

Parent/Guardian

### About applying for

- **School placement counseling and guidance (for new 1st grade students) or**
- **Educational counseling and guidance (for current 1st to 9th grade students)**  
**at the Yokohama City Comprehensive Center for Special Needs Education.**

If you would like to apply for school placement counseling (for children who are planning to enter elementary school in the next school year) or educational counseling and guidance (for children who are already enrolled in elementary school, junior high school, or compulsory education school) at the Yokohama City Comprehensive Center of Special Needs Education, please fill out the designated application form.

For counseling and guidance about school placement or plans to transfer

Please note that applications by phone or fax are not accepted.

[Notes] When filling out the form, please use a ballpoint pen and write in block style.

- You can leave the fields blank if they do not apply to you.  
Please provide as much information as you can about your child's upbringing.
- If you have the most recent test results from another institution, please enclose a copy to the extent you are comfortable with.
- The date of the consultation will be decided depending on the child's situation.  
Please note that applications will not be accepted in order of application.
- When the consultation date is decided, we will notify the parents by mail in the case of school placement counseling and guidance, or in writing by way of the school in the case of educational counseling and guidance.
- The information you provide will be used to provide consultation and education. It will not be used for any other purpose.
- Please submit your application on A4-sized paper. Do not use staples.

If you have any questions, please contact us.

ADDRESS: 240-0044 845-2, Bukkocho, Hodogaya-ku, Yokohama City

Special Support Educational Consultation Division, Board of Education Secretariat  
(Yokohama Comprehensive Center of Special Needs Education) TEL: 045-336-6020



# APPLICATION - FORM 1

Yokohama City Comprehensive  
Center of Special Needs Education

|   |   |   |    |
|---|---|---|----|
| 保 | 学 | 校 | 個指 |
|---|---|---|----|

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## Application for

School Placement Counseling & Guidance (for children entering 1st grade) OR  
Educational Counseling & Guidance (for current elementary or junior high school students)

|             |
|-------------|
| 2024-2025   |
| School year |

|              |
|--------------|
| 受付日時印        |
| 【記入しないでください】 |

Date of Application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year                      Month                      Day

Applicant's Name \_\_\_\_\_

Relationship to the child Father / Mother / Other \_\_\_\_\_

|  |   |            |   |            |   |
|--|---|------------|---|------------|---|
| <b>Furigana (katakana)</b>                 |   |            |   |            |   |
| <b>Child's Name</b>                        |   |            | Date of Birth: _____ / _____ / _____<br>Age: ____ Gender: Male / Female |            |   |
| <b>Furigana (katakana)</b>                 |   |            |   |            |   |
| <b>Parent or Guardian's Name</b>           | Father / Mother / (                      )  |            |   |            |   |
| <b>Address (in Japan)</b>                  | Postal Code ( 〒                      )  |            |   |            |   |
|  | Plans to move ( No / Yes ) Date                      New Address _____                            |            |   |            |   |
| <b>Phone Number</b>                        | Cellphone (                      )  |            | Father · Mother · Other(                      )                         |            | ] [                      ] Check ( <input checked="" type="checkbox"/> ) best from 9 a.m. to 5 p.m. |
|  | Home phone (                      )   |            | ] [                      ]  |            |   |
| <b>Inconvenient meeting days and times</b> | <b>Inconvenient</b> days and time                      ※ We may not be able to meet your request. |            |   |            |   |
|  | <b>Mon</b>  | <b>Tue</b> | <b>Wed</b>  | <b>Thu</b> | <b>Fri</b>  |
|  | am / pm   | am / pm    | am / pm   | am / pm    | am / pm   |

< For School Placement Consultation >  
(children entering 1st grade)

< For Educational Consultation >  
(current elementary or junior high school students)

|  |  |
|--|--|
| <b>Kindergarten (Youchien)</b>               | _____ < days/wk >  |
| Special Needs School (Infant Section)        | _____ < days/wk >  |
| <b>Daycare / Nursery School (Houikuen)</b>   | _____ < days/wk >  |
| <b>Rehabilitation (Ryo-iku) Center, etc.</b> | _____ < days/wk ><br>Child Development Support Office<br>_____ < days/wk > |
| <b>Your Local Area Elementary School</b>     | School: _____ Elementary School<br>Consultation Date _____ / _____         |

|                       |  |
|-----------------------|--|
| <b>Current School</b> | _____ School   |
|                       | Grade _____ Class _____  |
|                       | <input type="checkbox"/> Special Needs Class <i>kobetsushien-gakkyuu</i>   |
|                       | <input type="checkbox"/> General Class <i>ippan-kyuu</i>   |
|                       | Homeroom Teacher: (                      )   |
|                       | Did you consult with the school about your child?<br>( Yes / Not Yet / Scheduled <Date _____ / _____ > )   |
|                       | Does your child go to a special support services classroom (tsuu-kyuu)? School Name: (                      )<br>( Emotional · Hearing · Speaking · Seeing ) |
|                       | Using "Heartful Room or Space" ( Yes / No )  |

