

Living Situation Survey

Fill in the following information so that your child can enjoy safe and secure activities.

Facility/Pupils' Club Name		Entry Date (YYYY/MM/DD)	/ / (YYYY/MM/DD)
Furigana		Date of Birth & Age (YYYY/MM/DD)	/ / (YYYY/MM/DD) (years old)
Child's Name			
Current School Name & Grade	Nursery / Kindergarten / Elementary School / Other () grade		
Diagnosis	[Yes / No] Diagnosis: Name of medical institution that made diagnosis:		
Disability Certificate	[Yes / No / Applying] *If yes, attach a copy		
Type of Disability Certificate	Certificate of the Physically Disabled (Shintai Shogaisha Techo)	Level 1 / 2 / 3 / 4 / 5 / 6	
	Certificate of the Intellectually Disabled (Ai-no-Techo)	Level 1 / 2 / 3 / 4	
	Certificate of the Mentally Disabled	Level 1 / 2 / 3	
Child's Condition	(1) Do you use any medical institutions or counseling institutions (education centers, etc.) for the child? *List the facility name and usage period, even if it was used only once.		
	Hospital / Facility	Frequency	Period of Use
(2) If the child currently taking any medication? ① Yes ② No			
Medication name:		Medication frequency:	
(3) Where and what kind of play does the child enjoy? Who does the child play with?			
(4) Are there any individual accommodations you are requesting from the facilities you currently use?			
◇Please circle the appropriate boxes for the child's physical and mental condition.			
Physical Condition	Upper Limbs	(1) No particular problems (2) Cannot grip or grasp (3) Unable to move hands or arms on their own	
	Lower Limbs	(1) No particular problems (2) Can walk but requires some assistance (3) Cannot walk, but can move indoors on their own (4) Unable to move on their own	
	Hearing	(1) No particular problems (2) Requires accommodations (Specifically:)	
	Vision	(1) No particular problems (2) Has weak/limited vision, but does not interfere with daily life (3) Requires some assistance in daily life (4) Totally/almost completely blind and requires full assistance	
	Internal Organ Diseases	[Yes / No] Part/Organ: Disease name: Symptoms:	
	Epilepsy	(1) No (2) Has previous history, but does not interfere with daily life (3) Seizures may occur, and needs to be supervised at times (4) Seizures occur every day, and has a risk of losing consciousness and falling. Requires constant supervision.	
	Other (Asthma, seizures)		
	Use of Assistive Devices	[Yes / No] Wheelchair / Lower limb brace / Headgear / Hearing aid / Others ()	

Lifestyle Habits	Meals	(1) Eats by himself using chopsticks (3) Requires assistance (Specific assistance method: _____)	(2) Eats by himself using spoon or fork, etc.
	Changing Clothes	(1) Can do so alone (3) Requires full assistance	(2) Can do so with some supervision or assistance (Specific assistance method: _____)
	Excretion	(1) Will go to the toilet and use it when they want to (2) Can go to the toilet and use it when encouraged to (3) Can use the toilet with assistance (4) Using diapers (Will / will not give notice when their diaper is soiled) Western style toilets / Japanese style toilets (Can use: Both / Western style / Japanese style)	
Communication and Sociability	Understanding	(1) Understands what other people say (3) Can understand via picture cards	(2) Able to understand simple everyday conversations, but age-appropriate conversations are difficult (4) Difficulty understanding words
	Understanding Instructions	*List child's conduct in response to teachers' instructions at nursery/kindergarten/school, etc. (1) Understands instructions and acts on their own (3) Can understand via picture cards	
	Expression	(1) Can say what they are thinking (3) Can express needs in simple words (5) Cannot speak, and cannot express themselves through body/hand gestures	(2) Can say mostly say what they are thinking in broken language (4) Can express themselves through body/hand gestures
	Interpersonal Relations	(1) Can play with their friends (3) Doesn't try to relate with friends, but can form relationships with adults (4) Has little interest in people or doesn't want to be involved with others	(2) Tries to relate with friends, but sometimes can't do so well
	Conduct	Moves around and feels restless [Yes /No] (Specifically: _____) Injures others or breaks things [Yes /No] (Specifically: _____) Injures self [Yes /No] (Specifically: _____) Excitable or panics [Yes /No] (Specifically: _____) Sudden behavior involving danger [Yes /No] (Specifically: _____)	
Preferences/Habits [Yes / No] (Specifically: _____)			
<p>Fill in the following if the child panics or becomes strongly excited.</p> <p>When does it occur? (_____)</p> <p>What kind of state does the child enter? (_____)</p> <p>What actions need to be taken? (_____)</p> <p>Does the child behave violently, bite, or have convulsions, etc.? (_____)</p>			
◇Is there anything else to be especially aware of while the child is spending time at one of the facilities?			
◇Notes (If necessary, add supplemental/additional information for the above items)			
<p>[Parents'/Guardians' Consent]</p> <p>I agree that Minato City may ask nursery schools, kindergartens, and boards of education (elementary schools), etc. to share and provide information and other materials describing the child's condition as materials for accepting children with special needs, and that Minato City personnel may go to observe the child in childcare.</p> <p>Date: / / (YYYY/MM/DD) Parent/Guardian Signature: _____</p>			