**≪　　DO NOT FILL IN REFERENCE ONLY 記入しないでください。　≫**

***※*** ***Please keep a copy as the facility may require it.***

共通

【Support Survey】

　　　　　　　　　　　　　　　　　　　Date: YY MM DD

Name of child：　　　　　　　　　　　　Age：　　　Filled by:〔　Father　・ Mother ・ Other（　　　　　）〕

□ Child with severe mental/physical disability　　　□ Physical disability certificate, Level 1&2

□ Ai-no-techo, Level 1&2　　　□ Mental disability health welfare certificate, Level 1

 Check the appropriate box □ for each item and submit

≪To backside≫

|  |  |  |
| --- | --- | --- |
| **Field** | **Item** | **Evaluation criteria** |
|  |  |  |  |  |
| 1.Health/ life | （1）Meal | [ ] 　Can eat alone | [ ] 　Need watching over and talking to | [ ] 　Need partial support | [ ] 　Need full support |  |
| （2）Toilet | [ ] 　Can be done alone | [ ] 　Need watching over and talking to | [ ] 　Need partial support | [ ] 　Need full support |  |
| （3）Bathing | [ ] 　Can be done alone | [ ] 　Need watching over and talking to | [ ] 　Need partial support | [ ] 　Need full support |  |
| （4）Clothing on and off | [ ] 　Can be done alone | [ ] 　Need watching over and talking to | [ ] 　Need partial support | [ ] 　Need full support |  |
| 2.Sense organ/motion | （5）Hearing | [ ] 　No hearing problem | [ ] 　Able to hear with hearing aids or other assistive devices | [ ] 　Some sounds are inaudible. Needs assistive devices such as hypersensitivity | [ ] 　Difficulty hearing sounds or voices |  |
| （6）Oral function | [ ] 　Can chew and swallow | [ ] 　Able to crush and eat soft foods | [ ] 　Can open and close mouth to swallow with assistance | [ ] 　Use of baby bottles, etc. Has difficulty eating by mouth. |  |
| （7）Sitting | [ ] 　Can sit alone and play with hands | [ ] 　Can sit supported by hand | [ ] 　Able to sit with part of the body supported | [ ] 　Need full body support to sit |  |
| （8）Eye-foot collaboration | [ ] 　Can hop on one foot (ken-ken) more than three times | [ ] 　Can walk up and down stairs with alternating legs and feet | [ ] 　Can jump with both feet at the same time and land without flipping | [ ] 　Climb stairs from the same foot | [ ] 　Every movement is difficult |
| （9）Moving | [ ] 　Can walk alone | [ ] 　Can walk alone, but needs close supervision | [ ] 　Can walk alone, but needs assistance such as holding hands or devices such as a cane or protective cap | [ ] 　Difficult to walk alone |  |
| 3.Cognition/behavior | （10）Crisis avoidance behavior | [ ] 　Able to voluntarily avoid danger | [ ] 　Able to avoid danger if someone call out | [ ] 　Intervention by a caregiver is necessary to avoid danger |  |  |
| （11）Attentiveness | [ ] 　Able to focus on the task at hand | [ ] 　Able to focus on one part of the project | [ ] 　Difficult to focus on the task |  |  |

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| **Field** | **Item** | **Evaluation criteria**  |
| **①** | **②** | **③** | **④** | **⑤** |
|  | （12）Prediction | [ ] 　Able to act on prospects | [ ] 　Able to act on prospects if someone advises | [ ] 　Able to act when visual information is available | [ ] 　Other efforts are needed |  |
|  | （13）Responding to sudden changes | [ ] 　No problem with sudden schedule changes | [ ] 　Able to respond if someone advises | [ ] 　Able to act when visual information is available | [ ] 　Other efforts/support are needed |  |
| （14）Others | [ ] 　Rudeness is rarely seen | [ ]  Some violence is observed, but there are ways to deal with it | [ ] 　Disruptive behavior is observed and there is no specific way to deal with it |  |  |
| 4.Language/communication | （15）Person to person | [ ] 　Makes eye contact, smiles or looks happy | [ ] 　When appealing (demanding), eyes meet | [ ] 　Little eye contact/when eye contact is made not sustained. | [ ] 　Hardly make eye contact |  |
| （16）Expression of intention | [ ] 　Able to communicate with words | [ ] 　Able to communicate with gestures | [ ] 　Communicate by crying or getting angry | [ ] 　Difficult to express intention |  |
| （17）Reading/writing | [ ] 　No assistance is needed | [ ] 　Assistance is sometimes needed | [ ] 　Always need assistance |  |  |
| 5.Human relations/social skills | （18）Interest in others | [ ] 　Initiate and respond to initiatives from others | [ ] 　Respond to a very limited number of people | [ ] 　Rarely initiates, but may respond of the efforts of others | [ ] 　Overreacts or does not respond at all |  |
| （19）Trouble frequency | [ ] 　Little, or can solve the problem themselves | [ ] 　Can be resolved with adult support | [ ] 　Even with support, some situations can be resolved and some cannot | [ ] 　Problems are common and difficult to resolve |  |
| （20）Group participation | [ ] 　Able to understand instructions / rules and participate from start to finish | [ ] 　Can participate in parts of the program if interested | [ ] 　Can stay there with support | [ ] 　Difficult to participate |  |

**※21～23 below are for junior high and high school students only**

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| --- | --- | --- |
| Field | Item | Evaluation criteria |
| Communication | （21）Language | [ ] 　Able to use appropriate language and behavior to express oneself | [ ] 　Occasionally, able to use appropriate language and behavior to express oneself | [ ] 　Hardly able to use appropriate language and behavior to express oneself | [ ] 　Difficult to use appropriate language and behavior to express oneself |
| （22）Conversational exchange | [ ] 　Able to communicate | [ ] 　With appropriate attention, able to communicate/try to communicate | [ ] 　Difficult to communicate |  |
| （23）Adaptability to group | [ ] 　Able to participate | [ ] 　Occasionally able to participate | [ ] 　Hardly able to participate | [ ] 　Difficult to participate |

**以下は職員が使用します。(Below for staff use)**

未就学児　個別サポート加算

□　該当（ 重症心身障害児 ／ 身体障害者手帳１級・２級 ／ 愛の手帳１度・２度 ／ 精神障害者保健福祉手帳１級 ）

□　非該当

|  |  |
| --- | --- |
| **３** | 以下のいずれかに該当・(1)～(3)及び(9)の４項目のうち、判断項目④が３項目以上・(1)(2)、（10）～（15）及び（17）～（20）の１２項目のうち、判断項目④が１項目以上（３項目しかない場合は③） |
| **２** | 以下のいずれかに該当・(1)～(3)及び(9)の４項目のうち、③若しくは④が３項目以上・(1)(2)、（10）～（15）及び（17）～（20）の１２項目のうち、判断項目③が１項目以上（３項目しかない場合は②） |
| **１** | 児童区分３又は２に該当せず、(１)～(３)及び（９）の４項目のうち③又は④が１項目以上 |

介護給付費　児童区分判定