個別の教育支援計画Ａ（盲・聾・養護学校用）

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| 氏名 | |  | | 性別 | |  | | 生年月日 |  |
| 住所 | |  | | | | | | | |
| 障害の状況 | |  | | 健康・身体の状況 | | | |  | |
|  | |  | |  | | | |  | |
|  | |  | | 発作 | | | |  | |
|  | |  | |  | | | |  | |
| 身体障害者手帳 | |  | | 服薬 | | | |  | |
|  | |  | |  | | | |  | |
| 療育手帳 | |  | | 医療機関名 | | | |  | |
|  | |  | |  | | | |  | |
|  | |  | | 主治医名 | | | |  | |
|  | |  | |  | | | |  | |
| 生育歴 |  | | | 教育相談歴 |  | | | | |
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|  | | |  | | | | |
| 家庭生活や地域生活の状況 | | | | | | | | | |
| （家族構成） | | | （生活スケジュール） | | | | （生活マップ） | | |
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| 本人の希望 | | | | | | | | | |
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| 保護者の願い | | | | | | | | | |
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