**康复教学6月总结记录表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | 付本婧 | **性别** | | | 女 | **出生年月** | | | 2020年4月26日 | | | | | **课程** | | **个训** | | | **授课老师** | | | | **蒙晓婷** | | | | **主管签名** | | | |  | | | |
| **领域** | **训练内容** | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| **认知理解** | 理解时间概念 | |  |  |  |  |  |  |  |  |  |  |  |  |  | S |  |  | |  |  |  |  | S |  |  |  |  |  |  | S |  |  |  |
| 理解因果关系 | |  |  |  |  |  |  |  |  |  |  |  |  |  | S |  |  | |  |  |  |  | S |  |  |  |  |  |  | S |  |  |  |
| 区分情绪 | |  |  |  |  |  |  |  |  |  |  |  |  |  | S |  |  | |  |  |  |  | S |  |  |  |  |  |  | S |  |  |  |
| **语言表达** | 表达情绪 | |  |  |  |  |  |  |  |  |  |  |  |  |  | S |  |  | |  |  |  |  | M |  |  |  |  |  |  | M |  |  |  |
| 短语表达 | |  |  |  |  |  |  |  |  |  |  |  |  |  | S |  |  | |  |  |  |  | S |  |  |  |  |  |  | S |  |  |  |
| 回答一些关于自身的简单问句 | |  |  |  |  |  |  |  |  |  |  |  |  |  | M |  |  | |  |  |  |  | V |  |  |  |  |  |  | V |  |  |  |
| **社会适应** | 学会用礼貌用语 | |  |  |  |  |  |  |  |  |  |  |  |  |  | S |  |  | |  |  |  |  | M |  |  |  |  |  |  | M |  |  |  |
| 遵守活动规则 | |  |  |  |  |  |  |  |  |  |  |  |  |  | S |  |  | |  |  |  |  | S |  |  |  |  |  |  | M |  |  |  |
| **月总结** | **孩子这个月综合表现良好，配合度还可以，课堂常规有提升。认知理解方面：对于理解时间概念还不是很好的掌握，因果关系还不是很好的理解，情绪的区分常见的情绪能够区分出来；语言表达方面：能够在老师示范提示下表达情绪，短语的表达还不是很好的掌握，多数都是讲名词，关于自身的问题不变的可以记住有变化的打不出来；社会适应方面：在示范辅助下可以礼貌用语和遵守规则。继续加油！** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭指导建议** | **建议家长日常生活中可以多和孩子聊天，聊聊一天所发生的事情，看看孩子是否还记得或者理解你问的问题。在家也要跟孩子养成良好的习惯，吃饭必须在餐桌上吃、饭前洗手等** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家长意见** | **签字： 日期：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**√：独立完成 ×：未完成 S：语言提示 G：手势提示 M:示范辅助 V:视觉提示 P:肢体辅助**