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| 調査書 | | | | | | | | | | | | | | | | | | | | | | 長崎県立鶴南特別支援学校 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ※受検番号 | | | | | | | | | |  | | | | | |
| 志願者 | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | 性別 | | | |  | | | | | | | 生年月日 | | | | | | | | | 平成 | | | | |  | | | 年 | |  | | | | 月 | |  | | 日 |
| 現住所 | | | 〒 | |  | | | － | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 略歴 | | | 平成  令和 | | | |  | | | 年 | | | |  | | | | | 月 | | |  | | | | | | | | | | | 立 | | | | | 中学部  中学校 | | | | | | | | | | | | | | | | | | （通常・重複）  （通常・通級・特別） | | | | | | | | | | | 卒業見込  卒業見込 | | |
| 卒業後  の状況 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保護者 | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 住所 | | | | | 〒 | | | | | |  | | | | | | － | | | | |  | | | | | | | | | | | | | | | | | | | |
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| 行動及び性格の記録 | | 〈生活面〉  ・排せつ  ・食事  ・衣服の着脱  ・生活リズム  ・整理・整頓  ・衛生に対する意識  など | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 〈社会面・ｺﾐｭﾆｹｰｼｮﾝ面〉  ・挨拶・返事  ・意思の伝達  ・言葉遣い  ・情緒  ・対人関係  ・集団参加  ・公共交通機関、  公共施設の利用  ・金銭処理  ・時間の理解  ・余暇　　　　　　　　　など | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 〈作業面〉  ・仕事内容の理解  ・仕事の正確さ・能率  ・報告・質問  ・安全への留意  ・仕事に対する体力  ・集中力・持続力  ・仕事に対する責任感  ・仕事に対する意欲  など | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 標準検査 | | 検査名 | | 田中ビネー  田中ビネーV  鈴木ビネー | | | | | | | | | | | | | | 検査名 | | | | | WISC－Ⅳ  ＷＩＳＣ－Ⅴ | | | | | | | | | | | | | | | | 検査名 | | | | | | Ｓ－Ｍ社会生活  能力検査 | | | | | | | | | | | | | | | 検査名 | | | |  | | | | | | | |
| 検査日 | | 年　　　月　　　日 | | | | | | | | | | | | | | 検査日 | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | 検査日 | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | 検査日 | | | | 年　　　月　　　日 | | | | | | | |
| 実施機関 | |  | | | | | | | | | | | | | | 実施機関 | | | | |  | | | | | | | | | | | | | | | | 実施機関 | | | | | |  | | | | | | | | | | | | | | | 実施機関 | | | |  | | | | | | | |
| 検査結果 | | IQ：  MA: | | | | | | | | | | | | | | | | FSIQ：  VCI：　　　　　　PRI:  WMI：　　　　　　PSI：  FSIQ：  VCI：　　　　　　VSI：  FRI：　　　　　　WMI：  PSI： | | | | | | | | | | | | | | | | | | | | | 社会生活指数  SQ：  社会生活年齢  SA： | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | 長崎県立鶴南特別支援学校 | | | | | | | | | | | | | | | | | | | | | | | | | | | 氏名 | | | | | | |  | | | | | | | | | | | | | | |
| 出欠の記録 | | | | | | １年（欠席　　　日）　　２年（欠席　　　日）　　３年（欠席　　　日） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 令和６年１２月末日現在 | | | | | | | | | | | | |
| 欠席理由 | | | | | | | | | １年： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ２年： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ３年： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学習の記録 | | | 国語 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 保健体育 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 社会 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 技術・家庭 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 数学 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 外国語 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 理科 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 総合的な  学習の時間 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 音楽 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 特別活動 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 美術 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 自立活動 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 使用し  ていた  教科書 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 健康診断の記録 | | | 身長 | | |  | | | | | | | ｃｍ（ | | | | | |  | | | | | | 年 | |  | | | | 月測定） | | | | | | | | | 体重 | | | | | | | |  | | | | | | | ｋｇ（ | | | | |  | | 年 | | |  | | | 月測定） | | | |
| 視力  （矯正） | | | | | 右  左 | | | | | |  | | | | | | | | | | | | （ | | | |  | | | | | | | | ） | | | | | 聴力 | | | | | | | | 右  左 | | | | | | | | | | | | | | | | | | | | |
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| 運動機能障害 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 運動制限及び  生活上の配慮事項 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の障害  及び疾病等 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 療育手帳 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 身体障害者手帳 | | | | | | | | | | | | | | | | | | | | | | | | | | | 精神障害者保健福祉手帳 | | | | | | | | | | | | |
| 有（　A1　　A2　　B1　　B2　）　・　申請中　・　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 有（　　　　　種　　　　級）　・　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | 有（　　　　　級）　・　無 | | | | | | | | | | | | |
| 本書の記載に相違ないことを証明します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和 | | | | | | | | | | | | | | | | | | |  | | | | | | | | 年 | | | | | |  | | 月 | | | | | |  | | | | 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 記載責任者　　　職 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | 氏名 | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | 立 | | | | | | | |  | | | | | | | | | | | | | | 学校長 | | | | | | | 氏名 | | | | |  | | | | | | | | | | | | | | | | 公印 | | |