

Entry Example: Living Situation Survey (Front)

When using a Children's Hall, Kids-to-Teens Hall, Hoka GO→, and Pupils' Clubs, we ask that you submit this information because it is necessary to inform the facility staff and make any necessary accommodations so that your child can enjoy safe and secure activities.

If necessary, individual interviews may be conducted about the degree of your child's disability and their living situation.

Regardless of whether or not your child has a disability, please list any concerns you may have about your child's growth or about any necessary accommodations.



Electronic Application Form
(Living Situation Survey)

Enter your desired facility/Pupils' Club

Living Situation Survey

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

Facility/Pupils' Club Name	Hoka GO→ Pupils' Club Minato	Entry Date	2024 / 1 / 15 (YYYY/MM/DD)
Furigana	はなこ みなと	Date of Birth & Age	2017 / 5 / 1 (YYYY/MM/DD) (6 years old)
Name	Hanako Minato		

Enter the nursery, kindergarten, or school where you child is enrolled as of the date of the application.

*For new 1st grade elementary students, enter the name of the nursery or kindergarten they are enrolled in.

School Grade	Minato Sakura Nursery / Kindergarten / Elementary School / Other () grade
Diagnosis	[Yes / No] Diagnosis: ADHD Name of medical institution that made diagnosis: The Jikei University Hospital Pediatric Neurology Outpatient Clinic
Certificate	[Yes / <input checked="" type="radio"/> No / Applying] *If yes, attach a copy
Type of 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 (Seishin Shogaisha Hoken Fukushi Techo) Level 1 / 2 / 3

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
The Jikei University Hospital	Every 2 months	Since Feb. 2020
Minato Development Support Center for Children Pao	Once a week	Since April 2020

(2) If the child currently taking any medication? No Yes
Medication name: XXXXXX and YYYYYY Medication frequency: Once a day, after breakfast

(3) Where and what kind of play does the child enjoy? Who does the child play with?
Enjoys running, slides, playing with colored water, and Legos. Prefers to play alone.

(4) Are there any individual accommodations you are requesting from the facilities you currently use?
At the nursery school, when Hanako cannot do group activities we ask that she receive individual attention but without forcing her.

◆Please circle the appropriate boxes for the child's physical and mental condition.

Physical Condition	(1) No particular problems	(2) Requires accommodations
Upper Limbs	<input checked="" type="radio"/> (1) No particular problems	<input type="radio"/> (2) Cannot grip or grasp
Lower Limbs	<input checked="" type="radio"/> (1) No particular problems	<input type="radio"/> (2) Can walk but requires some assistance
Hearing	<input type="radio"/> (1) No particular problems	<input checked="" type="radio"/> (2) Requires accommodations (Specifically: Is sensitive to loud noises)
Vision	<input checked="" type="radio"/> (1) No particular problems	<input type="radio"/> (2) Has weak/limited vision, but does not interfere with daily life
Internal Organ Diseases	[No / Yes]	Part/Organ:
Epilepsy	<input checked="" type="radio"/> (1) No	<input type="radio"/> (2) Has previous history, but does not interfere with daily life
Other (Asthma, seizures, convulsions, etc.)		
Use of Assistive Devices	<input checked="" type="radio"/> [No / Yes]	Wheelchair / Lower limb brace / Headgear / Hearing aid / Others ()

Entry Example: Living Situation Survey (Back)

Lifestyle Habits	Meals	(1) Eats by themselves using chopsticks (3) Requires assistance (Specific assistance method:)	(2) Eats by themselves using spoon or fork, etc.
	Changing Clothes	(1) Can do so alone (3) Requires full assistance (Specific assistance method:)	(2) Can do so with some supervision or assistance (Please let her know the front/back of shirts and if she is doing the buttons wrong, etc.)
	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	(2) Understands instructions and acts via individual communication (4) Difficulty understanding instructions
	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 (No / Yes) (Specifically: Keeps running in circles in large areas such as parks) Injures others or breaks things (No / Yes) (Specifically: Likes to build Lego towers and then tear them down) Injures self (No / Yes) (Specifically:) Excitable or panics (No / Yes) (Specifically: Cannot control strength when pretending to defeat a villain) Sudden behavior involving danger (No / Yes) (Specifically: Sometimes jumps off slides)	
Preferences/Habits		(No / Yes) (Specifically: At lunch, eats rice first then side dishes)	
Fill in the following if the child panics or becomes strongly excited.			
When does it occur? (When hearing loud noises or ambulance sounds)			
What kind of state does the child enter? (Sometimes will hold ears and scream)			
What actions need to be taken? (Will calm down if you hold her and say "It's OK")			
Does the child behave violently, bite, or have convulsions, etc.? (No)			
◇Is there anything else to be especially aware of while the child is spending time at one of the facilities? In large areas such as parks and playrooms, will happily go and run around if she can be alone, so please set a time when it is OK for her to run and then let her know. At a slide, if you explain the rules to her each time -- that she has to wait her turn and that she can't climb up the slide -- then she will keep following them.			
◇Notes (If necessary, add supplemental/additional information for the above items) May fall asleep at the Pupils' Club until she becomes accustomed to life at school.			
[Parents'/Guardians' Consent] 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.			
Date: 2024 / 1 / 15 (YYYY/MM/DD)		Parent/Guardian Signature: Sakiko Minato	