



INTERVIEW AND PROFILE FORM

TRACKING #

Name, Address, and Phone:

Name: _____
Last First Middle

City, State, Zip: _____

Phone: _____

Primary Language (Check one)

☐ English ☐ Spanish ☐ Other (please specify) _____

Primary Communication Mode (Check one)

☐ Verbal ☐ Augmentative/Alternative

Date of Birth: Month ____ / Day ____ / Year ____

Gender: ☐ Male ☐ Female

SIS—C Administration Date: Month ____ / Day ____ / Year ____

Individuals or Organizations Currently Providing Essential Support:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Respondents:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Interviewer:

Name: _____

Position: _____

Affiliation: _____

Email Address: _____

Phone Number: _____

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James R. Thompson, Michael L. Wehmeyer, Carolyn Hughes, Karrie A. Shogren, Hyojeong Seo, Todd D. Little, Robert L. Schalock, Rodney E. Realon, Susan R. Copeland, James R. Patton, Edward A. Polloway, Debbie Shelden, Shea Tanis, Marc J. Tassé

Race:

- ☐ White
- ☐ African American or Black
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ Identifies with 2 or more races

Ethnicity: ☐ Hispanic Origin ☐ Not Hispanic Origin

Disability Diagnoses (Check all that apply)

- ☐ Intellectual Disability
- ☐ Developmental Delay
- ☐ Learning Disabilities
- ☐ ADHD
- ☐ Autism Spectrum Disorder
- ☐ Mental Health Diagnosis/Emotional Disturbance
- ☐ Speech/Language Impairment
- ☐ Physical Disability
- ☐ Low Vision/Blindness
- ☐ Deaf/Hard of Hearing
- ☐ Chronic Health Condition/Other Health Impairment (please specify) _____
- ☐ Traumatic Brain Injury
- ☐ Other (please specify) _____

IQ Range: (Check one)

- ☐ < 50 ☐ 51–70 ☐ > 70 ☐ Unknown

Adaptive Behavior Range: (Check one)

- ☐ < 50 ☐ 51–70 ☐ > 70 ☐ Unknown

Residence: (Check one)

- ☐ Lives with family member(s)
- ☐ Lives with foster family
- ☐ Lives outside family home in small congregate setting (< 7 residents)
- ☐ Lives outside family home in midsize congregate setting (7–15 residents)
- ☐ Lives outside family home in large congregate setting (>15)
- ☐ Other _____

Location (Check one): ☐ Urban ☐ Suburban ☐ Rural

Educational Placement:

- ☐ Regular Class
- ☐ Resource Room (21–60% of day)
- ☐ Separate Class (> 60% of day)
- ☐ Separate School (> 50% of day)
- ☐ Residential Facility (> 50% of day)
- ☐ Homebound/Hospital Environment
- ☐ Other (specify): _____
- ☐ Not Applicable (i.e., not attending school)

Highest Grade Completed in School: _____

SECTION 1: EXCEPTIONAL MEDICAL AND BEHAVIORAL NEEDS

Instructions for **Section 1A: 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 child does not have the medical condition, then the item should be rated "0." If the child has a condition, rate according to the following 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).

Complete all items. Subtotal the circled 1s and 2s. Total the subtotals.

Respiratory care			
Inhalation or oxygen therapy	0	1	2
Postural drainage	0	1	2
Chest physical therapy	0	1	2
Suctioning	0	1	2
Feeding assistance			
Oral stimulation or jaw positioning	0	1	2
Tube feeding (e.g., nasogastric)	0	1	2
Parenteral feeding (e.g., IV)	0	1	2
Skin care			
Turning or positioning	0	1	2
Dressing of open wound(s)	0	1	2
Other exceptional medical care			
Protection from infectious diseases due to immune system impairment	0	1	2
Seizure management	0	1	2
Dialysis	0	1	2
Ostomy care	0	1	2
Lifting and/or transferring	0	1	2
Eating disorders	0	1	2
Therapy services	0	1	2
Allergies	0	1	2
Diabetes management	0	1	2
Other(s) - List all that apply			
	0	1	2
	0	1	2
Subtotal of 1s and 2s			
Total Score for Section 1A			

Instructions for **Section 1B: Exceptional Behavioral Support Needs**: Circle the appropriate number to indicate how much support is needed in regard to each of the items below. If the child does not engage in the challenging behavior referenced, then the item should be rated "0." If the child engages in a challenging behavior, rate according to the following 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).

Complete all items. Subtotal the circled 1s and 2s. Total the subtotals.

