Questionnarie of child's development and health

(to be completed by a parent or a guardian)

※ Please circle the applicable answers, and fill in (all the required fields) without omissions, if applicable. If you are expecting a baby, please fill in your familiy name and due date in the space of Child's Name and Date of Birth.

(for office use only) 入所希望 月

Child's Name		Male・Female	Date of Birth year month day Reiwa / /	(Age as of April 1, 2027) year(s) month(s)

the Nursery School of Your Choice	the 1st choice	the 6th choice
	the 2nd choice	the 7th choice
	the 3rd choice	the 8th choice
	the 4th choice	the 9th choice
	the 5th choice	the 10th choice

※Getting to know your child better, the Department of Child & Family Services may contact a guardian later. Please fill in the name and contact number of the guardian who knows your child well.

Guardian's name	
Tel.	

		Question	Answer	
Birth Conditions	1	Did your child have any health problems during the period from pregnancy to childbirth?	Yes ( ) ・ No	
	2	Condition of Birth	Normal・Others	Cesarean Section・Vacuum Extraction・Birth Asphyxia
	3	Birth Weight	( ) g	in case of premature birth ; A baby was born at ( ) weeks.
	4	Did your child have any problems at birth / in the neonatal period?	Yes ( ) ・ No	
Development	5	holds up his/her head (months) rolls over (months) sits up on his/her own (months) creeps on hands and knees (months) walks holding onto funiture (months) walks without support (months)		
	6	Does your child look into your eyes when you talk to him/her?	Yes ・ No	
	7	Does your child look back when his/her name is called from behind?	Yes ・ No	
	8	Does your child point to an object or a picture when it's named?	Yes (months) ・ No	
	9	Does your child say several meaningful single words, such as "Mama(mother)" or "Vroom-Vroom(car)"?	Yes ・ No	
	10	Does your child say two-word sentences/phrases (ex. "Doggie coming.", "More num-num") ?	Yes ・ No	
	11	Does your child use simple phrases or micro sentences to communicate with others?	Yes ・ No	
	12	Does your child eat by himself/herself ?	Yes・No	hands ・ spoon ・ chopsticks
	13	Does your child change clothes by himself/herself ?	Yes ・ does with help ・ No	
	14	Does your child use a toilet ?	Yes・No	diapers ・ duaring potty training ・ underwear
	15	Has your child ever had a Health Check for infants and children?	one-and-a-half-year-old ・ three-year-old ・ No	
	16	Have you ever been told that your child may have a mental and physical delay or language delay at his/her Health Check for infants and children (one-and-a-half-year-old ・ three-year-old) ? ※If you answered "Yes", please check the box next to your answer.	Yes ・ No	☐ goes to a Medical Institution regularly Name of the Medical Institution ( ) Disease Name ( ) ☐ My child is told that "Folow-up" is needed at a health center. ☐ My child has participated in a parent-child class at "An Step" that is a support center for child's development. ☐ I consult staff of "An Step" about my child. ☐ goes to a developmental support class (Yamabiko Room) that is in "An Step" for children from around 1year old to preschool. ☐Others ( )
Health Condition	17	Have you ever been told that your child may have a vision problem or a hearing problem?	Yes ・ No	Disease Name ( ) Family Doctor ( )

Please fill in other side also.

Health Condition	18	Does your child have a physical disability?	Yes ・ No	Disease Name （ ） Family Doctor（ ）
	19	Has your child ever had any convulsions, seizures or epilepsy?	Yes ・ No	Age at the time of the first convulsions year(s) month(s) Age at the time of the last convulsions year(s) months(s) How many times has it happened so far ? time(s) when （ had a high fever・cried hysterically ） Disease Name（ ）
	20	Does your child have any allergies? If you ansewed "Yes", please fill in your child situatoion.	Yes ・ No	Allergy Test（ done ・ not yet ） Allergen（ ） Symptom（diarrhea ・ eczema ・ vomit ・ others） Anaphylactic Shock（ Yes ・ No ） Carries an EpiPen（ Yes ・ No ） Family Doctor（ ）
	21	Does your child have a chronic illness? (ex. heart disease・asthma)	Yes ・ No	Disease Name （ ） Family Doctor（ ） things that need consideration （ ）
	22	Has your child ever had a serious illness before? (illness that need consideratin in the school life of nursery)	Yes ・ No	Disease Name（ ） Family Doctor（ ） things that need consideration （ ）
	23	Do you think your child may have a language delay? ※ If you answed "Yes" or " a little worried", please check the box next to your answer.	Yes ・ No ・ a little worried	☐ doesn't understand the words, and doesn't talk ☐ understands the words, but does't talk ☐ says several single words ☐ says two-word sentences/phrases (ex. Mama juice) ☐ says three-word sentences/phrases (ex. Mama more juice) ☐ repeats words headover ☐ stuttering
	24	Do you think your child may have a mental delay?	Yes ・ No ・ a little worried	Disease Name（ ） Family Doctor（ ）
	25	Does your child have a physically disabled pocketbook, a disabled person's pocketbook or an intellectual disabled pocketbook?	Yes・No	physically disabled pocketbook （ Grade） disabled person's pocketbook （ Grade） intellectual disabled pocketbook （)Decision Family Doctor（ ）

Question	Answer
※ If you have any concerns about your child, please write them below. (ex. Child's Development ：phycial/mental /language, Things you want us to be careful at a nursery school)	

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