

~ This is a file to support you and your family together!~

新 サポートノートえいごる

**Instructions on How to Make and Use
This File**



OKINAWA

★Introduction★



What is

Purpose

Support Note Able is primarily intended for individuals with developmental disabilities or developmental concerns, as well as their families. However, it can also be helpful for parents who have questions or worries about their child's growth and development.

This original booklet compiles the individual's profile and records the progress of their support in one place, allowing essential information to be easily accessed. By supporting smooth communication and sharing information throughout each stage of life, it aims to ensure more consistent and effective support.

Additionally, when seeking consultations or services, this tool can help reduce the need to repeatedly explain the situation and ensure that everyone involved has a clear understanding.

How to use

- The guardian or the individual themselves can record and store the information.
- Please fill out the form with reference to the manual. However, you do not need to follow it exactly as shown.
- It is not necessary to complete every section. Use the pages you feel will be most helpful for support, based on the individual's age. You can begin with any section—start by filling in the parts you are able to.
- Depending on your needs, feel free to add pages or sections as necessary, and make use of the tool in a way that fits various situations.
- If you're unsure about something, consider filling it out together with support from nearby professionals, such as those in healthcare, education, or social services. If the content is specialized, it's fine for a support person to complete it.
- When you receive documents related to the individual—from schools, health, welfare, or medical institutions—be sure to file them in order. Using clear file pockets is convenient for storing items like diagnosis reports, test results, or disability certificates.
- When sharing the individual's information with affiliated organizations or consultation services, you can do so by providing copies of the relevant pages.

Storage and Usage

- As a general rule, the person themselves, their guardian, or an individual in a similar position should be responsible for storing this file.
- The information recorded in this file is highly sensitive personal data, so please store this file securely.
- In the case that others make use of this information, they must strictly observe privacy regulations and handle personal information with the utmost care.

Extra

- Each sheet in this file can be downloaded from the Okinawa Prefecture Children's Life and Welfare Division's website in the Disability Welfare Section. For those who wish to customize the format according to their preferences and needs, a Word version of the file is also available.
 - ※ Searching for the keywords 'Okinawa Prefecture Disability Welfare Able' on the homepage will also find this file.
- Please paste or insert any necessary materials. This file is something to be created together by the individual, their family, and support providers.

◆ What is the best way to communicate with others during an emergency?

When a guardian falls ill, when a child needs to be looked after unexpectedly, or the individual is unexpectedly hospitalized, it's natural to feel uncertain about what steps to take.

If you need to entrust your child to someone due to unforeseen circumstances, or if a guardian is hospitalized, having all the necessary information compiled in a single "Support Note Able" makes it easier to communicate important considerations and requirements to others.

★New “Support Note Able” Contents★

It is designed for the individual or their family to record, making it easy to share information with supporters and receive appropriate support.



Sheet	Section	Content
1	Profile	Basic information of person and parents
2	Enrollment history (day care, school, etc.)	School enrollment and graduation records
3	Current situation	The person's present condition
4	Activities of daily living detailed sheet	Record the person's typical daily routine
5	Support would be helpful! sheet	Suggested support methods: “in this case, try this”
6	Map centered on me	A visual summary of the current support status
7	Emergency support sheet	Fill in the required information during emergencies, including disasters
8	Recording sheets	
8-1	Support consultation record sheet	Records of guardians (or the individual themselves) and supporters, etc.
8-2	Record of welfare services, etc.	Hand book, benefits, and welfare service record
8-3	Medical record related to development consultation	Consultation records and primary doctor details
8-4	Before graduating from high school (or equivalent)	Organize your goals before graduating from high school, (or equivalent)
8-5	Training and other records	Enter training details and history for work
8-6	Employment record (work history)	Enter details of past jobs and work history
9	Other compiled documents	Information document filing and management sheet
	Information sheet	
	Preparing for school enrollment	
	Benefit determination process	
	Conclusions	

Current Situation

The child is () years old as of : (/ /) Date of application : (/ /)

Filled in by : _____ (relationship: _____)

Name of child		Nickname		Date of Birth	/ / (YYYY/MM/DD)
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● Special considerations regarding medical care, food, clothing and housing

① Presence of disabilities/disorders or medical conditions	Diagnosis	No / Yes	physical / hearing impairment/ visual impairment / developmental disability / intellectual disability/ medical condition description []	A special education Record book (A1, A2, B1, B2) Mental disability level () Physical disability level ()
Medicine				
② Allergies	Sensory Perception	No / Yes	food, medication, others [description]	Procedure for emergencies:
③ Sensory Perception				
④ Safety Aspects (Behaviors that hinder social participation)	Accommodation necessary / unnecessary	Avoiding danger / Preventing Accidents (description)		
⑤ Presence or Absence of Fixations	No / Yes	Description ()		
⑥ Activities of Daily Living → More Details on Sheet 4	Accommodation necessary/unnecessary	food, sleep, clothing, toileting, bathing, mobility, task performance [descriptions]		
⑦ Psychological Stability (space, sense of place)	Accommodations necessary/unnecessary	[descriptions]		
⑧ Learning and Break Time	Accommodations necessary/unnecessary	[considerations]		

● Hobbies, preferred roles

Activities they especially enjoy (sports, hobbies...)	
Things they are good at (in jobs, helping, tasks...)	

● Things people involved should know

※“This kind of Support Helps! Sheet” can also be a useful tool.

Traits, personality, strengths	
Dislikes, things they find difficult or challenging	
Others (Support that you would like us to continue to provide)	

●How your child appears when they are trouble, and how we support them

「With this approach」

※“This kind of Support Helps! Sheet” can also be a useful tool.

