



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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DEVELOPMENTAL DISABILITIES  
SFN 1808 (1-2025)

## Form to be completed by Third Party Assessor

Name of Individual 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

Was individual present during the interview? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, did the interviewer observe the individual 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 <input type="checkbox"/> N/A (no legal decision maker)
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:

**During the Interview, the Assessor (continued):**

Explain that no recording devices or AI is allowed during the assessment.

☐ 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:

Explain that the interview results will be distributed by Developmental Disabilities.  
If there are any further questions, contact their DDPM.

☐ Yes ☐ No

If no, explain:

During the Interview, the Assessor: (continued)

Respondents were given a SIS Experience Survey.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:	

The Interview:

Was conducted face-to-face with the qualified responders and the individual/legal decision maker. (if they choose to attend)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:	
A minimum of two qualified respondents were present.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:	
Each qualified responder was present for the entirety of the interview.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:	
Document any unusual circumstances or noteworthy elements to this interview:	

Signatures of People Present During Interview

Printed Name	Agency and Job Title or Relationship to Individual	How long supported or known individual?	Check only if a qualified responder	Signature A signature indicates that the assessor completed and reviewed the list of items during the interview. 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"/>	