**附件1 深圳市龙华区适龄残疾儿童少年入学评估申请表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 性 别 | |  | | 出生日期 | |  | | | 粘贴照片 |
| 民 族 | |  | | 障碍类型 | |  | | 障碍程度 | |  | | |
| 家庭  地址 | |  | | | | | | | | | | |
| 身份证号码 | |  | | | | | | | 联系电话 | | |  | |
| 生活  自理 | | 睡眠□ 饮食□ 行动□ 穿衣□ 洗脸□ 刷牙□ 叠物□ 如厕□ 洗衣□ 洗澡□ | | | | | | | | | | | |
| 健康  状况 | |  | | | | | | | | | | | |
| 情绪行为表现 | |  | | | | | | | | | | | |
| 家庭成员情况 | 姓 名 | | 关系 | | 年龄 | | 工作单位 | | | | 联系电话 | | |
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