<p>Situations that your child finds difficult or uncomfortable.</p> <p>Mark all the items that apply to your child. (Multiple selections are okay)</p>	<ol style="list-style-type: none"> 1. When there' s a sudden change of plans. 2. When it is noisy (high-pitched voices, loud sounds, fast talking, etc.) 3. When someone suddenly starts talking to them. 4. When experiencing pain or discomfort. 5. When asked a question that is difficult to answer. 6. When they don' t know what they are supposed to do, such as during free time. 7. When they have a different opinion or come into conflict with others. 8. Other (please specify) 										
<p>Typical behaviors your child find difficult or uncomfortable.</p> <p>Mark all the items that apply to your child. (Multiple selections are available)</p>	<table border="0"> <tr> <td>1. Become unable to move</td> <td>2. Becomes silent</td> </tr> <tr> <td>3. Do a lot of yelling (talks to themselves)</td> <td>4. When they talk one-sided</td> </tr> <tr> <td>5. Runs around</td> <td>6. Full of energy · lacking energy</td> </tr> <tr> <td>7. Become more particular</td> <td>8. Smiles or giggles inappropriately (Grin)</td> </tr> <tr> <td>9. Covers their ears</td> <td>10. Less motivation or appears lethargic</td> </tr> </table> <ol style="list-style-type: none"> 11. Self-harm · aggressive behaviors. 12. Withdraws (does not respond to calls or messages) 13. Other (please specify) 	1. Become unable to move	2. Becomes silent	3. Do a lot of yelling (talks to themselves)	4. When they talk one-sided	5. Runs around	6. Full of energy · lacking energy	7. Become more particular	8. Smiles or giggles inappropriately (Grin)	9. Covers their ears	10. Less motivation or appears lethargic
1. Become unable to move	2. Becomes silent										
3. Do a lot of yelling (talks to themselves)	4. When they talk one-sided										
5. Runs around	6. Full of energy · lacking energy										
7. Become more particular	8. Smiles or giggles inappropriately (Grin)										
9. Covers their ears	10. Less motivation or appears lethargic										
<p>Ways to support your child when they are distressed or uncomfortable</p> <p>Mark all the items that apply to your child. (Multiple selections are available)</p>	<ol style="list-style-type: none"> 1. Move to a quiet, low-stimulation environment 2. Stay close to a trusted person. 3. Wait until they are calm, then speak gently and slowly. 4. Give a clear and specific instructions about what to do next. 5. If there are physical issues (such as temperature sensitivity, hunger, fatigue, or pain), allow them to rest or suggest seeing a doctor. 6. Help express their feelings on their behalf 7. Other (please specify) 										

●How to communicate with them

<p>Considerations when we speak to your child. (When giving instructions or wanting to hear your child' s thoughts)</p> <p>Mark all the items that apply to your child. (Multiple selections are available)</p>	<p>No special considerations needed / Special consideration needed.</p> <ol style="list-style-type: none"> 1. Speak in a calm and gentle tone. 2. Use single words or simple phrases whenever possible. 3. Use pictures, photos or written words to support understanding. 4. Give advance notice before something changes. 5. Provide clear choices or options. 6. Instead of just saying “NO,” explain what action you would like them to take. 7. Give a written explanation of the instructions. 8. Use a simple and clear language 9. Other (please specify)
<p>How the child tends to respond</p> <p>Mark all the items that apply to your child. (Multiple selections are available)</p>	<p>No particular trends / Yes, the following apply</p> <ol style="list-style-type: none"> 1. Has difficulty explaining when something is wrong or upsetting. 2. Has difficulty expressing needs or wants with words 3. Has difficulty explaining when somethings wrong or upsetting. 4. Takes time to respond 5. Avoid (Don' t make) eye contact. 6. Becomes silent when unsure how to respond. 7. Talks continuously when feeling anxious. 8. May keep talking without noticing others feel. 9. Use gestures to communicate. 10. Other (please specify)

Activities of Daily Living
Activities and behaviors carried out in everyday life

(No.)

Activities of daily living, which refer to the routine actions and behaviors people carry out in their everyday lives. Please fill it out as needed.



Date of creation (YYYY/MM/DD) _____

Created by Name: _____ (Relationship)

Name: _____ (Relationship)

Name: _____ (Relationship)

Name of the Individual: _____ (age)

Daily life

(Days with activities such as attending daycare, classes, or school)

0h	6h	9h	12h	15h	18h	21h	24h

(Day off)

0h	6h	9h	12h	15h	18h	21h	24h

Meals and Nutrition

Empty dotted box for recording Meals and Nutrition data.

Sleep and Daily Routine

Empty dotted box for recording Sleep and Daily Routine data.

Clothing and Dressing

Empty dotted box for recording Clothing and Dressing data.

Physical Condition (Posture and Body)

[Dotted-line box for notes under Physical Condition]

Mobility

[Dotted-line box for notes under Mobility]

Work

[Dotted-line box for notes under Work]

Speech and Expression

[Dotted-line box for notes under Speech and Expression]

Toileting and Bathing

[Dotted-line box for notes under Toileting and Bathing]

Others: (Additional notes or considerations)

[Dotted-line box for notes under Others]

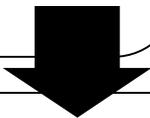
Ways to Support & Information to Share

☆ **These Types of Support Would Be Helpful**

Please describe types of support or strategies that may help things go more smoothly, especially in challenging situations. Feel free to write down your thoughts.

