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

SSupport Survey（School Age）　　　　　　　　　　　　　　　Date　　　 YY　　 MM　 　DD

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

Check the box ☑　and return the form.

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| 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** |
| 1. 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. |
| 1. Bathing | * **Self-support**   Can be done alone | □ **Need partial support** as washing body | □ **Need full support** |
| 1. 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. |

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| Evaluation Criteria | Examples | | Frequency | | |
| 0 point | 1 point | 2 points |
| 1. Raise voice | ・Shouting or making strange noises, startling or disturbing others | | □ No support required | □ Assistance may be required | □ Once a week  or more  □ Almost every day |
| 1. Hyperactivity/ behavioral disorder | (Hyperactivity) Moves at own pace and independently of surroundings. Has difficulty staying in one place. | (Behavioral disorder) Difficulty moving from one action to the next, regardless of one’s intention. | □ No support  required | □ Assistance may be required | □ Once a week  or more  □ Almost every day |
| 1. Unstable behavior | Sudden schedule change prevents next action. | | □ No support required | □ Assistance may be required | □ Once a week  or more  □ Almost every day |
| 1. Sudden move | If something is curious, one might shake hands off and go to someone/something that is important. | | □ No support required | □ Assistance may be required | □ Once a week  or more  □ Almost every day |
| 1. Epilepsy |  | | □ No support required | □ Observation  Epilepsy is under observation, but not to the point of medication support. | □ Seldom  □ Once a month  or more  □ Has a diagnosis of epilepsy. (Including cases where seizures are prevented by medication.) |
| 1. Pica | Putting non-food items in the mouth, such as chewing on toys or clothing sleeves. | | □ No support required | □ Assistance may be required | □ Once a week  or more  □ Almost every day |
| 1. Overeating・rumination | Has overeating and anorexia.  Unable to swallow what one puts in mouth and keeps it in mouth. | | □ No support required | □ Assistance may be required | □ Once a week  or more  □ Almost every day |
| 1. Reversal of days and nights (Sleep) | Disturbed sleep rhythm.  Day and night are reversed. | | □ No support required | □ Assistance may be required | □ Once a week  or more  □ Almost every day |
| 1. Harm oneself | Harm one's own body | | □ No support required | □ Assistance may be required | □ Once a week  or more  □ Almost every day |
| 1. Harm others | Harm others, throw objects, or other actions that injure others | | □ No support required | □ Assistance may be required | □ Once a week  or more  □ Almost every day |
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| 1. Depression | ・Mood swings are severe and interfere with daily life and social activities.  ・Cannot change mood without conversation | | □ No support required | □ Assistance may be required | □ Once a week  or more  □ Almost every day |
| 1. Repetitive behavior | ・Becomes obsessed with an object or behavior and repeats a specific behavior.  ・Repeatedly asks about things that bother them. | | □ No support required | □ Assistance may be required | □ Once a week  or more  □ Almost every day |
| 1. Communication | ・Can't talk to people. Shyness.  ・Able to verbally communicate own intentions in new places and to new people. | | □ No support required | □Assistance may be required／Communicate by means other than speech, such as sign language and writing.／Only family members or people accustomed to doing so | □ Not possible  □ Difficult to judge |
| 1. Understanding | ・How helpful are others in the child’s understanding of their explanations?  ・Are others using easy-to-understand language or peaking slowly? | | □No support required／Able to follow instructions | □Assistance may be required／Communicate by sign language and written communication. | □ Cannot understand  □ Cannot judge  □ Understand only patterned, routine behavior.（eat, sleep） |
| 1. Interpersonal anxiety   Nervousness, difficulty adjusting to group life | ・Interpersonal anxiety, tension, irritability, maladjustment to groups, withdrawal。  ・Difficult to get used to new place  ・Not good at group activities, need support such as talking to | | □ No support required | □ Assistance may be required | □ Once a week  or more  □Almost every day  □Participation in group activities must be encouraged by adult. |
| ㉑ Reading/writing | ・Need assistance with reading and writing in class and homework | | □No support required／Can read/write books and textbooks alone／Can write sentences | □ Assistance may be required | □ Once a week  or more  □ Almost every day |

Remarks

**The columns below are for use by staff members.**