

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

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

Evaluation Criteria	Examples		Frequency		
			0 point	1 point	2 points
⑤ Raise voice	· Shouting or making strange noises, startling or disturbing others		<input type="checkbox"/> No support required	<input type="checkbox"/> Assistance may be required	<input type="checkbox"/> Once a week or more <input type="checkbox"/> Almost every day
⑥ 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.	<input type="checkbox"/> No support required	<input type="checkbox"/> Assistance may be required	<input type="checkbox"/> Once a week or more <input type="checkbox"/> Almost every day
⑦ Unstable behavior	Sudden schedule change prevents next action.		<input type="checkbox"/> No support required	<input type="checkbox"/> Assistance may be required	<input type="checkbox"/> Once a week or more <input type="checkbox"/> Almost every day
⑧ Sudden move	If something is curious, one might shake hands off and go to someone/something that is important.		<input type="checkbox"/> No support required	<input type="checkbox"/> Assistance may be required	<input type="checkbox"/> Once a week or more <input type="checkbox"/> Almost every day
⑨ Epilepsy			<input type="checkbox"/> No support required	<input type="checkbox"/> Observation Epilepsy is under observation, but not to the point of medication support.	<input type="checkbox"/> Seldom <input type="checkbox"/> Once a month or more <input type="checkbox"/> Has a diagnosis of epilepsy. (Including cases where seizures are prevented by medication.)
⑩ Pica	Putting non-food items in the mouth, such as chewing on toys or clothing sleeves.		<input type="checkbox"/> No support required	<input type="checkbox"/> Assistance may be required	<input type="checkbox"/> Once a week or more <input type="checkbox"/> Almost every day
⑪ Overeating•rumination	Has overeating and anorexia. Unable to swallow what one puts in mouth and keeps it in mouth.		<input type="checkbox"/> No support required	<input type="checkbox"/> Assistance may be required	<input type="checkbox"/> Once a week or more <input type="checkbox"/> Almost every day
⑫ Reversal of days and nights (Sleep)	Disturbed sleep rhythm. Day and night are reversed.		<input type="checkbox"/> No support required	<input type="checkbox"/> Assistance may be required	<input type="checkbox"/> Once a week or more <input type="checkbox"/> Almost every day
⑬ Harm oneself	Harm one's own body		<input type="checkbox"/> No support required	<input type="checkbox"/> Assistance may be required	<input type="checkbox"/> Once a week or more <input type="checkbox"/> Almost every day

⑭ Harm others	Harm others, throw objects, or other actions that injure others	<input type="checkbox"/> No support required	<input type="checkbox"/> Assistance may be required	<input type="checkbox"/> Once a week or more <input type="checkbox"/> Almost every day
⑮ Harm others	Harm others, throw objects, or other actions that injure others	<input type="checkbox"/> No support required	<input type="checkbox"/> Assistance may be required	<input type="checkbox"/> Once a week or more <input type="checkbox"/> Almost every day
⑯ Depression	<ul style="list-style-type: none"> • Mood swings are severe and interfere with daily life and social activities. • Cannot change mood without conversation 	<input type="checkbox"/> No support required	<input type="checkbox"/> Assistance may be required	<input type="checkbox"/> Once a week or more <input type="checkbox"/> Almost every day
⑰ Repetitive behavior	<ul style="list-style-type: none"> • Becomes obsessed with an object or behavior and repeats a specific behavior. • Repeatedly asks about things that bother them. 	<input type="checkbox"/> No support required	<input type="checkbox"/> Assistance may be required	<input type="checkbox"/> Once a week or more <input type="checkbox"/> Almost every day
⑱ Communication	<ul style="list-style-type: none"> • Can't talk to people. Shyness. • Able to verbally communicate own intentions in new places and to new people. 	<input type="checkbox"/> No support required	<input type="checkbox"/> 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	<input type="checkbox"/> Not possible <input type="checkbox"/> Difficult to judge
⑲ Understanding	<ul style="list-style-type: none"> • How helpful are others in the child's understanding of their explanations? • Are others using easy-to-understand language or speaking slowly? 	<input type="checkbox"/> No support required/ Able to follow instructions	<input type="checkbox"/> Assistance may be required/ Communicate by sign language and written communication.	<input type="checkbox"/> Cannot understand <input type="checkbox"/> Cannot judge <input type="checkbox"/> Understand only patterned, routine behavior. (eat, sleep)
⑳ Interpersonal anxiety Nervousness, difficulty adjusting to group life	<ul style="list-style-type: none"> • 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 	<input type="checkbox"/> No support required	<input type="checkbox"/> Assistance may be required	<input type="checkbox"/> Once a week or more <input type="checkbox"/> Almost every day <input type="checkbox"/> Participation in group activities must be encouraged by adult.
㉑ Reading/writing	• Need assistance with reading and writing in class and homework	<input type="checkbox"/> No support required/ Can read/write books and textbooks alone/ Can write sentences	<input type="checkbox"/> Assistance may be required	<input type="checkbox"/> Once a week or more <input type="checkbox"/> Almost every day

Remarks

The columns below are for use by staff members.
