



# 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 (2-2018)

## 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). <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:

**During the Interview, the Assessor:**

Welcome and introductions of all present. <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:

Explain the interview, what the assessment measures, and purpose of the assessment. <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:

Explain each qualified respondent's role. <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:

Explain each section of the assessment. Discuss and document any needs. <input type="checkbox"/> Yes <input type="checkbox"/> 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). <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:

Every question on the assessment was asked. <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:

Respondents were given an opportunity to ask questions. <input type="checkbox"/> Yes <input type="checkbox"/> 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