《 DO NOT FILL IN REFERENCE ONLY 記入しないでください。 》

Support Survey（Preschool） Date YY MM DD

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

Check the box ☑ and return the form.

Survey Item	Evaluation criteria		
① Meal	☐ **Self-support** Can be done alone, from start to finish.	☐ **Need partial support** as watching over, talking to, and cutting up side dishes	☐ **Need full support**
② Toilet	☐ **Self-support** Can be done alone	☐ **Need partial support** as watching over, talking to, helping to sit on the seat, wiping	☐ **Need full support**, the use of diapers at least once a week.
③ Bathing	☐ **Self-support** Can be done alone	☐ **Need partial support** as washing body/finishing touches	☐ **Need full support**
④ Move	☐ **Self-support** Can move safely alone when going out (e.g. Can safely go to school or park alone and return home.)	☐ **Need partial support** as watching over, talking to, or lending a hand	☐ **Need full support** as holding hands always, carrying, using a stroller or a wheelchair.

Survey Item	Examples	Survey Result		
⑤ Unstable behaviors such as strong obsession、hyperactivity, panic or lack of awareness of danger	・Shouting or making strange noises, startling or disturbing others ・(Hyperactivity) Moves at own pace, regardless of what's happening around it. Has difficulty staying in one place ・(Behavioral disorder) Difficulty moving from one action to the next, regardless of one's intention. ・Sudden schedule change prevents next action. ・If something is curious, one might shake hands off and go to someone/something that is important.	☐ ・No support required ・Rarely ・Once a month or more	☐ Once a week or more	☐ Almost every day
⑥ Sleep disturbances or adjustment disorder related to eating and elimination (Including polydipsia and excessive drinking)	・Put inedible items into mouth ・Has overeating and anorexia. Unable to swallow what one puts in mouth and keeps it in mouth. ・Disturbed sleep rhythm. Day and night are reversed.	☐ ・No support required ・Rarely ・Once a month or more	☐ Once a week or more	☐ Almost every day
⑦ Harm oneself or other Damage material	・Harm one's own body ・Harm others, throw objects, or other actions that injure others ・Suddenly hug someone. Bring things without permission	☐ ・No support required ・Rarely ・Once a month or more	☐ Once a week or more	☐ Almost every day

＜ to backside ＞

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Survey Item	Examples	Survey Result		
⑧ Feel depressed or unable to think	・Mood swings are severe and interfere with daily life and social activities	☐ ・No support required ・Rarely ・Once a month or more	☐ Once a week or more	☐ Almost every day
⑨ Repeated actions (including repeated hand washing and repeated checking)	・Repeat certain actions ・Always play with same toy	☐ ・No support required ・Rarely ・Once a month or more	☐ Once a week or more	☐ Almost every day
⑩ Interpersonal anxiety tension, irritability, group maladjustment, or withdrawal	・Can communicate with families and teachers, but has difficulty communicating with children their own age ・Sensory sensitivity and difficulty with loud sounds ・Not good at group activities, need support as talking to ・Can't talk to people.　Shyness.	☐ ・No support required ・Rarely ・Once a month or more	☐ Once a week or more	☐ Almost every day
⑪ Difficulty reading and writing (including learning disabilities)	Need assistance with reading and writing	☐ ・No support required e.g.) Can read a picture book alone and understand its meaning	☐ ・Partial support required ・Partially understand e.g.) Can read and write own name. Can read but cannot write	☐ ・Full support required ・Not yet practicing reading or writing ・Still cannot read or write

Remarks

The columns below are for use by staff members.

個別サポート加算（Ⅰ）　☐ **該当**　☐ **非該当**

サポート調査は、通常の発達の範囲内かどうかを問わずに純粋に介助等の要否を付ける。

３歳未満	食事、排泄、入浴及び移動の項目で、全介助又は一部介助である項目が２以上
３歳以上	1 及び 2 に該当 1　①～④の項目で、「全介助」又は「一部介助」が１以上 2　⑤～⑪の項目で、「ほぼ毎日」又は「週に１回以上」が１以上

児童区分　給付決定時調査は、通常の発達において必要とされる介助等は除く。

3	①～④で「全介助」が３項目以上　又は、⑤～⑪で「ほぼ毎日」が１項目以上
2	①～④で「全介助」若しくは「一部介助」が３項目以上　又は⑤～⑪で「週に１回以上」が１項目以上
1	児童区分３又は２に該当せず、①～④のうち「一部介助」又は「全介助」が１項目以上