Externally directed behavior			
Prevention of tantrums or emotional outbursts	0	1	2
Prevention of assaults or injuries to others	0	1	2
Prevention of property destruction (e.g., fire setting, breaking furniture)	0	1	2
Prevention of stealing	0	1	2
Self-directed behavior			
Prevention of self-injury	0	1	2
Prevention of pica (ingestion of inedible substances)	0	1	2
Prevention of suicide attempts	0	1	2
Sexual behavior			
Prevention of sexual aggression	0	1	2
Prevention of non-aggressive but inappropriate sexual behavior	0	1	2
Other exceptional behavioral concerns			
Prevention of wandering	0	1	2
Prevention of substance abuse	0	1	2
Maintaining mental health treatments	0	1	2
Prevention of truancy	0	1	2
Other(s) – List all that apply			
_____	0	1	2
_____	0	1	2
_____	0	1	2
Subtotal of 1s and 2s			
Total Score for Section 1B			

SECTION 2: SUPPORTS NEEDS INDEX SCALE

Section 2A: Home Life Activities	Type					Frequency					Daily Support Time					Item Raw Score Sum
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	
SUM OF ITEM RAW SCORES																
MEAN RATING FOR HOME LIFE ACTIVITIES = (SUM OF ITEM RAW SCORES) ÷ 27																

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 from those of 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

SECTION 2: SUPPORTS NEEDS INDEX SCALE (continued)

Section 2B: Community and Neighborhood Activities	Type					Frequency					Daily Support Time					Item Raw Score Sum
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 not 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	
SUM OF ITEM RAW SCORES																
MEAN RATING FOR COMMUNITY & NEIGHBORHOOD ACTIVITIES = (SUM OF ITEM RAW SCORES) ÷ 24																

Type of Support	Frequency of Support	Daily Support Time
0 = none	0 = Negligible ; the child's support needs are rarely if ever different from those of same-aged peers in regard to frequency.	0 = none
1 = monitoring	1 = Infrequently ; the child will occasionally need someone to provide extraordinary support that same-aged peers will not need.	1 = less than 30 minutes
2 = verbal/gestural prompting	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.	2 = 30 minutes to less than 2 hours
3 = partial physical assistance	3 = Very Frequently ; in most occurrences of the activity, the child will need extra support that same-aged peers will not need.	3 = 2 hours to less than 4 hours
4 = full physical assistance	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.	4 = 4 hours or more

SECTION 2: SUPPORTS NEEDS INDEX SCALE (continued)

Section 2C: School Participation Activities	Type					Frequency					Daily Support Time					Item Raw Score Sum
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	
SUM OF ITEM RAW SCORES																
MEAN RATING FOR SCHOOL PARTICIPATION ACTIVITIES = (SUM OF ITEM RAW SCORES) ÷ 27																

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 from those of 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

SECTION 2: SUPPORTS NEEDS INDEX SCALE (continued)

Section 2D: School Learning Activities	Type					Frequency					Daily Support Time					Item Raw Score Sum
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	
SUM OF ITEM RAW SCORES																
MEAN RATING FOR SCHOOL LEARNING ACTIVITIES = (SUM OF ITEM RAW SCORES) ÷ 27																

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 from those of 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

SECTION 2: SUPPORTS NEEDS INDEX SCALE (continued)

Section 2E: Health and Safety Activities	Type					Frequency					Daily Support Time					Item Raw Score Sum
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	
SUM OF ITEM RAW SCORES																
MEAN RATING FOR HEALTH & SAFETY ACTIVITIES = (SUM OF ITEM RAW SCORES) ÷ 24																

Type of Support	Frequency of Support	Daily Support Time
0 = none	0 = Negligible ; the child's support needs are rarely if ever different from those of same-aged peers in regard to frequency.	0 = none
1 = monitoring	1 = Infrequently ; the child will occasionally need someone to provide extraordinary support that same-aged peers will not need.	1 = less than 30 minutes
2 = verbal/gestural prompting	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.	2 = 30 minutes to less than 2 hours
3 = partial physical assistance	3 = Very Frequently ; in most occurrences of the activity, the child will need extra support that same-aged peers will not need.	3 = 2 hours to less than 4 hours
4 = full physical assistance	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.	4 = 4 hours or more

SECTION 2: SUPPORTS NEEDS INDEX SCALE (continued)

Section 2F: Social Activities	Type					Frequency					Daily Support Time					Item Raw Score Sum
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	
SUM OF ITEM RAW SCORES																
MEAN RATING FOR SOCIAL ACTIVITIES = (SUM OF ITEM RAW SCORES) ÷ 27																

