



SUPPORTS INTENSITY SCALE (SIS) AND INVENTORY FOR CLIENT AND AGENCY (ICAP) ASSESSMENT PROTOCOL CHECKLIST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
DEVELOPMENTAL DISABILITIES DIVISION
SFN 1808 (9-2020)

Form to be completed by Third Party Assessor

Name of Client Receiving Services		
Name of Provider		
Name of Interviewer		
Interview Location		
Type of Assessment <input type="checkbox"/> ICAP <input type="checkbox"/> SIS	Assessment <input type="checkbox"/> Initial <input type="checkbox"/> Re-assessment <input type="checkbox"/> Out-of-Sequence for Life-Changing Event	
Date of Interview	Start Time	End Time

Instructions: At the end of the assessment interview, the interviewer will complete this form with all those present.

If an item is marked no, additional comments are required.

Prior to Interview

The interview was arranged at a time and location convenient for the client and legal decision maker (if applicable). Interview location was private and accessible and/or necessary accommodations provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:	
Client and legal decision maker (if applicable) were invited (documentation was indicated on the provider checklist).	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:	
Was client present during the interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, did the interviewer observe the client in a natural setting prior to the interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:	
Was the legal decision maker present during the interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:	

DDPM was informed of the interview? (The DDPM is not required to attend and should not be a respondent). Yes No

If no, explain:

During the Interview, the Assessor:

Welcome and introductions of all present. Yes No

If no, explain:

Explain the interview, what the assessment measures, and purpose of the assessment. Yes No

If no, explain:

Explain each qualified respondent's role. Yes No

If no, explain:

Explain each section of the assessment. Discuss and document any needs. Yes No

If no, explain:

Explain the rating key for each section of the assessment (rating key should be available to each qualified respondent for reference). Yes No

If no, explain:

Every question on the assessment was asked. Yes No

If no, explain:

Respondents were given an opportunity to ask questions. Yes No

If no, explain:

During the Interview, the Assessor: (continued)

Explain that the interview results will be distributed by the DDPM. If there are any further questions, contact their DDPM. Yes No

If no, explain:

Respondents were given a SIS Experience Survey. Yes No

If no, explain:

The Interview:

Was conducted face-to-face with the qualified responders and the client/legal decision maker. (if they choose to attend) Yes No

If no, explain:

Two qualified respondents were present for the entire interview. Yes No

If no, explain:

Respondents did not change during the interview. Yes No

If no, explain:

Signatures of People Present During Interview

Printed Name	Agency and Job Title or Relationship to Interviewee	How long provided supported or known interviewee?	Check only if a qualified responder	Signature A typed signature is legally binding and equivalent to a handwritten signature.
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	