

Supports Intensity Scale RATING KEY

TYPE OF SUPPORT:
What kind of support should be provided?
0 = none
1 = monitoring
2 = verbal / gestural prompting
3 = partial physical assistance
4 = full physical assistance

FREQUENCY:
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

Remember to indicate "Most Important To" and/or "Most Important For" the person
Additional information can be included for each question by clicking on the "Notes" button

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