**Type of Support:** What kind of extraordinary support would be needed to help the person accomplish the task?

0 = None (no support needed of any kind)  
1 = Monitoring (person knows how, needs encouragement / reminders)  
2 = Verbal / Gesture prompting (instruction / demonstration)  
3 = Partial physical assistance (teamwork; assistance to perform some-to-most of the steps)  
4 = Full physical assistance (doing on behalf; all steps need to be completed for the individual)

**Frequency of Support:** How often would the type of support be needed for the person to participate in 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 (1 - 6 days per week)  
3 = At least once a day, but not once an hour (7 days per week)  
4 = Hourly or more frequently (at least once every hour of all 24 hours per day)

**Daily Support Time:** On a typical day, when support in this area would be needed, how much cumulative 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

**Please note:** Some questions have scoring limitations.

**Rating Key for Current Exceptional Medical and Behavioral Support Needs**

0 = No support needed  
1 = Some support needed  
2 = Extensive support needed (immediate health / safety risk if support isn't provided)