You can fill out this form on your computer.

Child Status Report

2025

For all items, please fill 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 (1) Name of disease ( ) (2) Hospital ( )	☐ Yes ☐ No (1) Name of disease ( ) (2) Hospital ( )
Have they had any major illnesses in the past?	☐ Yes ☐ No (1) Name of disease ( ) (2) Hospital ( )	☐ Yes ☐ No (1) Name of disease ( ) (2) Hospital ( )
Have they ever had convulsions or seizures?	☐ Yes ☐ No At about ( ) years ( ) months old with a temperature of ( )℃ about ( ) times	☐ Yes ☐ No At about ( ) years ( ) months old with a temperature of ( )℃ about ( ) times
Have they ever had an anaphylactic reaction?	☐ Yes ☐ No	☐ Yes ☐ No
Do they have any food allergies?	☐ Yes ☐ No ☐ Unknown Food ( )	☐ Yes ☐ No ☐ Unknown Food ( )
Do they have any non-food allergies?	☐ Yes ☐ No ☐ Unknown Type of allergy ( )	☐ Yes ☐ No ☐ Unknown Type of allergy ( )
Are there any foods that they cannot have due to religious reasons, illness, etc.?	☐ Yes ☐ No Food ( )	☐ Yes ☐ No Food ( )
Do they take any oral medications? *If they have been prescribed an EpiPen, please fill out this section.	☐ Yes ☐ No ① ☐ Breakfast ☐ Lunch ☐ Dinner *Check if applied☑ ② Medicine name ( )	☐ Yes ☐ No ① ☐ Breakfast ☐ Lunch ☐ Dinner *Check if applied☑ ② Medicine name ( )
At what age could the child hold up his/her head?	At around ( ) months ☐ Not yet	At around ( ) months ☐ Not yet
When did they start walking (walking on their own)?	At around ( ) months ☐ Not yet	At around ( ) months ☐ Not yet
When did they start to communicate by pointing?	At around ( ) months ☐ Not yet	At around ( ) 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," select language ✓	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," select language ✓	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 ① ☐ Visiting ☐ Consultation *Check one☑ ⇒Contents ( ) ②Please check (fill in) ☑ one of the followings. ☐ Developmental Counseling Room (Nanairo) ☐ Health Support Center ☐ Childrearing room (Koiwa, Shikamoto, Rinkai) ☐ Child development support center (Hirai, Kasai, Shinozaki) ☐ Other ( )	☐ Yes ☐ No ① ☐ Visiting ☐ Consultation *Check one☑ ⇒Contents ( ) ②Please check (fill in) ☑ one of the followings. ☐ Developmental Counseling Room (Nanairo) ☐ Health Support Center ☐ Childrearing room (Koiwa, Shikamoto, Rinkai) ☐ Child development support center (Hirai, Kasai, Shinozaki) ☐ Other ( )
Do they have a disability certificate or Ai-no-Techo (certificate of the intellectually disabled)?	☐ Yes ☐ No Disability certificate ( ) Grade Ai-no-Techo(Certificate of the Intellectually Disabled Degrees)	☐ Yes ☐ No Disability certificate ( ) Grade Ai-no-Techo(Certificate of the Intellectually Disabled Degrees)
Do you have any concerns about the health and development of your child as they enter nursery school?	☐ Yes ☐ No →If "Yes", please fill it out specifically.	☐ Yes ☐ No →If "Yes", please fill it out specifically.

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

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