Situations that cause discomfort or distress, and typical behavior

Possible reasons for these reactions



These types of support would be helpful!

(Date recorded : (YYYY/MM/DD) (/ /)

Situations that cause discomfort or distress, and typical behavior

Possible reasons for these reactions



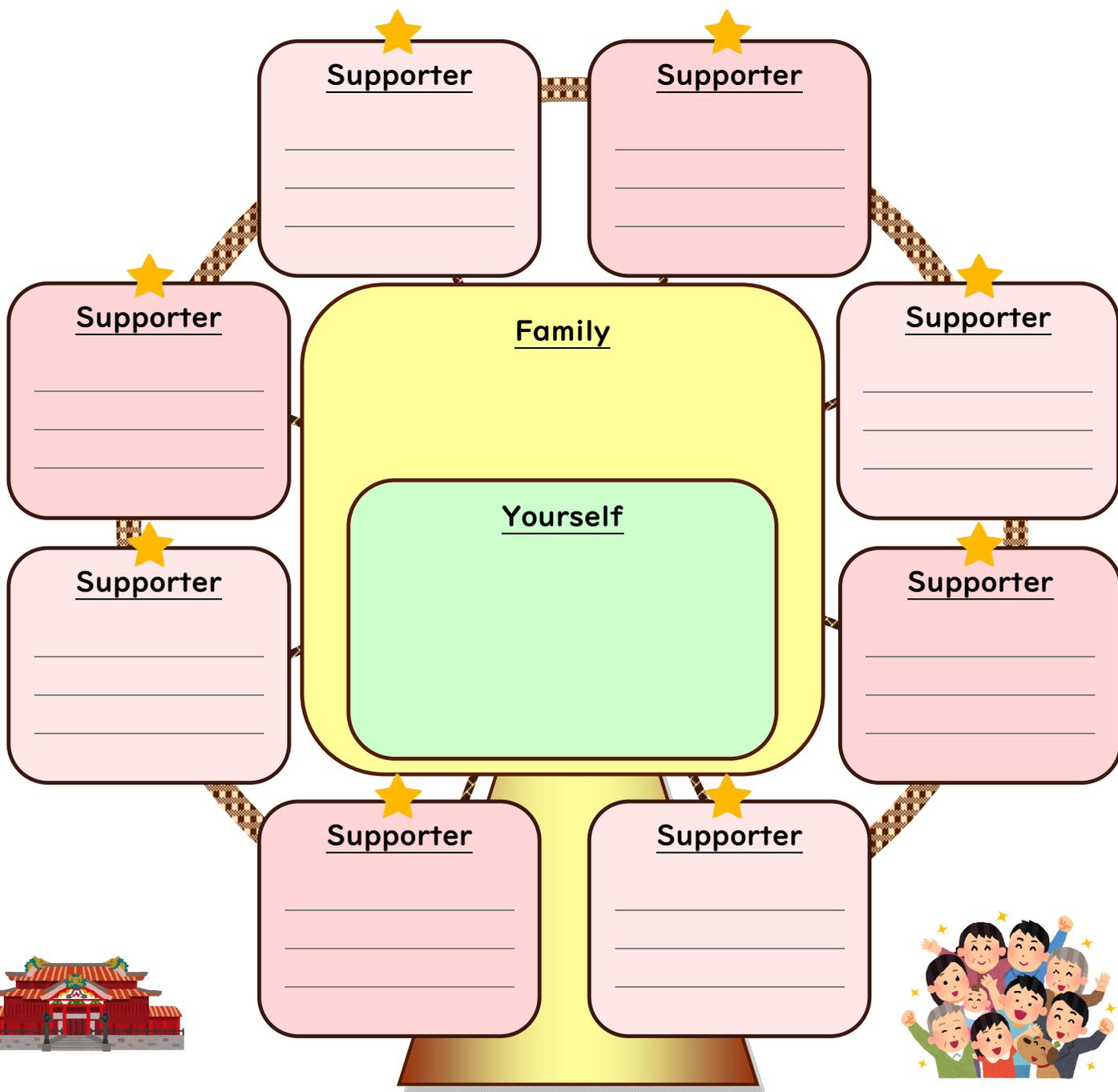
These types of support would be helpful!

(Date recorded : (YYYY/MM/DD) (/ /)

(Date : (YYYY/MM/DD) / /)

Map Centered on Me

Yourself / Family's Preferences



This map shows how your family and supporters come together as a unified team to support you.

☆ You can write your name, age, and phone number here. You're also welcome to attach a photo if you like. ☆

Emergency Support Sheet

*** To all concerned parties ***

In order for individuals with developmental disabilities to live in peace, we have written down what the person and their family would like to communicate to the relevant parties. We kindly ask for your cooperation.

Creation Date(YYYY/MM/DD) (/ /)

【 Personal Information 】

Name :

◆ Address : _____ Okinawa

◆ Date of Birth : (YYYY/MM/DD)(/ /) ◆Gender : male · female

◆Blood Type ()

◆ Disability Certificate (Check the applicable items) :

None Developmental Disability Certificate (Intellectual Disability)

Physical Disability Certificate Mental Disability Health and Welfare Certificate

◆Disability Names and Characteristics :

【 Emergency Contact Information 】

◆ Primary Contact _____

Name : _____ (Relationship to the Person :)

Phone : ① Home Number () -

② Phone Number - -

◆ Secondary Contact _____

Name : _____ (Relationship to the Person :)

Phone : ① Home Number () -

② Phone Number - -

【 Health Information 】

◆ Primary Doctor Contact Information (Yes · No) ⇒ Phone : () -

◆ Medical Facility Name : _____ Primary Doctor : _____

◆ ◎Panic Symptoms (Yes · No) ◎Epileptic seizure (Yes · No)

