

《School Age》		Disabled Child Support Plan		Entry Example	Date	YY	MM	DD
Katakana	ジョン スミス	Katakana	デービッド スミス	Relation	Form filler	Relation (Mother)		
Name of child	John Smith	Name of guardian	David Smith	Father		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		
Name of school	●● Elementary School		
Special needs class	<input type="checkbox"/> 有り (Name of class: ●● class) <input type="checkbox"/> 無し		
Type of service	Type <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)	Name of facility & days of use per month ④ ●● facility 5days/mo. ■■ facility 15days/mo. Total 20days/mo.	

Fill in if renewing

### 2. Future plans

Issues (problems)	Goals for achieving your desired life
・Both parents work and are unable to supervise children after school ・Very particular and poor communicator	・Watch the child until the parent returns home. ・Communicate better

### 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 <input type="checkbox"/> 3年後 <input type="checkbox"/> その他（ ）
・Make lots of friends.	・Group activities in day care facilities provide experience in interacting with others.	<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

Type of support	Support <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)	Name of facility & days of use per month ④ ● facility 5 days/Mo. ■■ facility 15 days/Mo. Total 20 days/Mo. ⑤ △△ facility 10 days/Mo. (for school)
Remarks		Other services received Mobility support

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

# Disabled Child Support Plan【Weekly schedule】

※Contact us if you have any difficulty completing the form.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday/Holiday	Main daily activities	
6:00	Sleep							(Include medical visits and community activities)	
	Wake up · Breakfast · Preparation								
8:00	Mobility support (helper)				Mobility support (helper)			<ul style="list-style-type: none"> <li>○ hospital (Pediatrics) Once a week</li> <li>△ Orthopedics Twice a month</li> <li>Swimming lesson Once a week</li> </ul>	
10:00	●● Elementary School					Visit hospital (Pediatrics)			
12:00						Lunch			
14:00									
16:00						●● facility	●● facility	■ facility	■ facility
18:00	Mobility support (helper)							Non-Weekly Services	
20:00	Dinner								
	Bath								
22:00	Sleep								
0:00									
2:00									
4:00									

※ Based on this draft plan, the type and amount of services are determined based on the classification of disability support, the content of interviews at Disability and Welfare Section and Public Health Center, and the payment standard hours. You can also submit this form instead of any other form.

Date confirmed