

《School Age》

Disabled Child Support Plan

Entry Example

Date

YY

MM

DD

<b>Katakana Name of child</b>	ジョン スミス John Smith	<b>Katakana Name of guardian</b>	デービッド スミス David Smith	<b>Relation</b>	Father	<b>Form filler</b>	Relation (Mother) Mary Smith
<b>Recipient ID Number</b>	●●●●●●●●●●	<b>Address</b>	170-0013 1-1-1 Minami-ikebukuro, Toshima-ku	<b>Telephone</b>	090-0000-0000		
<b>Date of birth</b>	YY MM DD	<b>Gender</b>	<input type="checkbox"/> 男 <input type="checkbox"/> 女	<b>FAX</b>	03-3981-0000		

1. Current status

<b>Techo</b>	<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 (                      )						
<b>Disability or Illness</b>	ADHD						
<b>Name of school</b>	●● Elementary School						
<b>Special needs class</b>	<input type="checkbox"/> 有り (Name of class: ●● class) <input type="checkbox"/> 無し						
<b>Type of service</b>	<b>Type</b>			<b>Name of facility &amp; days of use per month</b>			
	<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 ( Mobility support			④ ●● facility 5days/mo. ■■ facility 15days/mo.    Total 20days/mo.			

Fill in if renewing

2. Future plans

<b>Issues (problems)</b>	<b>Goals for achieving your desired life</b>
<ul style="list-style-type: none"> <li>Both parents work and are unable to supervise children after school</li> <li>Very particular and poor communicator</li> </ul>	<ul style="list-style-type: none"> <li>Watch the child until the parent returns home.</li> <li>Communicate better</li> </ul>

3. What to do by when for your desired life

Objective	Support details	By when		
Attend a facility where they can spend time after school.	Make the after-school hours safe and fun at daycare centers.	<input type="checkbox"/> 1ヶ月	<input type="checkbox"/> 半年後	<input type="checkbox"/> 1年後
Make lots of friends.	Group activities in day care facilities provide experience in interacting with others.	<input type="checkbox"/> 3年後	<input type="checkbox"/> その他 (                      )	
		<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 (                      )	
		<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 (                      )	

4. Service to use

<b>Type of support</b>	<b>Support</b>	<b>Name of facility &amp; days of use per month</b>	
	<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 ( Mobility support	④ ●● facility 5 days/Mo.    ■■ facility 15 days/Mo.    Total 20 days/Mo.	⑤ △△ facility 10 days/Mo. (for school)

Once a week, 5 days a month  
Twice a week, 10 days a month

<b>Remarks</b>		<b>Other services received</b>	Mobility support
----------------	--	--------------------------------	------------------