REFERENCE ONLY　DO NOT FILL IN　記入しないでください　【児童】

≪Status Report≫ For guardian

Filled by: Father・Mother・Other （　　　　） Date Reiwa YY MM DD

<table>
<tr><td>Name of child</td><td colspan="3"></td><td>M ・ F</td><td>Date of birth</td><td colspan="3">YY MM DD</td></tr>
<tr><td>Disability type and level</td><td colspan="8">☐Physical disability certificate（ Type Grade） ☐Ai-no-techo（ Degree）
☐Mental health certificate（ Grade） ☐No certificate/techo</td></tr>
<tr><td>Nursery School Kindergarten</td><td colspan="5">Nursery school Kindergarten</td><td colspan="3">☐Not attending</td></tr>
<tr><td>School</td><td colspan="5">Elementary ・ Junior high ・ Senior high school</td><td colspan="3">Regular class ・Support class ・Fixed class ・Special needs school</td></tr>
<tr><td rowspan="2">Hospital visit</td><td>Name</td><td colspan="4">Hospital/clinic Dept.</td><td>Frequency</td><td colspan="2">days/Mo. ・ Irregular visit</td></tr>
<tr><td>Name</td><td colspan="4">Hospital/clinic Dept.</td><td>Frequency</td><td colspan="2">days/Mo. ・ Irregular visit</td></tr>
<tr><td rowspan="10">Family Status
※Not Include him/herself
※Write in the remarks field if you need more space.</td><td></td><td>Name</td><td>Relation</td><td>Age</td><td colspan="3">Work ・ School</td><td>Health</td></tr>
<tr><td rowspan="2">Guardian</td><td></td><td></td><td></td><td colspan="2">☐Work
☐Unemployed
（☐Full-time ☐Part-time）</td><td>Nearest station 【 】
Work hour 【 : ～ : 】</td><td>☐Good
☐Has illness</td></tr>
<tr><td></td><td></td><td></td><td colspan="2">☐Work
☐Unemployed
（☐Full-time ☐Part-time）</td><td>Nearest station 【 】
Work hour 【 : ～ : 】</td><td>☐Good
☐Has illness</td></tr>
<tr><td rowspan="3">Sibling</td><td></td><td></td><td></td><td colspan="2">☐Attending
☐Not attending</td><td>Name of school</td><td>☐Good
☐Has illness</td></tr>
<tr><td></td><td></td><td></td><td colspan="2">☐Attending
☐Not attending</td><td>Name of school</td><td>☐Good
☐Has illness</td></tr>
<tr><td></td><td></td><td></td><td colspan="2">☐Attending
☐Not attending</td><td>Name of school</td><td>☐Good
☐Has illness</td></tr>
<tr><td rowspan="4">Other</td><td></td><td></td><td></td><td colspan="2">☐Llive together
☐Separated（ ）</td><td>Childcare Collaboration
☐Regularly ☐Occasionaly ☐Difficult</td><td>☐Good
☐Has illness</td></tr>
<tr><td></td><td></td><td></td><td colspan="2">☐Llive together
☐Separated（ ）</td><td>Childcare Collaboration
☐Regularly ☐Occasionaly ☐Difficult</td><td>☐Good
☐Has illness</td></tr>
<tr><td></td><td></td><td></td><td colspan="2">☐Llive together
☐Separated（ ）</td><td>Childcare Collaboration
☐Regularly ☐Occasionaly ☐Difficult</td><td>☐Good
☐Has illness</td></tr>
<tr><td></td><td></td><td></td><td colspan="2">☐Llive together
☐Separated（ ）</td><td>Childcare Collaboration
☐Regularly ☐Occasionaly ☐Difficult</td><td>☐Good
☐Has illness</td></tr>
<tr><td>Development and physical condition</td><td colspan="8">(e.g.) Speech delay, inability to sit up, etc.</td></tr>
<tr><td>Daytime activity （nursery, school, etc.）</td><td colspan="8">(e.g.) Having fun with friends, lack of communication, etc.</td></tr>
<tr><td>At home</td><td colspan="8">Favorite games, lessons, etc.</td></tr>
<tr><td>Medical care</td><td colspan="8">Yes ・ No
☐ Respirator ☐ Suction ☐ Hypodermic ☐ Defecation control
☐ Central venous ☐ Nebulizer ☐ Oxygen therapy ☐ Tracheotomy
☐ Nasopharyngeal airways ☐ Tube feeding ☐ Continuous dialysis ☐ Urine drainage
☐ Suppository use, suction, oxygen supply, or vagus nerve stimulator activation during cramps ☐ Blood glucose control test</td></tr>
<tr><td>Remarks</td><td colspan="8"></td></tr>
</table>

※This is to help us understand the status of you and your family. Fill in as much as you know.