

# Respondent Guide



## Section 1. Exceptional Medical and Behavioral Support Needs

### RATING KEY

**0 = No Exceptional Support Needed**

*(condition or behavior is not an issue, or no exceptional support is needed to manage the medical condition or behavior)*

**1 = Some Exceptional Support Needed**

*(continuously aware, monitoring, episodic active support, may not need in all environments)*

**2 = Extensive Exceptional Support Needed**

*(intense, active support occurs frequently, may need active supports in all environments, active support takes significant time)*

### Section 1A: Exceptional Medical Support Needs (24 Items)

- Respiratory Care (4 Items)
- Feeding Assistance (4 Items)
- Skin Care (2 Items)
- Other Exceptional Medical Care (14 Items)

### Section 1B: Exceptional Behavioral Support Needs (14 Items)

- Externally Directed Behavior (4 Items)
- Self-Directed Behavior (4 Items)
- Sexual Behavior (2 Items)
- Other (4 Items)

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.
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.

TYPE OF SUPPORT	FREQUENCY	DAILY SUPPORT TIME
<p><u>WHAT EXTRAORDINARY SUPPORT WOULD BE NEEDED FOR SUCCESS IN THE ACTIVITY?</u></p> <p>0 = none</p> <p>1 = monitoring (<i>reminders</i>)</p> <p>2 = verbal/gestural prompting (<i>coaching</i>)</p> <p>3 = partial physical assistance (<i>doing some</i>)</p> <p>4 = full physical assistance (<i>doing for required</i>)</p>	<p><u>HOW OFTEN WOULD EXTRAORDINARY SUPPORT BE NEEDED FOR SUCCESS IN THE ACTIVITY?</u></p> <p>0 = none or less than monthly</p> <p>1 = monthly</p> <p>2 = weekly (<i>up to 6 days a week</i>)</p> <p>3 = daily (<i>at least 7 days a week</i>)</p> <p>4 = hourly or more frequently</p>	<p><u>HOW MUCH TOTAL EXTRAORDINARY SUPPORT TIME WOULD BE NEEDED FOR SUCCESS IN THE ACTIVITY?</u></p> <p>0 = none</p> <p>1 = less than <u>30 minutes</u></p> <p>2 = 30 minutes to less than <u>2 hours</u></p> <p>3 = 2 hours to less than <u>4 hours</u></p> <p>4 = 4 hours or <u>more</u></p>

Section 2. Support Needs for Life Activities

Section 2A: Home Living Activities (8 Items)

Section 2B: Community Living Activities (8 Items)

Section 2C: Health and Safety Activities (8 Items)

Section 2D: Lifelong Learning Activities (9 Items)

Section 2E: Work Activities (8 Items)

Section 2F: Social Activities (8 Items)

Section 2G: Advocacy Activities (8 Items)