PART A: HOME LIVING ACTIVITIES	TYPE OF SUPPORT					
	0	1	2	3	4	
Using The Toilet						
Taking Care Of Clothing						
Preparing Food						
Eating Food						
Housekeeping and Cleaning						
Dressing						
Bathing/Personal Hygeine						
Operating Home Appliance						

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

PART B: Lifelong Learning	TYPE OF SUPPORT				
Activities	0	1	2	3	4
Interacting with others in learning					
Participating training/educational					
Learning and using problem - solving strategies					
Using technology for learning					
Accessing training/educational settings					
Learning functional					
academics(reading signs,					
Learning health and physical					
education skills					
Learning Self-determination skills					
Learning Self-Management					
strategies					

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

PART C: Community Living	TYPE OF SUPPORT				
Activities	0	1	2	3	4
Getting From Place to Place					
Throughout the Community					
Participating in recreation/leisure					
activities in the community					
settings					
Using public services in the					
community					
Going to Visit Friends and Family					
Participating in preferred					
community activities					
Shoppping and Purchasing Goods					
and services					
Interacting with community					
members					
Accessing Public Buildings and					
settings					

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

PART D: Employment Activities	TYPE OF SUPPORT					
	0	1	2	3	4	
Accessing/receiving job/task						
accommodations						
Learning and using specific job						
skills						
Interacting with co-workers						
Interacting with						
supervisors/coaches						
Completing work-related tasks						
with acceptable speed						
Completing work-related tasks						
with acceptable quality						
Changing Job assignments						
Seeking information and						
assistance from an employer						

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

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PART E: Health and Safety	TYPE OF SUPPORT				
Activities	0	1	2	3	4
Taking Medications					
Avoiding health and safety					
hazards					
Obtaining Health care services					
Ambulating and moving about					
Learning how to access					
emergency services					
Maintaining a nutritious diet					
Maintaining physical health and					
fitness					
Maintaining emotional well-					
being					

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

PART F: Social Activities	TYPE OF SUPPORT					
	0	1	2	3	4	
Socializing within the household						
Participating in recreation/leisure activities with others						
Making and Keeping Friends						
Communicating with others about personal needs						
Using Appropriate social skills						
engaging in loving and intimate relationships						
Engaging in volunteer work						

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

PART G: Protection and Advocacy	TYPE OF SUPPORT				
Activities	0	1	2	3	4
Advocating for Self					
Managing money and personal					
Protecting self from exploitation					
Exercising legal responsibilities					
Belonging to and participating in					
Obtaining legal services					
Making choices and decisions					
Advocating for others					
PART H: Behavioral Supports		TYI	PE OF SUPPO	ORT	
Needed	0	1	2	3	4
	_				
	ally directe	d destructi	veness		
Prevention of assaults or injuries					
Prevention of property					
Prevention of stealing					
	i-Directed L	Destructiver	ness		
Prevention of self Injury					
Prevention of pica (ingestion of					
Prevention of Suicide attempts					
	Sex	kual			
Prevention of Sexual aggression					
Prevention of nonaggressive but					
inappropriate behavior (e.g.,					
	Ot	her			
Prevention of tantrums or					
Prevention of wandering					
Prevention of substance abuse					
Maintenance of mental health					

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