## 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