

# Profile Form for School Entry Consultation (プロフィール票)

Date : Year    /Month    /Date

Child's Name			Gender	Date of Birth		Year    /Month    /Date		
				Current Institution				
Address						Phone		
Family Members	Name			Relationship to child				
Child's Development	Weight at birth		g					
	When was your child able to walk?			Years    /Months				
	When did your child start speaking?			Years    /Months				
History of Rehabilitation and Education			Period	Name of Institution		Frequency		
	Rehabilitation (Ryo-iku) Center					days/wk		
	Child Guidance Center (Jido-soudan-jo)					days/wk		
	Hospital / Clinic							
	Kindergarten (Youchien)					days/wk		
	Nursery School (Hoikuen) / Day Care					days/wk		
Diagnosis	Date		Diagnosis		Names of Medical Institution		Doctor's Name	
	Year    /Month    /Day							
	Year    /Month    /Day							
	Year    /Month    /Day							
Medication	Yes	Name of Medicine			Frequency			
	None							times/day
Specialized Medical Care	Suction / Tube Feeding / Gastric Fistula / Urethral Catheterization / Others							
	If any, please write in detail.							
Certificates	Type		Grade		Date			
	Physical Disability (Shintai-syougai-sya-techo)		Yes None	Visual / Hearing / Limbs		Year    /Month    /Day		
	Intellectual Disability (Ryouiku-techo)		Yes None	A 1 / A 2 / B 1 / B 2		Year    /Month    /Day		
Developmental Test	Test Name				The latest date (Year    /Month    /Day ) Results (IQ score, etc.)			
	Kyoto Scale of Psychological Development (2001 or 2020) / Tanaka-Binet V / WISC - IV / Others							
Hearing	Hearing aid	Yes / None	Cochlear Implant	Yes / None	Unaided ears    R    L Corrected hearing R    L			
Vision	Uses glasses	Yes / None	Unaided eyes    R    L			Corrected vision R    L		

Please write your child's current condition.

Daily Life	Eating	Independent / Partially independent / Needs help / Incapable	
		Likes and Dislikes	None / Yes ( )
		Allergy	None / Yes ( )
		Food Form	Normal / Bite size pieces / Roughly chopped / Chopped into small pieces / Mashed into paste
	Toilet	Independent / Partially independent / Needs help / Incapable / Uses diapers	
	Clothing	Independent / Partially independent / Needs help / Incapable	
Movement	Gross Motor Skills	Can't sit / Sits alone / Crawls alone / Stands up alone / Walks alone / Runs alone / Uses a wheelchair / Uses auxiliary equipments	
	Fine Motor Skills	Can't grab toys with hands / Grabs toys with hands / Builds wooden blocks up / Fastens and unfastens buttons / Folds origami / Cuts with scissors	
Sense	Hyper-sensibility	If any, please write in detail ( visual, auditory, tactile, olfactory, taste, etc. )	
Language Ability	Expres-sion	Hardly speaks / With facial expression and voice / With pointing / With gestures / With pictures / Speaks limited words / Speaks simple sentences / Speaks well / With sign language / Stutters	
	Under-standing	Hardly understands / By pointing / By gestures / By pictures / By limited words / By simple sentences / Understands daily conversation / By sign language	
Letters	Reading	Can't read / Interested in letters / Reads his/her name / Reads Hiragana / Reads picture books / Reads Kanji / Reads books	
	Writing	Can't write / Writes his/her name / Writes Hiragana / Writes Katakana / Writes Kanji / Writes limited words / Writes simple sentences / Writes a diary	
Number		Not interested in numbers / Interested in numbers / Says in order from 1 to 10 / Understands the quantity up to 5 / Can do simple calculation (ex. 4+3=) / Hates word problems	
Drawing		Makes scribbles / Draws circles / Draws a face / Draws a person (face, hands, feet, torso) / Draws flowers, vehicles, etc.	
Communi-cation		Not interested in other children / Often spends time alone / Understands simple rules / Communicates one-way / Gets along well only with family members / Gets along well with other children	
Behavior		Aggressiveness / Can't change the mood when unfulfilled / Is very restless / Is very shy / Has an obsession with certain things	
Group Activity		Difficulties in group participation / Can join small groups / Joins the group with support / Joins the group without support	
Strong Point, Favorite Things			