—A* Support Needs Profile.

Protection and Advocacy Activities

	TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME	RAW SCORE	RANK RAW SCORES FROM HIGHEST TO LOWEST
1. Advocating for self	0 1 2 3 4	0 1 2 3 ■	0 1 2 3 4		
2. Making choices and decisions	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4		
3. Protecting self from exploitation	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4		
4. Exercising legal/civic responsibilities	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4		
5. Belonging to and participating in self-advocacy/support organizations	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4		
6. Obtaining legal services	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4		
7. Managing money and personal finances	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4		
8. Advocating for others	0 1 2 3 4	0 1 2 3 ■	0 1 2 3 4		

TOTAL RAW SCORE
Protection and Advocacy Activities

List the four Protection and Advocacy Activities
with the highest Raw Score (from highest to lowest)
on the *SIS—A* Profile, on page 12, Section 3

RATING KEY

TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME
What kind of support should be provided?	How frequently is support needed for this activity?	On a typical day when support in this area is needed, how much time should be devoted?
0 = none 1 = monitoring 2 = verbal/gestural prompting 3 = partial physical assistance 4 = full physical assistance	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	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

ID/TRACKING NUMBER

NAME _____

DATE SIS—A COMPLETED _____/_____/ _____/
                          MO   DAY   YR

NAME OF INTERVIEWER _____

Section 1: Support Considerations Based on Exceptional Medical and Behavioral Support Needs

1A. MEDICAL

1. Enter the number of Total points from Section 1A.			
2. Is this Total larger than 5?		☐ Yes	☐ No
3. Is at least one "2" circled for Exceptional Medical Support Needs on page 2?		☐ Yes	☐ No

1B. BEHAVIORAL

1. Enter the number of Total points from Section 1B.			
2. Is this Total larger than 5?		☐ Yes	☐ No
3. Is at least one "2" circled for Exceptional Behavioral Support Needs on page 3?		☐ Yes	☐ No

If "Yes" has been checked on any of the questions above, it is highly likely that this individual has greater support needs than others with a similar *SIS—A* Support Needs Index.

Section 2: Support Needs Index Ratings

1. Enter the Raw Scores for Sections 2A–2F.
2. Enter the Standard Scores and Percentiles using Appendix B in the manual.
3. Enter *SIS—A* Support Needs Index using Appendix C in the manual.

ACTIVITIES SUBSCALES	TOTAL RAW SCORES [From Section 2]	STANDARD SCORES [See Appendix B]	SUBSCALE PERCENTILES [See Appendix B]
A. Home Living			
B. Community Living			
C. Lifelong Learning			
D. Employment			
E. Health & Safety			
F. Social			
STANDARD SCORES TOTAL (sum)			
SIS—A SUPPORT NEEDS INDEX Composite Standard Score (See Appendix C)			
SUPPORT NEEDS INDEX PERCENTILE RANK (See Appendix C)			

Section 2: Support Needs Profile

Circle the Standard Score for each subscale and the SIS—A Support Needs Index. Then connect the subscale circles to form a graph.

PERCENTILE	A. HOME LIVING	B. COMMUNITY LIVING	C. LIFELONG LEARNING	D. EMPLOYMENT	E. HEALTH & SAFETY	F. SOCIAL	SIS—A SUPPORT NEEDS INDEX	PERCENTILE
99	17-20	17-20	17-20	17-20	17-20	17-20	>131	99
90	15-16	15-16	15-16	15-16	15-16	15-16	124-131	90
	14	14	14	14	14	14	120-123	
	13	13	13	13	13	13	116-119	
80							113-115	80
	12	12	12	12	12	12	110-112	
70							108-109	70
							106-107	
60	11	11	11	11	11	11	105	60
							102-104	
50	10	10	10	10	10	10	100-101	50
							98-99	
40	9	9	9	9	9	9	97	40
30							94-96	30
	8	8	8	8	8	8	92-93	
							90-91	
20							88-89	20
	7	7	7	7	7	7	85-87	
10	6	6	6	6	6	6	82-84	10
	5	5	5	5	5	5	75-81	
1	1-4	1-4	1-4	1-4	1-4	1-4	<74	1

Section 3: Support Considerations Based on Protection and Advocacy Scores

List the 4 highest ranked Protection and Advocacy Activities from page 10.

ACTIVITY	RAW SCORE
1.	
2.	
3.	
4.	

RAW SCORE