個別の教育支援計画

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| 記入(更新)年月日 | | | . . | | | | | |  | | | | | | | | |
| ふりがな | |  | | | | | | | 性別 | 生年月日 | | 年　　　月　　　日生 | | | | | |
| 氏名 | |  | | | | | | |  |
|  | | 内容 | | | | | | | | 診断機関 | | | | | | 診断時期 | |
| 障害名  (※ある場合) | |  | | | | | | | |  | | | | | |  | |
| 疾病・疾患等  (※ある場合) | |  | | | | | | | |  | | | | | |  | |
|  | (1) 療育手帳 | | | | | (2) 身体障害者手帳 | | | | (3) 福祉サービス受給者証 | | | | | その他 | | |
| 種類 | 交付年月日(　 .　. ) | | | | | 交付年月日(　 .　. ) | | | | 交付年月日(　 .　. ) | | | | |  | | |
| 家族構成 | 続柄 | | | 氏名 | | | | | | 続柄 | | 氏名 | | | | | |
| 本人 | | |  | | | | | |  | |  | | | | | |
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| 出産時 | 出産状況 | | |  | | | | | | | | 体重 | | g | | | |
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| 乳幼児期 | 1歳6か月児健診での所見 | | | | | | | | | | ３歳児健診での所見 | | | | | | |
| その他 | | | | | | | | | | | | | | | | |
| 保育歴 (名称等) | | | | | | | 期間 | | | | | 回数・時間 | | | | |
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| 福祉サービス事業所  利用状況 | 事業所名 | | | | | | | 内容 | | | | | 利用期間等 | | | | |
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| 現在まで関わった病院や相談機関・検査結果等 | | | | | | | | | | | | | | | | | |
| 機関名 | | | | | 年月日 | | 目的・診断・相談内容・検査結果等 | | | | | | | | | | 別紙資料の有無 |
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|  | | | | |  | | ※記載しきれない場合は，別紙に追記します。 | | | | | | | | | |  |

【様式Ⅰ：フェイスシート】