特別支援教育総合センター使用欄 (Please do not fill out this part.)

|   |               |        |       |           |
|---|---------------|--------|-------|-----------|
| 相談月日  | 月    日 (    ) | 午前・午後  | 時   分 | 担当 (    ) |
| 発達検査月日  | 月    日 (    ) | 午前・午後  | 時   分 | 担当 (    ) |
| 変更月日  | 月    日 (    ) | 午前・午後  | 時   分 | 担当 (    ) |
| 発達検査月日  | 月    日 (    ) | 午前・午後  | 時   分 | 担当 (    ) |
| ①入力   | ②入力チェック       | ③相談員確認 | ④発送   | ⑤変更発送     |
|   |               |        |       | 要   不要    |
| 変更理由<br>①保護者の希望<br>②キャンセルによる延期<br>③その他 (                      ) |               |        |       |           |

# APPLICATION - FORM 1

## ◎ About the consultation

|  |  |                  |   |          |  |  |  |                 |      |   |       |           |  |  |  |         |                  |  |  |
|--|--|------------------|---|----------|--|--|--|-----------------|------|---|-------|-----------|--|--|--|---------|------------------|--|--|
| <p><b>(1) Purpose of consultation</b><br/>Check all reasons that apply.</p>  | <p><b>【School Placement Consultation】</b> (children entering 1st grade)<br/> <input type="checkbox"/> Parent / Guardian's request<br/> <input type="checkbox"/> Local school principal's recommendation<br/> <b>【Educational Consultation】</b> (current elementary or junior high school students)<br/> <input type="checkbox"/> Parent / Guardian's request<br/> <input type="checkbox"/> School's recommendation<br/> <input type="checkbox"/> Plan to move to Yokohama from another city</p>  |                  |   |          |  |  |  |                 |      |   |       |           |  |  |  |         |                  |  |  |
| <p><b>(2) Preferred class or school</b><br/>Check all classes/schools that apply.</p> <p><b>※If your only preference is “Special needs class” you may be able to enroll without coming to the Center if certain conditions are met. For more information, please consult each school.</b></p>  | <p><input type="checkbox"/> General class (<i>Ippan-kyu</i>)<br/> <input type="checkbox"/> Special needs class (<i>Kobetsushien-gakkyu</i>)<br/> <input type="checkbox"/> Special support services classroom (<i>Tsuu-kyu</i>)<br/> Impairment: <input type="checkbox"/> Emotional <input type="checkbox"/> Hearing <input type="checkbox"/> Speaking <input type="checkbox"/> Seeing<br/> <input type="checkbox"/> Special support education school (SSES)<br/> Impairment: <input type="checkbox"/> Intellectual <input type="checkbox"/> Physical <input type="checkbox"/> Hearing <input type="checkbox"/> Seeing<br/> Schools you visited ( )</p> |                  | <p>Planning to take exam for private or national SSES.<br/>(Yes / No)</p> |          |  |  |  |                 |      |   |       |           |  |  |  |         |                  |  |  |
| <p><b>(3) Interpreter at consultation</b></p>  | <p>Unnecessary / Necessary (Language: child / guardians)<br/> (Japanese only) Sign Language interpreter (Unnecessary / Necessary)</p>  |                  |   |          |  |  |  |                 |      |   |       |           |  |  |  |         |                  |  |  |
| <p><b>(4) Consultation history</b></p>   | <p>None / Yes (Date: Year / Month )<br/> <b>※Has your child's name changed?</b> (Yes. Previous name: )</p>   |                  |   |          |  |  |  |                 |      |   |       |           |  |  |  |         |                  |  |  |
| <p><b>(5) Has your child ever had a developmental test (an IQ score) outside of the center?</b></p> <p>→If you have a paper copy of your developmental test results, please send a copy with your application. (We will use it for reference.)<br/> <b>※Please be sure to contact the Center in advance if you take a developmental test after you have applied.</b></p>   | <p style="text-align: center;">None • Yes</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Facility</td> <td colspan="3"></td> </tr> <tr> <td>The latest date</td> <td>Year</td> <td>/</td> <td>Month</td> </tr> <tr> <td>Test Name</td> <td colspan="3">Tanaka – Binet V / WISC-IV<br/>Others :</td> </tr> <tr> <td>Results</td> <td colspan="3">(IQ score, etc.)</td> </tr> </table>  |                  |   | Facility |  |  |  | The latest date | Year | / | Month | Test Name | Tanaka – Binet V / WISC-IV<br>Others : |  |  | Results | (IQ score, etc.) |  |  |
| Facility   |  |                  |   |          |  |  |  |                 |      |   |       |           |  |  |  |         |                  |  |  |
| The latest date  | Year   | /                | Month   |          |  |  |  |                 |      |   |       |           |  |  |  |         |                  |  |  |
| Test Name  | Tanaka – Binet V / WISC-IV<br>Others :   |                  |   |          |  |  |  |                 |      |   |       |           |  |  |  |         |                  |  |  |
| Results  | (IQ score, etc.)   |                  |   |          |  |  |  |                 |      |   |       |           |  |  |  |         |                  |  |  |
| <p><b>Plans to take a developmental test</b></p>   | <p>Date:<br/>Year / Month</p>  | <p>Facility:</p> | <p>Test Name:</p>   |          |  |  |  |                 |      |   |       |           |  |  |  |         |                  |  |  |
| <p><b>【Agreement】 <u>Be sure to fill out this form.</u></b> ※The materials submitted will be handled properly in accordance with Yokohama City Information Disclosure, Yokohama city's Personal Information Protection Ordinance.</p> <p>1 We may request test results from a treatment center or child consultation center. ( Agree • Disagree )<br/> 2 We may, if required, provide results from tests done at the Center to that division. ( Agree • Disagree )<br/> 3 We may use the results during consultations at the Center. ( Agree • Disagree )</p> <p style="text-align: center;">Date: ____ / ____ / ____ Parent or Guardian's signature _____</p> |  |                  |   |          |  |  |  |                 |      |   |       |           |  |  |  |         |                  |  |  |