◎Asthma (Yes · No)

◎Medication (Yes · No) Medication Name and Precautions for use ()

◎Allergy (Yes · No) Allergic Symptoms ()

Others ()

【 Methods of Communication 】 (Check in the applicable boxes)

Showing objects Showing pictures Writing texts Using simple words

Showing steps in advance Using yes & no

◆ What they like or what they are interested in

()

◆ What they are not good at

()

◆ Others

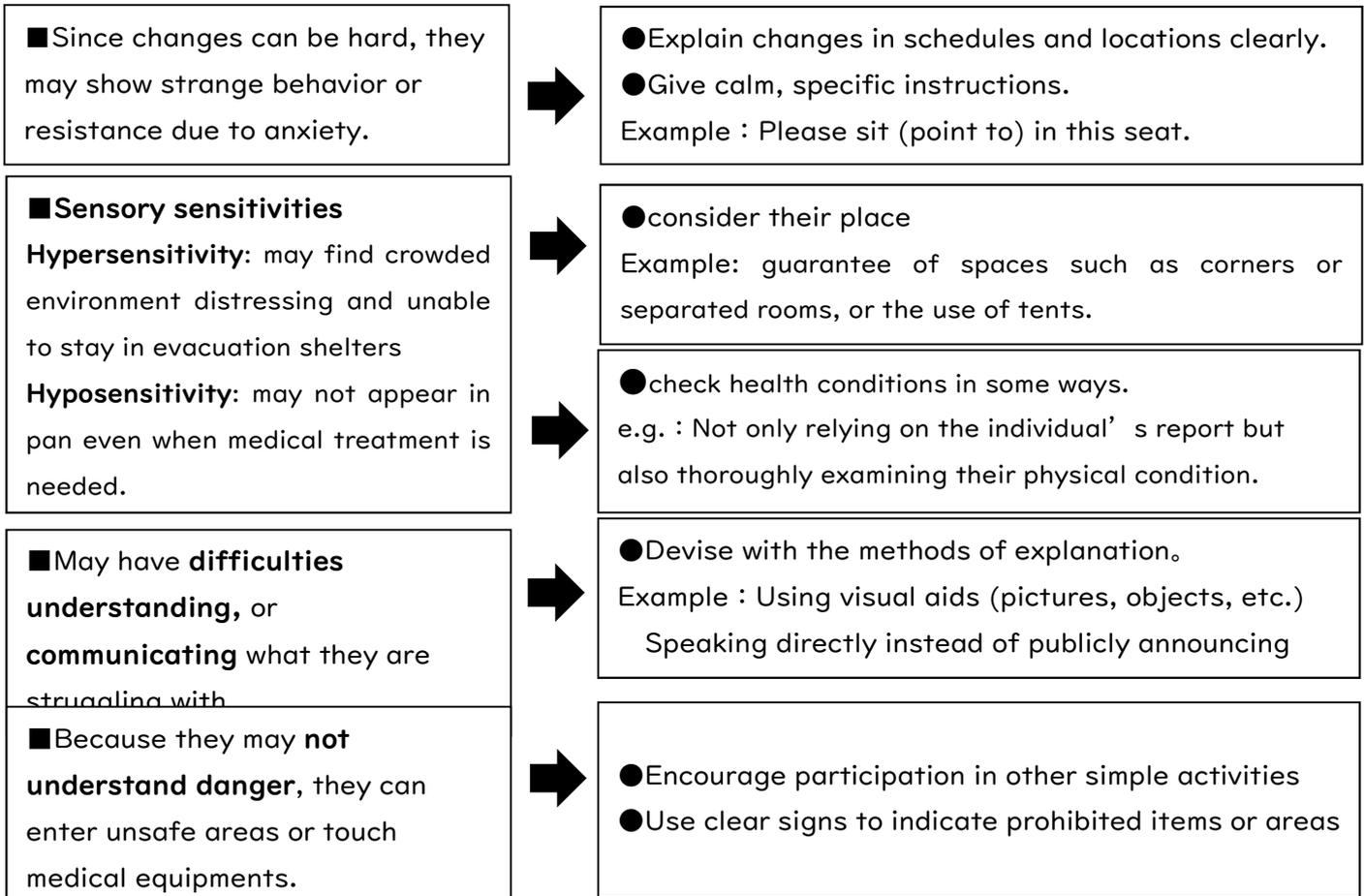
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Support for People with Developmental Disabilities During Disasters

◆ To all concerned parties

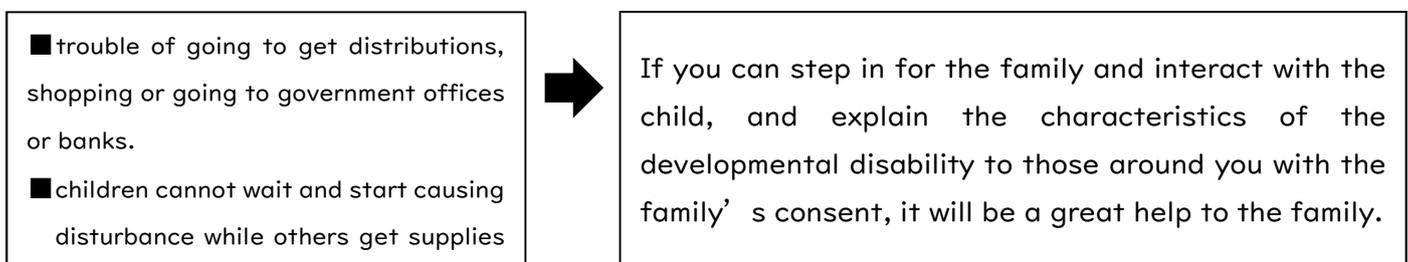
In disaster-affected areas, individuals with developmental disabilities and their families may face difficulties that others may not easily understand. Understanding how to support them can greatly help both the individual and those around them. We appreciate your cooperation.

