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

放課後等デイサービス利用児用

　Support Survey（School Age）

　　　　　　　　　　　　　　　Date　　　 YY　　 MM　 　DD

Name of child：　　　　　　　　　　　　　　Grade：　　　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. |

|  |  |  |
| --- | --- | --- |
| Evaluation Criteria  | Examples | Frequency |
| 0 point | １ point | ２ points |
| 1. Communication
 | ・How much assistance is necessary in the communication of one’s intentions to others?・Can verbally communicate own intentions in new places and with new people | [ ]  No support required | [ ]  May require support／Communicate by means other than speech, such as sign language and writing.／Possible only for family members or trusted persons | [ ]  Unable to communicate[ ]  Difficult to determine |
| 1. Understanding explanations
 | ・To what extent can one get help understanding others’ explanations?・Need to use easy-to-understand language, speak slowly | [ ]  No support required／Understands explanations, nods, responds, and acts accordingly | [ ]  May require support／Sign language and communication tools can be used to understand | [ ]  Difficult to understand[ ]  Difficult to determine[ ]  Understandable only for everyday patterned actions (eat/sleep) |
| 1. Raise voice
 | Shouting or making strange noises, startling or disturbing others | [ ]  No support required | [ ]  May require support | [ ]  More than once a week |
| 1. 異食行動
 | Putting non-food items in the mouth, such as chewing on toys or clothing sleeves  | [ ]  No support required | [ ]  do not swallow, but may put in mouth | [ ]  If there is an object, put it in mouth and swallow |
| 1. Hyperactivity/behavioral disorder
 | Moves at own pace. Has difficulty staying in one place | Difficulty moving from one action to the next, regardless of one’s intention | [ ]  No support required | [ ]  May require support | [ ]  More than once a week |
| 1. Unstable behavior
 | ・Panic, may cry suddenly・Sudden schedule change prevents next action | [ ]  No support required | [ ]  May require support | [ ]  More than once a week |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Harm oneself
 | Harm one’s body | [ ]  No support required | [ ]  May require support | [ ]  More than once a week |
| 1. Harm others
 | Harm others, throw objects or other actions that injure others | [ ]  No support required | [ ]  May require support | [ ]  More than once a week |
| 1. Inappropriate behavior
 | ・Being overly friendly to strangers・Getting too close to strangers | [ ]  No support required | [ ]  May require support | [ ]  More than once a week |
| 1. Sudden mover
 | If something is curious, one might shakes hands off and go to someone/something that is important | [ ]  No support required | [ ]  May require support | [ ]  More than once a week |
| 1. Overeating/rumination
 | Has overeating and anorexia. Enable to swallow what one puts in mouth and keeps it in mouth | [ ]  No support required | [ ]  May require support | [ ]  More than once a week |
| 1. Epilepsy
 |  | [ ]  No support required | [ ] 　Epilepsy is under observation, but not to the point of medication support | [ ] 　Has a diagnosis of epilepsy (including cases where seizures are prevented by medication) |
| 1. Depression
 | ・Mood swing are severe and interference with daily life and social activities・Cannot change mood without conversation | [ ]  No support required | [ ]  May require support | [ ]  More than once a week |
| 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 | [ ]  May require support | [ ]  More than once a week |
| 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 | [ ]  May require support | [ ]  More than once a week[ ] 集団行動参加には、大人の促しを要する。 |
| 1. Reading/writing
 | ・Need assistance with reading and writing in class and homework | [ ]  No support required／Can read books and textbooks alone/Can write sentences | [ ]  May require support | [ ]  More than once a week |

Remarks:

**以下の欄は職員が使用します。 (Below for staff use)**

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。

　個別サポート加算（Ⅰ）（重度） 「１．①～④のうち全介助の項目」が３以上

個別サポート加算（Ⅰ）「２．⑤～⑳の合計点数」が13点以上

①～④のうち全介助の項目　（　　　　項目）

⑤～⑳の合計点数 　　　（　　　　　点）

**個別サポート加算（Ⅰ）　　　□ 該当　　　　□該当（重度）　　 □ 非該当**