(P.1)

This is an application form named "Shugaku-Shien-Sheet" which will be used to start consulting with Shibuya City Education Board for making an individualized educational plan. This sheet aims to share basic information about your child, enabling us to consider with school the ways to provide him/her necessary and appropriate support and attention.

Before your child enters an elementally school, we would like to know your policies and priorities on having helped him/her grow so far at kindergarten, nursery school, medical treatment and education institution and at home. This Sheet can be helpful to consider what support and care are necessary for better and richer child-school life.

Child	
Parents/ guardians	
Name of	Date
Kindergarten/	
Nursery School	
Name of Medical	Date
Treatment and	
Education	
Institution	

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Notes for filling in this form

You do not have to fill in all the blanks of this form. Let us share the information what you think is important for us to know about your child. However, you can choose not to use this sheet as this is not the obligation.

Describe your child's positive points, favorite things, what he/she is good at or able to do, or any suggestions about him/her to enjoy his/her school life.

Describe your devices or efforts you have made for your child to learn more easily: customized teaching contents, teaching materials, the way you approach/help him/her with learning, your verbal and physical support and so on.

Please inform us anything we should know to help your child at school: activities and specific situations he/she does not like, what might confuse him/her, how to calm down your child when he/she gets emotionally unstable.

If you think this form is insufficient for providing information about your child, please feel free to add any relevant documents, including the notes or photos showing your child's developmental process, or photos of the learning materials and assistant tools that have helped him/her.

[Process of Completing the Shugaku-Shien-Sheet]

At the time your child takes a health check-up before entering school, 'Shugaku-Shien-Sheet' will be distributed by Shibuya City Education Board.

If you find this sheet will help your child, please follow the procedures. It is not the obligation to use this sheet.

When you finish filling in your part, ask a competent person of the kindergarten/nursery school your child attends to fill in their parts on the form.

The form will be returned to you once the nursery or kindergarten teacher fills in the form.

You, parent(s), can also ask other organizations or medical treatment and education institutes to fill in, if you think it is necessary.

This is to be submitted to the elementary school which your child is due to enter. Please take this sheet with you when you have an interview with school officials.

An appointment by phone is necessary for an interview with the school which your child will be enrolled from April by the beginning of March. Please bring the "Shugaku-Shien-Sheet" to the interview. (The school will make a copy with your permission.) Keep the original for yourself. The school staff will work together with you to make an individualized educational plan for your child based on the form.

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The Section of Special Needs Education School Affairs Division Education Promotion Department Shibuya City Education Board Office

Phone: 03-3463-2993 (direct)

1. What your child is good at/likes to do. His/her/ talent you wish to develop

Parents/ guardians	Kindergarten/Nursery School

2. Necessary supports or consideration (1. Self-sufficient 2. Needs minor help 3. Needs major help)

	Parents/ guardians	Kindergarten/Nursery School			
Motor	Gross Motor				
development	Skills-				
	able to throw a ball/ go				
	up and down stairs				
	Fine Motor Skills-				
	able to use scissors/ tie				
	a string, etc.				
	Can use chopsticks				

	when eating	
	Put on and take off	
	clothing with buttons	
	and zippers	
	Be completely toilet	
	trained/ can wash	
	hands	
	Organize and tidy up	
	toys	
Social skill	Play and interact with	
	others	
	Understand adults'	
	instructions in a group	
	Understand simple	
	rules	
	Understand what	
	others say	
	Express feelings and	
	demands in words	
	Understand others'	
	emotions from their	
	facial expressions	
Behavior	Keep sitting when	
	necessary	
	Can hold the urge to act	
	Change the mood when	
	unfulfilled	
Scholastic	Draw circles and lines	
ability	with a pencil or crayon	
<i>-</i> J	Read and say his/her	
	name	
	Count up to five and	
	understand the	
	quantity	

	Parents/ guardians	
Health and physical		
aspects		
Others (methods and		
practices which have been		
valued/ consideration and		
care which you would like		
for the child's schooling		

4. Comments from relevant institutions (written by medical treatment and education institutions or others)

Name of institution	Main points in supporting the child (methods, practices,
	consideration, etc.)

5.Requests	from	parent(s)	to	the	school
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(Please	fill	in	this	space	after	the	kindergarten/	nursery	school	and	the	medical
treatme	nt a	nd e	educa	tion in	stitutio	on co	mplete their pa	art on th	is sheet)		