**③サービス等利用計画案【週間計画表】（事前課題）**受講者氏名

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| 利用者氏名 |  | 障害支援区分 |  | 相談支援事業者名 |  |
| 障害福祉サービス受給者番号 |  |  | 計画作成担当者 |  |
| 地域相談支援受給者番号 |  |

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| 計画開始年月 |  |

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|  | 月 | 火 | 水 | 木 | 金 | 土 | 日・祝 | 主な日常生活上の活動 |
| 6:008:0010:0012:0014:0016:0018:0020:0022:000:002:004:00 |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  | 週単位以外のサービス |
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| サービス提供によって実現する生活の全体像 |  |