

DBHDS/Division of Developmental Services

Virginia SIS® Review Form

Please send a completed and signed copy of this form with a letter detailing the specific ways in which the Virginia Standard Operating Procedures for the administration of the SIS® were not followed to DDS SIS® Review Unit at the address listed below. Information about the Review process is available at www.dbhds.virginia.gov under Individuals and Families/Developmental Services/Supports Intensity Scale

Name of individual who receives services: _____

CSB/Training Center/Support Coordination Agency: _____

Please check the item(s) that were not followed during the SIS® interview in which you present and participated.

<input checked="" type="checkbox"/> Check those items that were NOT followed during the SIS®	Standard Operating Procedures for Conducting a SIS®
	The SIS® Interviewer met the individual.
	The SIS® Interviewer explained the reason for the SIS®, the assessment process, and the role of respondents prior to starting the interview.
	The SIS® interview was conducted face-to-face with at least two primary respondents who are defined as persons who have known the individual well for at least the last 3 months and have observed the individual closely in one or more environments for substantial periods of time. (Phone calls might be necessary to get additional information for a SIS®, but the SIS® should never be completed in its entirety via telephone.)
	Each question on the SIS® was asked and opportunity for discussion was given during the assessment.
	Each item in the assessment was described before it was rated.
	Based upon the information shared by respondents, the SIS® Interviewer made an item rating determination.
	The final rating of each question was shared with the respondents.
	Medical and behavioral support needs were discussed with the respondents.

Print Name

Signature

Date

Relationship to Individual Receiving Service

Contact Information: Phone number, mailing address

Mail this form, letter and any supporting documentation to:

**DDS SIS® Review Unit
DBHDS
PO Box 1797
Richmond, VA 23218**