**令和７年度愛媛県障害者相談支援従事者初任者研修（２日課程）　事後課題**

**解答用紙**

|  |  |
| --- | --- |
| 受 講 者氏　 名 |  |
| 受 講 者生年月日 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 問１ |  | 問12 |  | 問23 |  |
| 問２ |  | 問13 |  | 問24 |  |
| 問３ |  | 問14 |  | 問25 |  |
| 問４ |  | 問15 |  | 問26 |  |
| 問５ |  | 問16 |  | 問27 |  |
| 問６ |  | 問17 |  | 問28 |  |
| 問７ |  | 問18 |  | 問29 |  |
| 問８ |  | 問19 |  | 問30 |  |
| 問９ |  | 問20 |  | 問31 |  |
| 問10 |  | 問21 |  | 問32 |  |
| 問11 |  | 問22 |  | 問33 |  |