認知症介護実践者研修

職　場　実　習　報　告　書

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| **事業種別** |  | **氏　　　名** |  |
| **施設・事業所名** |  | **担当指導者名** | 氏 |

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| **テーマ** | | | | | | | |
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| **事　例** | | | | | | | |
| **氏　名** | **Aさん** | **性　別** |  | **年　齢** |  | **要介護度** |  |
| **認知症高齢者の日常生活自立度** | | |  | **認知症の原因疾患** | |  | |
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| **目的・仮説・方法** | | | | | | | |
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| **４週間の具体的な取り組みとその経過** | | | | | | | |
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| **結果と評価** | | | | | | | |
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| **考　察** | | | | | | | |
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| **今後の取り組み** | | | | | | | |
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