**≪　　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.

|  |  |
| --- | --- |
| 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 supportrequired | □ 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 | □ ObservationEpilepsy 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.**