◆ Support to Individuals



◆ Support to Families

In disastrous situations, families may become indivisible from their children, or may not find anyone who understands them, which increases stress. It is essential to promptly support the family, who are the main caregivers.



Recording Sheet

☆ How to use this sheet

©This sheet is for parents, yourself, and support people to write things down.

©Please write down things you notice in daily life, your thoughts, concerns, or anything else.

©If you have any concerns or worries, please consider speaking with a school teacher, consultation services, or a helper who assist the individual.

Support Consultation Record Sheet

(No.)

* Date : YYYY / MM/ DD (/ /)

.....

* Agency Name · Name of Counselor :

.....

* Type of Consultation : ☺In-person 🏠Home Visit ☎By phone ✉E-mail

Other (please specify) ()

.....

* Details of Consultation :

.....

* Details of Advice and Support :

.....

* Date : YYYY / MM/ DD (/ /)

.....

* Agency Name · Name of Counselor :

.....

* Type of Consultation : ☺In-person 🏠Home Visit ☎By phone ✉E-mail

Other (please specify) ()

.....

* Details of Consultation :

.....

* Details of Advice and Support :

.....

* Date : YYYY / MM/ DD (/ /)

.....

* Agency Name · Name of Counselor :

.....

* Type of Consultation : ☺In-person 🏠Home Visit ☎By phone ✉E-mail

Other (please specify) ()

.....

* Details of Consultation :

.....

* Details of Advice and Support :

.....



Status of Welfare System Utilization



(Disability Certificate Issuance Status)

Type of Certificate	Period of Validity / Classification / Grade	Assessment Authority
Education and support Certificate 《Date of First Issuance》 (YYYY/MM/DD) (/ /)	Date of Assessment (YYYY/MM/DD) (/ /) Category A1 · A2 · B1 · B2	<input type="checkbox"/> Chuo Child Guidance Center <input type="checkbox"/> Koza Child Guidance Center <input type="checkbox"/> Rehabilitation Counseling Center for the Mentally Handicapped <input type="checkbox"/> Assessment Agencies Outside the Prefecture
	Date of Next Assessment (YYYY/MM/DD) (/ /)	Notes :
	Date of Assessment (YYYY/MM/DD) (/ /) Category A1 · A2 · B1 · B2	<input type="checkbox"/> Chuo Child Guidance Center <input type="checkbox"/> Koza Child Guidance Center <input type="checkbox"/> Rehabilitation Counseling Center for the Mentally Handicapped <input type="checkbox"/> Assessment Agencies Outside the Prefecture
	Date of Next Assessment (YYYY/MM/DD) (/ /)	Notes :
Health Benefits Record book for the Mentally Ill 《Date of First Issuance》 (YYYY/MM/DD) (/ /)	Date of Issuance (or Renewal) (/ /) Level ()	<input type="checkbox"/> Hospital Name () <input type="checkbox"/> Other ()
	Expiration Date (/ /)	Notes :
	Date of Issuance (or Renewal) (/ /) Level ()	<input type="checkbox"/> Hospital Name () <input type="checkbox"/> Other ()
	Expiration Date (/ /)	Notes :
Physical Disability Certificate 《Date of First Issuance》 (YYYY/MM/DD) (/ /)	Date of Issuance (or Renewal) (/ /) Level ()	<input type="checkbox"/> Hospital Name () <input type="checkbox"/> Other ()
	Expiration Date (/ /)	Notes :
	Date of Issuance (or Renewal) (/ /) Level ()	<input type="checkbox"/> Hospital Name () <input type="checkbox"/> Other ()
	Expiration Date (/ /)	Notes :



Medical Records for Developmental Consultations

(Date: YYYY/MM/DD / /)

Diagnosis	
Date of Diagnosis	
Diagnosing Facility	
Physician' s Name	
Physician's Explanation	
Important Notes and Considerations	

(Date: YYYY/MM/DD / /)

Diagnosis	
Date of Diagnosis	
Diagnosing Facility	
Physician' s Name	
Physician's Explanation	
Important Notes and Considerations	



Records from Medical Institutions

* Primary Physician ①

(Date: YYYY/MM/DD / / /)

Medical Facility Name	
Department	
Attending Physician	
Phone Number	
Remarks (Details of Consultation / Special Considerations)	

* Primary Physician ②

(Date: YYYY/MM/DD / / /)

Medical Facility Name	
Department	
Attending Physician	
Phone Number	
Remarks (Details of Consultation / Special Considerations)	

* Primary Physician ③

(Date: YYYY/MM/DD / / /)

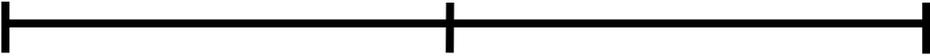
Medical Facility Name	
Department	
Attending Physician	
Phone Number	
Remarks (Details of Consultation / Special Considerations)	

Before graduating from high school...

○ This sheet is used to record information for coordination with schools, companies, or Hello Work prior to entering higher education or employment.

★ Let's set goals for the future toward further education or employment!

Your thoughts on further education (Please share how you feel)



I want to pursue further education

I'm not sure.

