Sample form

Child Status Report

For all of the following items, please circle (fill in) where applicable in your daily living situation.

	Applying child (1)		Applying child (2)	
	Gender	Male/Female	Gender	Male/Female
	Current height (✕✕) cm, weight (✕✕) kg		Current height (✕✕) cm, weight (✕✕) kg	
How many weeks into the pregnancy were they born?	(✕✕) weeks (✕✕) days		(✕✕) weeks (✕✕) days	
Circumstances at birth	Normal/Cesarean section/Vacuum extraction/Suspended animation		Normal/Cesarean section/Vacuum extraction/Suspended animation	
Height and weight at birth	Height (✕✕) cm, weight (✕✕) g		Height (✕✕) cm, weight (✕✕) g	
Are you currently visiting or consulting with a hospital or facility about a chronic illness or other problem they have?	Yes	No	Yes	No
	(1) Name of disease ( )		(1) Name of disease (✕✕✕✕✕)	
	(2) Hospital ( )		(2) Hospital (○△ Hospital)	
Have they had any major illnesses in the past?	Yes	No	Yes	No
	(1) Name of disease ( )		(1) Name of disease ( )	
	(2) Hospital ( )		(2) Hospital ( )	
Have they ever had convulsions or seizures?	Yes	No	Yes	No
	At about ( ) years ( ) months old with a temperature of ( )°C about ( ) times		At about (1) years ( ) months old with a temperature of (39.1)°C about (1) times	
Have they ever experienced anaphylaxis?	Yes	No	Yes	No
Do they have any food allergies?	Yes	No / Unknown	Yes	No / Unknown
	Food ( )		Food (Shrimp)	
Do they have any non-food allergies?	Yes	No / Unknown	Yes	No / Unknown
	Type of allergy ( )		Type of allergy (house dust)	
Are there any foods that they cannot have due to religious reasons, illness, etc.?	Yes	No	Yes	No
	Food ( )		Food ( )	
Do they take any oral medications? *If they have been prescribed an EpiPen, please fill out this section.	Yes	No	Yes	No
	(1) Breakfast/lunch/dinner *Circle all that apply		(1) Breakfast/lunch/dinner *Circle all that apply	
	(2) Drug name (magnesium oxide)		(2) Drug name ( )	
At what age could the child hold up his/her head?	At around ( ) months	Not yet	At around (3) months	Not yet
When did they start walking (walking on their own)?	At around ( ) months	Not yet	At around (12) months	Not yet
When did they start to communicate by pointing?	At around ( ) months	Not yet	At around (14) months	Not yet
Do you have any concerns about their hearing?	No	Yes	No	Yes
Do they make eye contact?	Yes	No	Yes	No
Can they understand simple words that adults say (such as "come" and "please")? If "yes," please fill in ✓	Yes □ Japanese □ Other than Japanese	Not yet	Yes ✓ Japanese □ Other than Japanese	Not yet
Can they say two-word sentences (give me, dog came, etc.)? If "yes," please fill in ✓	Yes □ Japanese □ Other than Japanese	Not yet	Yes ✓ Japanese □ Other than Japanese	Not yet
Can they say their own name?	Yes	Not yet	Yes	Not yet
Fill in only if aged 3 or older: Does he/she hit, bite, or make strange noises?	Yes	No	Yes	No
Fill in only if aged 3 or older: Is it hard for him/her to sit still in one place/do they move around restlessly?	Yes	No	Yes	No
Fill in only if aged 3 or older: Does he/she climb or jump up suddenly?	Yes	No	Yes	No
Are there any hospitals or facilities that you are currently visiting, consulting with, or thinking about consulting with regarding their speech or development?	Yes	No	Yes	No
	(1) Outpatient/Consultation *Circle either one		(1) Outpatient/Consultation *Circle either one	
	⇒ Contents ( )		⇒ Contents (delay in speech development)	
	(2) Please circle (fill in) one of the following.		(2) Please circle (fill in) one of the following.	
	•Developmental Counseling Room (Nanairo)		•Developmental Counseling Room (Nanairo)	
	•Health Support Center		•Health Support Center	
	•Rearing rooms (Koiwa, Shikamoto, Rinkai)		•Rearing rooms (Koiwa, Shikamoto, Rinkai)	
	•Child Development Support Center (Hirai, Kasai, Shinozaki)		•Child Development Support Center (Hirai, Kasai, Shinozaki)	
	•Other ( )		•Other ( )	
Do they have a disability certificate or Ai no Techou (certificate of the intellectually disabled)?	Yes	No	Yes	No
	Disability certificate (Grade_____) Ai no Techou (certificate of the intellectually disabled (_____Degree)		Disability certificate (Grade_____) Ai no Techou (certificate of the intellectually disabled (_____Degree)	
Do you have any concerns about the health and development of your child as they enter nursery school?	Yes	No	Yes	No
	→ If "Yes", please specify.		→ If "Yes", please specify.	
			The doctor told me at a routine checkup that their speech is delayed.	

If you are not sure if your child has any allergies, please put a "O" in the "Unknown" column. If your child has any allergies, lease put a "O" in the "Yes" column and indicate the type.

If you are consulting about their speech or development, please also fill in (1) and (2).

*After submission, we may ask for further interviews and documents depending on the situation of the child.

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