«Приложение 4

к Типовому Положению

о городском/районном Центре (кабинете) психолого-педагогической и медико-социальной помощи

(пункты 5.8., 5.9.1.)»

**КАРТА СОСТОЯНИЯ ЗДОРОВЬЯ И РАЗВИТИЯ РЕБЕНКА \***

(данные предварительного обследования)

Название ПМПК\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Адрес ПМПК\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Телефон \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Общие сведения о ребенке**

1. Фамилия, имя, отчество\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Дата рождения\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, возраст на момент обследования\_\_\_\_\_\_\_\_\_\_\_\_лет

3. Место проживания\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. В каких учреждениях воспитывался и обучался\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Кем направлен на обследование\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Цель обследования, жалобы\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Краткие сведения о семье ребенка, условиях воспитания\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Основные медицинские заключения**

**1. Педиатра** (развернутые анамнестические данные из "Истории развития ребенка" и состояние его здоровья)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\* Карточка действительна для заполнения во всех образовательных организациях, здравоохранения, учреждений и заведений системы труда и социальной защиты населения.

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Продолжение приложения 4

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**Врач \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Подпись \_\_\_\_\_\_\_\_\_\_\_Печать\_\_\_\_\_\_\_\_ Дата \_\_\_\_\_\_\_\_\_**

(Фамилия, имя, отчество)

**2. Психиатра**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Врач \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Подпись \_\_\_\_\_\_\_\_\_\_\_Печать\_\_\_\_\_\_\_\_ Дата \_\_\_\_\_\_\_\_\_**

(Фамилия, имя, отчество)

**3. Офтальмолога**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Врач \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Подпись \_\_\_\_\_\_\_\_\_\_\_Печать\_\_\_\_\_\_\_\_ Дата \_\_\_\_\_\_\_\_\_**

(Фамилия, имя, отчество)

**4. Отоларинголога**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Продолжение приложения 4

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**Врач \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Подпись \_\_\_\_\_\_\_\_\_\_\_Печать\_\_\_\_\_\_\_\_ Дата \_\_\_\_\_\_\_\_\_**

(Фамилия, имя, отчество)

**5. Невролога**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Врач \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Подпись \_\_\_\_\_\_\_\_\_\_\_Печать\_\_\_\_\_\_\_\_ Дата \_\_\_\_\_\_\_\_\_**

(Фамилия, имя, отчество)

**6. Хирурга/ Ортопеда** (в случае необходимости)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Врач \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Подпись \_\_\_\_\_\_\_\_\_\_\_Печать\_\_\_\_\_\_\_\_ Дата \_\_\_\_\_\_\_\_\_**

(Фамилия, имя, отчество)

**7. Медико-генетической консультации** (в случае необходимости)

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**Врач \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Подпись \_\_\_\_\_\_\_\_\_\_\_Печать\_\_\_\_\_\_\_\_ Дата \_\_\_\_\_\_\_\_\_**

(Фамилия, имя, отчество)

**8.Другого специалиста \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Врач \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Подпись \_\_\_\_\_\_\_\_\_\_\_Печать\_\_\_\_\_\_\_\_ Дата \_\_\_\_\_\_\_\_\_**

(Фамилия, имя, отчество)

**Данные логопедического обследования**

(Общая характеристика общения: жестами, отдельными словами, фразовой речью; словарный запас, грамматический строй речи, произношение и распознавание звуков, чтение, письмо) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Продолжение приложения 4

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Заключение о наличии специфических речевых нарушений (алалия, дислалия, заикание, дизартрия, ринолалия, дисграфия, дислексия, фонетико-фонематическое недоразвитие речи, общее недоразвитие речи). Рекомендации по коррекции нарушений речи

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Учитель-логопед\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Подпись \_\_\_\_\_\_\_\_\_\_\_\_\_ Дата \_\_\_\_\_\_\_\_\_\_\_\_\_

(Фамилия, имя, отчество)

М.П.

**Результаты психологического обследования ребенка**

Адекватность поведения, особенности контакта, наличие интереса к взаимодействию со взрослым; характеристика предметно-практических действий, работоспособности, способности сосредотачиваться, анализировать предметы, выделять существенные признаки, отдельные части, устанавливать сходства и различия, обобщать, осуществлять классификацию, переносить умения в новые познавательные ситуации; мера самостоятельности, характер необходимой помощи, особенности обучаемости, способность устанавливать причинно-следственные связи, рассуждать, делать логические выводы, состояние эмоционально-волевой сферы, поведения, особенности формирования личности)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Продолжение приложения 4

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Практический психолог \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Подпись \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Дата \_\_\_\_\_\_\_\_\_\_

(Фамилия, имя, отчество)

М.П.

**Педагогическая характеристика**

(Характеристика знаний, умений, навыков, интересов, трудностей в обучении, особенности поведения \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Продолжение приложения 4

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Педагог \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Подпись \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Дата \_\_\_\_\_\_\_\_\_\_

(Фамилия, имя, отчество)

**Руководитель образовательной организации \_\_\_\_\_\_\_\_\_\_\_\_\_Подпись \_\_\_\_\_\_\_\_Дата\_\_\_\_\_\_\_**

(Фамилия, имя, отчество)

М.П.