**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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |
| 6:00  8:00  10:00  12:00  14:00  16:00  18:00  20:00  22:00  0:00  2:00  4:00 |  |  |  |  |  |  |  |  |
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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 |  |