I want to find employment.

Future goals

Large empty rounded rectangular box for writing future goals.

— What I'm able to do—
Large empty rounded rectangular box for writing what the user is able to do.

—Things I'm working hard on—
Large empty rounded rectangular box for writing things the user is working hard on.

— Things I need support with (Requests for consideration from others) —
Large empty rounded rectangular box for writing things the user needs support with.

Records of Training and Related Activities

(e.g. Internships, Job Training, Job Assessments)

(No.)

- Be sure to keep records of experiences, such as internships at private companies or work experience at welfare facilities, while you are still in school.

Dates YYYY/MM (Duration)	Location, Company Name, etc.	Training Details, Job Description, etc.
/ to / ()		

Employment Record

(No.)

○ When working full-time at a private company, the standard is usually an 8-hour workday. Be sure to record this when working part-time or as a temporary employee, or when employed at a welfare facility.

Period of Employment	Date of joining : YYYY () MM () Date of leaving : YYYY () MM () (Period of employment : years months)	Employment Type (Circle the applicable items)	Full-time employee · Contract employee · Part-time · Temporary worker · Temporary dispatch worker others ()
Name of Employer		Employment Support Organization (Name of Person in Charge)	
Job Description		Reason(s) for Leaving (if applicable)	

Period of Employment	Date of joining : YYYY () MM () Date of leaving : YYYY () MM () (Period of employment : years months)	Employment Type (Circle the applicable items)	Full-time employee · Contract employee · Part-time · Temporary worker · Temporary dispatch worker others ()
Name of Employer		Employment Support Organization (Name of Person in Charge)	
Job Description		Reason(s) for Leaving (if applicable)	

Period of Employment	Date of joining : YYYY () MM () Date of leaving : YYYY () MM () (Period of employment : years months)	Employment Type (Circle the applicable items)	Full-time employee · Contract employee · Part-time · Temporary worker · Temporary dispatch worker others ()
Name of Employer		Employment Support Organization (Name of Person in Charge)	
Job Description		Reason(s) for Leaving (if applicable)	

Other Materials

☆ How to use

- ⦿ Please attach any information or documents that may be helpful in supporting the individual directly to the back of this sheet as they are.
- ⦿ Examples of materials that may be attached include the following:

1. **Documents prepared by guardians**
2. **Test results** (e.g., results of developmental assessments)
3. **Records from medical institutions** (e.g., medical certificates, opinion letters, information on prescribed medications, diagnostic certificates for special child support allowance, dental visit records)
4. **Records from nursery schools** (e.g., individualized teaching plans, educational support plans, report cards, health cards, workplace experience records)
5. **Records of service usage** (e.g., service usage plans, individualized support plans, beneficiary certificates)
6. **Employment-related documents** (e.g., vocational assessments, job cards, navigation books)

⦿ These materials serve as important resources for organizing information and for the school and family (or the individual) to work together in planning the necessary support.

— List of Compiled Documents (Notes)—

NO	Contents	Remarks
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Information Sheet

☆ How to Utilize This Sheet

©This sheet contains information related to the support of individuals with developmental disabilities. Please use it as a reference when specialized support is required.

©Additionally, Okinawa Prefecture Developmental Disabilities Support Center publishes materials such as the "List of Medical Institutions Providing Diagnosis and Treatment for Individuals with Developmental Disabilities in Okinawa Prefecture" and the "List of Support and Consultation Organizations for Individuals with Developmental Disabilities." These materials can be accessed via the Okinawa Prefecture Developmental Disabilities Support Center's website under the "Useful Content" section (<https://www.okinawa-gajyumar.jp/useful>). We encourage you to make use of these resources.

Website



Preparing for school enrollment

Starting school is a major milestone in a child's life. For parents, it is a joyful occasion, though it can also bring feelings of anxiety.

To alleviate concerns and anxiety:

Early consultation is essential.

(Let's gather information about schools and learn the necessary procedures!)

If your child attends a daycare or kindergarten, consult with the homeroom teacher or principal.

If your child uses a children's day service or welfare services, consult with the instructor.

If available, consult with the school enrollment counselor or special needs education coordinator at a local special support school, or with the instructional supervisor at the Prefectural Comprehensive Education Center for Special Needs Education.

moreover

1. Let's identify the issues or needs your child may have.
2. Apply for school visits or trial enrollments to confirm the support systems at potential schools.

Schools you can visit or experience:

Regular Classes:

Regular classes typically have 35 students or fewer and are conducted in a traditional classroom format. Children who need support may be assisted by support staff or helpers.

Special Support Classes:

These are established within regular schools for children who need special support. They accommodate various types of disabilities, including visual impairments, intellectual disabilities, physical disabilities, chronic illnesses, autism, and emotional disorders.

Resource Rooms:

Children remain enrolled in regular classes and attend special instruction sessions as needed. While they take most of their lessons in regular classes, they receive individualized support based on their specific challenges. In this prefecture, such classes are available for students with language disorders and LD/ADHD.

Special Support Schools:

These schools provide specialized instruction and support tailored to the unique needs of children with visual or hearing impairments, intellectual disabilities, physical disabilities, or chronic illnesses. (As per Article 22-3 of the School Education Act Enforcement Order)

Key Points for School Visits:

When visiting schools, try to see them from your child's perspective. Imagine how your child might feel attending that school. Would they smile? Will they make friends? Can they understand the teacher's explanations? What kind of support is available?

※For details about available services, please contact the disability welfare office at your local city or town hall.