Type of Support	Frequency of Support	Daily Support Time
0 = none	0 = Negligible ; the child's support needs are rarely if ever different from those of same-aged peers in regard to frequency.	0 = none
1 = monitoring	1 = Infrequently ; the child will occasionally need someone to provide extraordinary support that same-aged peers will not need.	1 = less than 30 minutes
2 = verbal/gestural prompting	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.	2 = 30 minutes to less than 2 hours
3 = partial physical assistance	3 = Very Frequently ; in most occurrences of the activity, the child will need extra support that same-aged peers will not need.	3 = 2 hours to less than 4 hours
4 = full physical assistance	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.	4 = 4 hours or more

SECTION 2: SUPPORTS NEEDS INDEX SCALE (continued)

Section 2G: Advocacy Activities	Type					Frequency					Daily Support Time					Item Raw Score Sum
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	
SUM OF ITEM RAW SCORES																
MEAN RATING FOR ADVOCACY ACTIVITIES = (SUM OF ITEM RAW SCORES) ÷ 27																

Type of Support	Frequency of Support	Daily Support Time
0 = none	0 = Negligible ; the child's support needs are rarely if ever different from those of same-aged peers in regard to frequency.	0 = none
1 = monitoring	1 = Infrequently ; the child will occasionally need someone to provide extraordinary support that same-aged peers will not need.	1 = less than 30 minutes
2 = verbal/gestural prompting	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.	2 = 30 minutes to less than 2 hours
3 = partial physical assistance	3 = Very Frequently ; in most occurrences of the activity, the child will need extra support that same-aged peers will not need.	3 = 2 hours to less than 4 hours
4 = full physical assistance	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.	4 = 4 hours or more

SECTION 3: SIS—C SCORING FORM & PROFILE

ID/Tracking Number: _____	Name of Child Assessed: _____
Name of Interviewer: _____	Date SIS—C Completed: _____

Section 1: Support Considerations Based on Exceptional Medical and Behavioral Support Needs			Section 2: SIS—C Support Needs Index Scale Ratings			
A. MEDICAL			SUBSCALES	Mean Rating¹	Standard Score²	Standardized PR³
1. Enter the number of Total Points from Part 1A			A. Home Life			
2. Is this number larger than 5?	YES	NO	B. Community & Neighborhood			
3. Is at least one "2" circled for Medical Support Needs?	YES	NO	C. School Participation			
A. BEHAVIORAL			D. School Learning			
1. Enter the number of Total Points from Part 1B			E. Health & Safety			
2. Is this number larger than 5?	YES	NO	F. Social			
3. Is at least one "2" circled for Behavioral Support Needs?	YES	NO	G. Advocacy			
			Sum of Mean Ratings			
If "Yes" has been checked on any of the questions above, it is highly likely that the child has greater support needs than others with a similar SIS—C Support Needs Index.			Overall MEAN Rating (divide "Sum of Mean Ratings" by 7)			
			SIS—C Support Needs Index Standardized PR⁴			

¹Mean Ratings for each subscale from Part 2;

²Subscale Standard Scores from Appendix B, *Supports Intensity Scale—Children's Version User's Manual*

³Subscale Standardized Percentile Ranks (PR) from Appendix B, *Supports Intensity Scale—Children's Version User's Manual*

⁴SIS—C Support Need Index and Standardized PR from Appendix C, *Supports Intensity Scale—Children's Version User's Manual*

SIS—C SUPPORT NEEDS PROFILE

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

Home Life	Community & Neighborhood	School Participation	School Learning	Health & Safety	Social	Advocacy	SIS—C Support Needs Index
16	16	16	16	16	16	16	124 or more
15	15	15	15	15	15	15	120–123
14	14	14	14	14	14	14	116–119
13	13	13	13	13	13	13	112–115
12	12	12	12	12	12	12	108–111
11	11	11	11	11	11	11	104–107
10	10	10	10	10	10	10	100–103
9	9	9	9	9	9	9	96–99
8	8	8	8	8	8	8	92–95
7	7	7	7	7	7	7	88–91
6	6	6	6	6	6	6	84–87
5	5	5	5	5	5	5	80–83
4	4	4	4	4	4	4	76–79
3	3	3	3	3	3	3	72–75
2	2	2	2	2	2	2	68–71
0–1	0–1	0–1	0–1	0–1	0–1	0–1	67 or less

NOTES