

※ Please keep a copy as the facility may require it.

共通

【Support Survey】

Date: YY MM DD

Name of child : \_\_\_\_\_ Age : \_\_\_\_ Filled by: [ Father · Mother · Other ( ) ]

☐ Child with severe mental/physical disability ☐ Physical disability certificate, Level 1&2

☐ Ai-no-techo, Level 1&2 ☐ Mental disability health welfare certificate, Level 1

Check the appropriate box ☐ for each item and submit

Field	Item	Evaluation criteria				
		①	②	③	④	⑤
1.Health/ life	(1) Meal	<input type="checkbox"/> Can eat alone	<input type="checkbox"/> Need watching over and talking to	<input type="checkbox"/> Need partial support	<input type="checkbox"/> Need full support	
	(2) Toilet	<input type="checkbox"/> Can be done alone	<input type="checkbox"/> Need watching over and talking to	<input type="checkbox"/> Need partial support	<input type="checkbox"/> Need full support	
	(3) Bathing	<input type="checkbox"/> Can be done alone	<input type="checkbox"/> Need watching over and talking to	<input type="checkbox"/> Need partial support	<input type="checkbox"/> Need full support	
	(4) Clothing on and off	<input type="checkbox"/> Can be done alone	<input type="checkbox"/> Need watching over and talking to	<input type="checkbox"/> Need partial support	<input type="checkbox"/> Need full support	
2.Sense organ/ motion	(5) Hearing	<input type="checkbox"/> No hearing problem	<input type="checkbox"/> Able to hear with hearing aids or other assistive devices	<input type="checkbox"/> Some sounds are inaudible. Needs assistive devices such as hypersensitivity	<input type="checkbox"/> Difficulty hearing sounds or voices	
	(6) Oral function	<input type="checkbox"/> Can chew and swallow	<input type="checkbox"/> Able to crush and eat soft foods	<input type="checkbox"/> Can open and close mouth to swallow with assistance	<input type="checkbox"/> Use of baby bottles, etc. Has difficulty eating by mouth.	
	(7) Sitting	<input type="checkbox"/> Can sit alone and play with hands	<input type="checkbox"/> Can sit supported by hand	<input type="checkbox"/> Able to sit with part of the body supported	<input type="checkbox"/> Need full body support to sit	
	(8) Eye-foot collaboration	<input type="checkbox"/> Can hop on one foot (ken-ken) more than three times	<input type="checkbox"/> Can walk up and down stairs with alternating legs and feet	<input type="checkbox"/> Can jump with both feet at the same time and land without flipping	<input type="checkbox"/> Climb stairs from the same foot	<input type="checkbox"/> Every movement is difficult
	(9) Moving	<input type="checkbox"/> Can walk alone	<input type="checkbox"/> Can walk alone, but needs close supervision	<input type="checkbox"/> Can walk alone, but needs assistance such as holding hands or devices such as a cane or protective cap	<input type="checkbox"/> Difficult to walk alone	
3.Cognition/ behavior	(10) Crisis avoidance behavior	<input type="checkbox"/> Able to voluntarily avoid danger	<input type="checkbox"/> Able to avoid danger if someone call out	<input type="checkbox"/> Intervention by a caregiver is necessary to avoid danger		
	(11) Attentiveness	<input type="checkbox"/> Able to focus on the task at hand	<input type="checkbox"/> Able to focus on one part of the project	<input type="checkbox"/> Difficult to focus on the task		

Field	Item	Evaluation criteria				
		①	②	③	④	⑤
	(12) Prediction	<input type="checkbox"/> Able to act on prospects	<input type="checkbox"/> Able to act on prospects if someone advises	<input type="checkbox"/> Able to act when visual information is available	<input type="checkbox"/> Other efforts are needed	
	(13) Responding to sudden changes	<input type="checkbox"/> No problem with sudden schedule changes	<input type="checkbox"/> Able to respond if someone advises	<input type="checkbox"/> Able to act when visual information is available	<input type="checkbox"/> Other efforts/support are needed	
	(14) Others	<input type="checkbox"/> Rudeness is rarely seen	<input type="checkbox"/> Some violence is observed, but there are ways to deal with it	<input type="checkbox"/> Disruptive behavior is observed and there is no specific way to deal with it		
4.Language/ communication	(15) Person to person	<input type="checkbox"/> Makes eye contact, smiles or looks happy	<input type="checkbox"/> When appealing (demanding), eyes meet	<input type="checkbox"/> Little eye contact/when eye contact is made not sustained.	<input type="checkbox"/> Hardly make eye contact	
	(16) Expression of intention	<input type="checkbox"/> Able to communicate with words	<input type="checkbox"/> Able to communicate with gestures	<input type="checkbox"/> Communicate by crying or getting angry	<input type="checkbox"/> Difficult to express intention	
	(17) Reading/ writing	<input type="checkbox"/> No assistance is needed	<input type="checkbox"/> Assistance is sometimes needed	<input type="checkbox"/> Always need assistance		
5.Human relations/ social skills	(18) Interest in others	<input type="checkbox"/> Initiate and respond to initiatives from others	<input type="checkbox"/> Respond to a very limited number of people	<input type="checkbox"/> Rarely initiates, but may respond of the efforts of others	<input type="checkbox"/> Overreacts or does not respond at all	
	(19) Trouble frequency	<input type="checkbox"/> Little, or can solve the problem themselves	<input type="checkbox"/> Can be resolved with adult support	<input type="checkbox"/> Even with support, some situations can be resolved and some cannot	<input type="checkbox"/> Problems are common and difficult to resolve	
	(20) Group participation	<input type="checkbox"/> Able to understand instructions / rules and participate from start to finish	<input type="checkbox"/> Can participate in parts of the program if interested	<input type="checkbox"/> Can stay there with support	<input type="checkbox"/> Difficult to participate	

※21~23 below are for junior high and high school students only

Field	Item	Evaluation criteria			
Communication	(21) Language	<input type="checkbox"/> Able to use appropriate language and behavior to express oneself	<input type="checkbox"/> Occasionally, able to use appropriate language and behavior to express oneself	<input type="checkbox"/> Hardly able to use appropriate language and behavior to express oneself	<input type="checkbox"/> Difficult to use appropriate language and behavior to express oneself
	(22) Conversational exchange	<input type="checkbox"/> Able to communicate	<input type="checkbox"/> With appropriate attention, able to communicate/try to communicate	<input type="checkbox"/> Difficult to communicate	
	(23) Adaptability to group	<input type="checkbox"/> Able to participate	<input type="checkbox"/> Occasionally able to participate	<input type="checkbox"/> Hardly able to participate	<input type="checkbox"/> Difficult to participate