About Disability Welfare Services

■ Disability Welfare Services

Regardless of the type of disability—such as physical, intellectual, mental, or intractable diseases—services are provided under a unified system called the "Comprehensive Support Law for Persons with Disabilities." This system ensures that individuals with disabilities can live independently and with peace of mind in their communities.

■ Main Services Provided

※If you visit the top page of the **Okinawa Prefectural Government's Department of Child and Social Welfare - Disability Welfare Division** website and search with the keyword: **"Okinawa Disability Welfare Service Registered Providers,"** you will find a list of service providers across the prefecture. ↓ ↓ ↓

<http://www.pref.okinawa.jp/site/kodomo/shogaifukushi/old/20738.html>

➤ Visiting Services

Category	Description	Intended group
Home care	Assistance provided at home with daily tasks such as bathing, toileting, and eating.	Those who have a Disability Support Category of 1 or higher . (For children with disabilities, this applies to those whose physical or mental condition is considered equivalent.)
Behavioral Support	Support for individuals with intellectual or mental disabilities who have difficulty with daily activities and require assistance when moving or going out. This includes help with actions necessary for daily life and support during outings.	Those with a Disability Support Category of 3 or higher , and who score 8 points or more in the behavioral assessment section (11 items total) of the official eligibility survey. (For children, this applies to those with a similar level of need for support.)

➤ Daytime activity services

Category	Description	Intended group
Independent Living Training	Support includes training needed for carrying out daily activities such as bathing, toileting, and eating. It also includes advice and consultation related to daily life, along with any other necessary support to help individuals live more independently.	This service is for individuals with intellectual or mental disabilities who require a certain level of support in order to maintain or improve their physical functions and daily living skills, so they can live independently in the community.

➤ Employment Support Services

Content	Explanation	Eligible person
Employment Translation Support	Provides necessary training over a fixed period to improve the knowledge and skills required for employment to individuals who wish to work in general companies, etc.	① Individuals under 65 who wish to work but find it difficult to do so independently and therefore require support in acquiring work-related knowledge and skills, or job placement assistance. ② Individuals who wish to work by obtaining a license as a massage therapist, acupuncturist, or moxibustion practitioner.
Employment Continuation Support (Type A / Type B)	Provides a workplace for those who have difficulty working in general companies, along with training necessary to improve knowledge and abilities. ※ There are two types: Type A, which involves an employment contract, and Type B, which does not involve an employment contract.	Type A : Individuals under 65 who find it difficult to work in companies but can be continuously employed under a formal employment contract. (Must be under 65 at the start of service.) Type B : Individuals who have used services like employment transition support but could not gain employment in a general company, or have reached a certain age, and are expected to improve or maintain their skills through work-related activities.

➤ Daycare support for children with disabilities

Category	Description	Intended group
Child Development Support	Instructions on basic life skills, knowledge and abilities. As well as training adaptation to group living, and other necessary support.	<ul style="list-style-type: none"> Preschool children with physical, intellectual, or mental disabilities (including developmental disabilities) Children with upper limb, lower limb or trunk impairments requiring medical care. Children identified by child consultation centers, municipal health centers, or physicians as needing developmental support. Disability certificate not required.
Medical-Type Child Development Support	Provide child development support for children with disabilities who require medical care.	Children with physical disabilities, such as those affecting the upper limbs, lower limbs or trunk, who require functional training like physical therapy or support under medical supervision.
After-School Day service	Provides necessary training to improve life skills, promotes interaction with society, and offers other required support.	Children with disabilities who are enrolled in schools as defined in Article 1 of the School Education Act (excluding kindergartens and universities), and who are recognized as needing support after school hours or during vacation periods.
School Visit Support for Children with Disabilities in Childcare Facilities	Provides specialized support and other necessary assistance to children with disabilities to facilitate their adaptation to group living with children without disabilities.	Children with disabilities attending childcare facilities as defined by the Ministry of Health, Labor and Welfare, who are recognized as needing specialized support and are visited by professionals to receive such support.



