

《Preschool》

Disabled Child Support Plan

Entry Example

Date

YY

MM

DD

Katakana Name of child	ジョン スミス John Smith	Katakana Name of guardian	デービッド スミス David Smith	Relation	Father	Form filler	Relation (Mother) Mary Smith
Recipient ID Number	●●●●●●●●●●	Address	170-0013 1-1-1 Minami-ikebukuro, Toshima-ku	Telephone	090-○○○○-○○○○		
Date of birth	YY MM DD	Gender	<input type="checkbox"/> 男 <input type="checkbox"/> 女	FAX	03-3981-○○○○		

1. Current status

Techo	<input type="checkbox"/> 身体障害者手帳 <input type="checkbox"/> 療育手帳 (愛の手帳) <input type="checkbox"/> 手帳なし <input type="checkbox"/> その他 ()		
Disability or Illness	ADHD, master the language of communication, etc.		
Name of school	●● kindergarten ・ ●● nursery school		
Special needs class	<input type="checkbox"/> 有り (Name of class:) <input type="checkbox"/> 無し		
Type of service	Type		Name of facility & days of use per month
	<input type="checkbox"/> ①児童発達支援 <input type="checkbox"/> ②医療型児童発達支援 <input type="checkbox"/> ③短期入所 <input type="checkbox"/> ④放課後等デイサービス <input type="checkbox"/> ⑤その他 ()		
			① ●● facility 5 days/mo. Fill in if renewing

2. Future plans

Issues (problems)	Goals for achieving your desired life
<ul style="list-style-type: none"> Not good at communicating with friends right now, so want to learn how to interact with them. 	<ul style="list-style-type: none"> Communicate better Fun nursery school life

3. What to do by when for your desired life

Objective	Support details	By when
<ul style="list-style-type: none"> Enjoy interacting with friends 	<ul style="list-style-type: none"> Through a variety of games and activities, children learn to interact with friends through adult facilitation 	<input type="checkbox"/> 1ヶ月 <input type="checkbox"/> 半年後 <input type="checkbox"/> 1年後 <input type="checkbox"/> 3年後 <input type="checkbox"/> その他 ()
<ul style="list-style-type: none"> Master the language of communication 	<ul style="list-style-type: none"> Guided by the ST, children are encouraged to speak confidently 	<input type="checkbox"/> 1ヶ月 <input type="checkbox"/> 半年後 <input checked="" type="checkbox"/> 1年後 <input type="checkbox"/> 3年後 <input type="checkbox"/> その他 ()
<ul style="list-style-type: none"> Reduce childcare anxiety (mother) 	<ul style="list-style-type: none"> Join childcare support circles to find friends 	<input type="checkbox"/> 1ヶ月 <input type="checkbox"/> 半年後 <input checked="" type="checkbox"/> 1年後 <input type="checkbox"/> 3年後 <input type="checkbox"/> その他 ()

4. Service to use

Type of support	Support	Name of facility & days of use per month
	<input type="checkbox"/> ①児童発達支援 <input type="checkbox"/> ②医療型児童発達支援 <input type="checkbox"/> ③短期入所 <input type="checkbox"/> ④放課後等デイサービス <input type="checkbox"/> ⑤その他 ()	
		① ●● facility 5 days/Mo. Once a week, 5 days a month Twice a week, 10 days a month

Remarks		Other services received	
----------------	--	--------------------------------	--