Sample form

Child Status Report

2025

For all items, please fill in your daily living situation.

	Applying child (1) Edogawa Kisaku	Applying child (2) Edogawa Akabei
	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 ( )℃ about ( ) times	At about (1) years (3) months old with a temperature of (39.1)℃ about (1) times
Have they ever had an anaphylactic reaction?	☐ 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 *Check if applied☑	① ☐ Breakfast ☐ Lunch ☐ Dinner *Check if applied☑
	② Medicine name (Magnesium oxide)	② Medicine na
At what age could the child hold up his/her head?	At around (3) months ☐ Not yet	At around (
When did they start walking (walking on their own)?	At around (12) months ☐ Not yet	At around (
When did they start to communicate by pointing?	At around (14) months ☐ Not yet	At around (
Do you have any concerns about their hearing?	☑ No ☐ Yes	☑ No
Do they make eye contact?	☑ Yes ☐ No	☑ Yes
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 ☑ Ja ☐ Ot
Can they say two-word sentences (give me, dog came, etc.)? If "Yes," select language ☑	Yes ☑ Japanese ☐ Other than Japanese ☐ Not yet	Yes ☐ Japa ☐ Other than Japanese ☑ Not yet
Can they say their own name?	☑ Yes ☐ Not yet	☑ Yes
Fill in only if aged 3 or older: Does he/she hit, bite, or make strange noises?	☐ Yes ☑ No	☐ Yes
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
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 ☐ Visiting ☐ Consultation *Check one☑	① ☐ Visiting ☑ Consultation *Check one☑
	⇒Contents ( )	⇒Contents (delay in language development.)
	②Please check (fill in) ☑ one of the followings.	②Please check (fill in) ☑ one of the followings.
	☐ Developmental Counseling Room (Nanairo)	☐ Developmental Counseling Room (Nanairo)
	☐ Health Support Center	☐ Health Support Center
	☐ Childrearing room (Koiwa, Shikamoto, Rinkai)	☐ Childrearing room (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-Techo (certificate of the intellectually disabled)?	☐ Yes ☑ No	☐ Yes ☑ No
	Disability certificate ( ) Grade	Disability certificate ( ) Grade
	Ai-no-Techo(Certificate of the Intellectually Disabled Degrees)	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	☑ Yes ☐ No
	→If "Yes", please fill it out specifically.	→If "Yes", please fill it out specifically. The doctor told me at a regular checkup that they were delay in language development.

If you are unsure if they are allergic to any of the followings, check "Unknown". If they have an allergy, check "Yes" and fill the type of allergy out.

If you are consulting on language and 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.

24.10