How to Use Disability Welfare Services

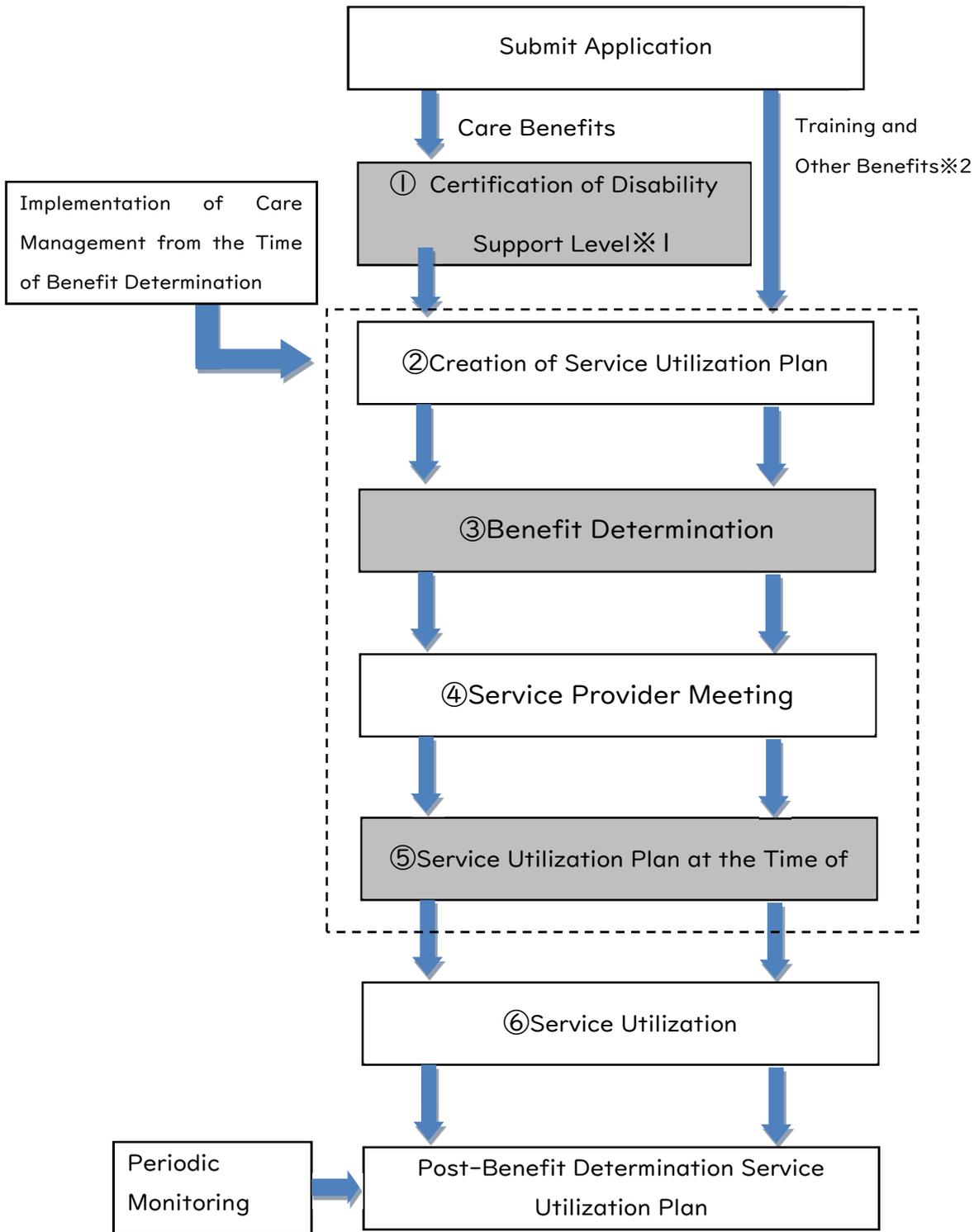
■ Process to Start Using Services:

- (1) Individuals who wish to use disability welfare services must first apply at their local municipal office and receive a certification for the appropriate Disability Support Level.
- (2) A draft of the “Service Use Plan” must be created by a “designated specialized consultation support provider” and submitted to the municipal office.
- (3) The municipal office reviews the submitted plan along with other relevant factors, then makes a decision on the provision of services.
- (4) Once the decision is made, the “designated specialized consultation support provider” holds a meeting with service staff to discuss coordination.
- (5) After coordination with service providers, the actual “Service Use Plan” is finalized.
- (6) Services are officially provided based on the finalized plan.

■ Important Notes About Service Use

- (1) **For children with Disabilities:** For home-based services: A “Service Use Plan (Draft)” must be created by a “designated specialized consultation support provider” under the Comprehensive Support Law for Persons with Disabilities. For day services: A “Support Plan for Children with Disabilities (Draft)” must be created by a provider designated under the Child Welfare Act.
- (2) **For Children Entering Residential Services:** A support plan is not required because a professional judgment is made by the child consultation center.
- (3) **For Combined Service Use (Residential + Work/Daycare):** When newly using a combination of services such as residential facility support with continuous employment support or life care (for individuals with Support Level 3 or lower), creating a service use plan is mandatory.
- (4) It is also possible to submit a service use plan (draft) that was created by someone other than a designated consultation provider—this is known as a self-plan.

■ Benefit Determination Process



※1 In the case of applying for the use of accompanying support

In the case of applying for the use of accompanying support, in addition to the survey for determining the disability support level, an assessment using the Accompanying Support Assessment Form will be conducted. However, if personal care is not required, assessments regarding physical and mental conditions, primary and secondary evaluations (review meetings), and certification of the disability support level will not be conducted.

※2 For applications for group living assistance, certification of the disability support level is required in certain cases.

★ CONCLUSION ★



○ Cover Illustration Author: Tasuku Higashionna

(New Support Note Able Cover)

【 AUTHOR PROFILE 】

Tasuku Higashionna, who has autism and an intellectual disability, began his creative activities when he was about two years old. His mother gave him clay, wondering if there was something he could focus on. That was the beginning.

Captivated by the clay, he would make clay representations of sweet potatoes after digging them up in nursery school, or fish after visiting the ocean, and then show them to his mother. For him—who struggles to communicate his feelings through words—clay modeling became a means of communication with his mother and family. Later, around third grade in elementary school, he began using wire for his creations.

【 INTRODUCTION OF THE ARTWORK 】

“This subject made of wire is from the TV show *Thomas the Tank Engine*, which he often watched. Looking at his wire-framed work, it appears like a drawing suspended in mid-air. Moreover, the sketch is simultaneously a structure, and from the moment it is created by his hands, it stands as a tangible object, evoking a strong sense of presence.” — Kaoru Kinjo, Kagamioka Prefectural Special Support School.

○ ABOUT THE NAME

This individualized support file is a renewed version of the “Support Note Able” created by the Okinawa Prefectural Board of Education in the 2008 fiscal year (Heisei 20), and it carries on the same name.

~ ORIGIN OF THE NAME ~

“Able (meaning ‘potential’)” refers to the rough gem hidden in your pocket—precious and full of possibilities. The name carries the wish that by meeting many people and supporting one another, that gem can be polished to shine.



(Previous Support Note Able cover)