

Support Survey (School Age)

Date

YY

MM

DD

放課後等デイサービス利用者用

Name of child: _____ Grade: _____ 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 Communication	<ul style="list-style-type: none"> 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 	<input type="checkbox"/> No support required	<input type="checkbox"/> May require support／ Communicate by means other than speech, such as sign language and writing.／ Possible only for family members or trusted persons	<input type="checkbox"/> Unable to communicate <input type="checkbox"/> Difficult to determine
⑥ Understanding explanations	<ul style="list-style-type: none"> To what extent can one get help understanding others' explanations? Need to use easy-to-understand language, speak slowly 	<input type="checkbox"/> No support required／ Understands explanations, nods, responds, and acts accordingly	<input type="checkbox"/> May require support／Sign language and communication tools can be used to understand	<input type="checkbox"/> Difficult to understand <input type="checkbox"/> Difficult to determine <input type="checkbox"/> Understandable only for everyday patterned actions (eat/sleep)
⑦ Raise voice	Shouting or making strange noises, startling or disturbing others	<input type="checkbox"/> No support required	<input type="checkbox"/> May require support	<input type="checkbox"/> More than once a week

⑧ 異食行動	Putting non-food items in the mouth, such as chewing on toys or clothing sleeves		<input type="checkbox"/> No support required	<input type="checkbox"/> do not swallow, but may put in mouth	<input type="checkbox"/> If there is an object, put it in mouth and swallow
⑨ 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	<input type="checkbox"/> No support required	<input type="checkbox"/> May require support	<input type="checkbox"/> More than once a week
⑩ Unstable behavior	<ul style="list-style-type: none"> • Panic, may cry suddenly • Sudden schedule change prevents next action 		<input type="checkbox"/> No support required	<input type="checkbox"/> May require support	<input type="checkbox"/> More than once a week

⑪ Harm oneself	Harm one's body		<input type="checkbox"/> No support required	<input type="checkbox"/> May require support	<input type="checkbox"/> More than once a week
⑫ Harm others	Harm others, throw objects or other actions that injure others		<input type="checkbox"/> No support required	<input type="checkbox"/> May require support	<input type="checkbox"/> More than once a week
⑬ Inappropriate behavior	<ul style="list-style-type: none"> • Being overly friendly to strangers • Getting too close to strangers 		<input type="checkbox"/> No support required	<input type="checkbox"/> May require support	<input type="checkbox"/> More than once a week
⑭ Sudden mover	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"/> May require support	<input type="checkbox"/> More than once a week
⑮ 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"/> May require support	<input type="checkbox"/> More than once a week
⑯ Epilepsy			<input type="checkbox"/> No support required	<input type="checkbox"/> Epilepsy is under observation, but not to the point of medication support	<input type="checkbox"/> Has a diagnosis of epilepsy (including cases where seizures are prevented by medication)
⑰ Depression	<ul style="list-style-type: none"> • Mood swing are severe and interference with daily life and social activities • Cannot change mood without conversation 		<input type="checkbox"/> No support required	<input type="checkbox"/> May require support	<input type="checkbox"/> More than once a week
⑱ Repetitive behavior	<ul style="list-style-type: none"> • Becomes obsessed with an object or behavior and repeats a specific behavior • Repeatedly asks about 		<input type="checkbox"/> No support required	<input type="checkbox"/> May require support	<input type="checkbox"/> More than once a week

	things that bother them			
⑱ 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"/> May require support	<input type="checkbox"/> More than once a week <input type="checkbox"/> 集団行動参加には、大人の促しを要する。
⑳ Reading/writing	<ul style="list-style-type: none"> • Need assistance with reading and writing in class and homework 	<input type="checkbox"/> No support required / Can read books and textbooks alone / Can write sentences	<input type="checkbox"/> May require support	<input type="checkbox"/> 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。

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) (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

個別サポート加算 (I) ☐ 該当 ☐ 該当 (重度) ☐ 非該当