

## 就学支援シート

(P.1)

This is an application form named Shugaku-Shien-Sheet. This sheet aims to share basic information about your child, enabling us to consider with school the ways to provide him/her with necessary and appropriate support and attention.

Before your child enters an elementary school, we would like to know your policies and priorities on having helped him/her grow up 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 a better and richer child-school life.

Child's name	
Parent's/ guardians name	

Kindergarten/Nursery School	Facility name	
	Filler	
	Date of entry	
Medical Treatment and Education Institution	Facility name	
	Filler	
	Date of entry	

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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]

Please inform your current kindergarten, nursery school, or therapeutic institution that you would like to create a Shugaku-Shien-Sheet and receive the form. The form is also distributed at the Education Board counter on the 4th floor of the ward office, the Education Center, and the Child Development Consultation Center. It can also be downloaded from the Shibuya City website.



If you find this sheet will help your child, please follow the procedures.  
It is not an 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, parents, 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 in from April by the late February. 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 use this sheet as a reference to provide support for your child’s school life after enrollment.

Contact:

The Section of Educational Counseling

Education Center

Shibuya City Education Board Office

Phone: 03-3463-3479(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 support or consideration ( 1. Self-sufficient 2. Needs minor help 3. Needs major help)

	Parents/ guardians		Kindergarten/Nursery School	
Motor development	Gross Motor 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 ability	Draw circles and lines with a pencil or crayon			
	Read and say his/her name			
	Count up to five and understand the quantity			

3. Other aspects where attention should be paid

	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

(Please fill in this space after the kindergarten/nursery school and the medical treatment and education institution complete their part on this sheet)

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**Consent Section**

I have read and understood the above contents, and I will submit a copy to the school my child will attend.

I agree that the information provided may be used in the future to support my child.

Date of submission to the school: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_