

Child Status Report

2027

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

Name of Child Applicant (1)		Name of Child Applicant (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	
Circumstances at birth		☐ Normal ☐ Cesarean section ☐ Vacuum extraction ☐ Neonatal asphyxia	
Height and weight at birth		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 ()		(1) Name of disease ()	
(2) Hospital ()		(2) Hospital ()	
Have they had any major illnesses in the past?		☐ Yes ☐ No	
(1) Name of disease ()		(1) Name of disease ()	
(2) Hospital ()		(2) Hospital ()	
Have they ever had convulsions or seizures?		☐ Yes ☐ No	
At about () years () months old with a temperature of () °C about () times		At about () years () months old with a temperature of () °C about () times	
Have they ever had an anaphylactic reaction?		☐ Yes ☐ No	
Do they have any food allergies?		☐ Yes ☐ No ☐ Unknown	
Food ()		Food ()	
Do they have any non-food allergies?		☐ Yes ☐ No ☐ Unknown	
Type of allergy ()		Type of allergy ()	
Are there any foods that they cannot have due to religious reasons, illness, etc.?		☐ Yes ☐ No	
Food ()		Food ()	
Do they take any oral medications?		☐ Yes ☐ No	
*If they have been prescribed an EpiPen, please fill out this section.		① ☐ Breakfast ☐ Lunch ☐ Dinner *Check if applied ☒	
② Medicine name ()		② Medicine name ()	
When did they start holding up his/her head?		At around () months ☐ Not yet	
When did they start walking (walking on their own)?		At around () months ☐ Not yet	
When did they start communicating by pointing?		At around () months ☐ Not yet	
Do you have any concerns about their hearing?		☐ No ☐ Yes	
Do they make eye contact?		☐ Yes ☐ No	
Can they understand simple words that adults say (such as "come" and "please")?		☐ Yes ☐ Japanese ☐ Other than Japanese ☐ Not yet	
Can they say two-word sentences (give me, dog came, etc.)?		☐ Yes ☐ Japanese ☐ Other than Japanese ☐ Not yet	
Can they say their own name?		☐ Yes ☐ Not yet	
Fill in only if aged 3 or older	Does he/she hit, bite, or make strange noises?	☐ Yes ☐ No	
	Is it hard for him/her to sit still in one place/do they move around restlessly?	☐ Yes ☐ No	
	Does he/she climb or jump up suddenly?	☐ 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 ☒		① ☐ Visiting ☐ Consultation *Check one ☒	
⇒Contents ()		⇒Contents ()	
② Please check (fill in) ☒ one of the following.		② Please check (fill in) ☒ one of the following.	
☐ Health Support Center (Komatsugawa, Tobu, Shishibone, Chuō, Koiwa, Seishincho, Kasai, Nagisa)		☐ Health Support Center (Komatsugawa, Tobu, Shishibone, Chuō, Koiwa, Seishincho, Kasai, Nagisa)	
☐ Development Consultation & Support Center (Nanairo)		☐ Development Consultation & Support Center (Nanairo)	
☐ Child Development Support Center ☐ ☐		☐ Child Development Support Center ☐ ☐	
☐ (Kasai, Shinozaki, Koiwa)		☐ (Kasai, Shinozaki, Koiwa)	
☐ Other ()		☐ Other ()	
Do they have a disability certificate or Ai-no-Techo (certificate of the intellectually disabled)?		☐ 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	
→If "Yes", please specify.		→If "Yes", please specify.	

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