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| **姓名： 個人化服務評量紀錄表(交接單)** | | | | | | | | | | | | | | | |
| **專業人員:** | | | **日照單位：** | | | | **實施日期： 112 年 月 日至 年 月 日** | | | | | | | | |
| **長期目標** | **短期目標** | **訓練項目** | **起點狀態**  **(治療師寫)** | **紀錄執行日期以及狀態**  **(照服員填寫)** | | | | | | | | | | | **備註** |
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| 訓練狀態使用符號代替：5可獨力完成、4口頭指引、3監督下完成、2輕度協助、1完全協助 | | | | | | | | | | | | | |

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| **專業人員:** | | | **日照單位：** | | | | **實施日期： 112 年 月 日至 年 月 日** | | | | | | | | |
| **長期目標** | **短期目標** | **訓練項目** | **起點狀態**  **(治療師寫)** | **紀錄執行日期以及狀態**  **(照服員填寫)** | | | | | | | | | | | **備註** |
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