## ◎ Disability Certificates

|  |  |   |  |
|--|--|---|--|
| <p>Certificate of Intellectual Disability (<i>Ai-no-Techo</i>)</p> | <p>The 1<sup>st</sup> Grant<br/>The present Grant<br/>The next Grant</p> | <p>Date: Year / Month / Day<br/>Date: Year / Month / Day<br/>Date: Year / Month / Day</p> | <p>&lt; A1 A2 B1 B2 &gt;<br/>&lt; A1 A2 B1 B2 &gt;<br/>&lt; A1 A2 B1 B2 &gt;</p> |
| <p>Physical Disability Certificate</p>                             | <p>The 1<sup>st</sup> Grant<br/>The present Grant<br/>The next Grant</p> | <p>Date: Year / Month / Day<br/>Date: Year / Month / Day<br/>Date: Year / Month / Day</p> | <p>Disability<br/>Visual / Hearing / Limbs</p>                                   |
| <p>Mental Disability Certificate</p>                               | <p>The 1<sup>st</sup> Grant<br/>The present Grant<br/>The next Grant</p> | <p>Date: Year / Month / Day<br/>Date: Year / Month / Day<br/>Date: Year / Month / Day</p> |  |

**APPLICATION - FORM 1**

◎ **Regarding Medical Care, etc.**

Has your child ever visited a clinic or hospital? ( Yes / No )

|  |  |
|--|--|
| <p><b>Names of Medical Institutions</b></p> <p>※Ryoiku-Center, etc</p> |  |
| <p><b>Diagnoses</b></p> <p><b>(date of diagnosis)</b></p>              | <p>Ex) Autism Spectrum Disorder (2019/01/25)</p> |
| <p><b>Medicine</b></p> <p><b>(Name, Dosage, Times)</b></p>             |  |
| <p>【Medical History】 Institutions, Date, Purposes</p>                  |  |
| <p>【Medical Plans】 Institutions, Date, Purposes</p>                    |  |

◎ **Cohabiting family members** ※Please check and write the number of each person

- father  
  mother  
  older brother  
  older sister  
  younger brother  
 younger sister  
 others (                    )                    Ex)  2 older brother



# APPLICATION - FORM 1

## ◎Your child's current condition

|   |   |  |
|---|---|--|
| <b>Daily Life</b>   | Eating  | Independent • Partially independent • Needs help • Incapable |
|   |   | Eccentricities<br>None • Yes<br>( )                          |
|   |   | Allergies<br>None • Yes<br>( )                               |
|   |   | Style of food<br>Regular • Sliced • Mashed • Other<br>( )    |
|   |   | < Details >  |
| Dressing  | Independent • Partially independent • Needs help • Incapable                            |  |
|   | < Details >   |  |
| Toilet  | Independent • Partially independent • Needs help • Incapable                            |  |
|   | < Details >   |  |
| <b>Language (expression)</b>  | Easily • Limited (2 or 3 words) • Limited (single words) • Incoherent words • Incapable |  |
|   | When did they start speaking? Age:    years    months                                   |  |
|   | When did they start speaking 2 to 3 word sentences? Age:    years    months             |  |
|   | Do you have any concerns about the current spoken language of your child? Yes • No      |  |
|   | Please describe in detail about the language (expression).                              |  |
| <b>Language (understanding)</b>   | Easily • Limited (2 or 3 words) • Limited (single word) • Incoherent words • Incapable  |  |
|   | Please describe what you are doing to communicate to your child.                        |  |
| Has your child ever lived in a non-Japanese language environment? Yes • No<br><input checked="" type="checkbox"/> Yes → Term (Age: _____ ~ Age: _____)<br>Please let us know the status of your child's communication in Japanese.<br><div style="border: 1px solid black; height: 40px; width: 100%;"></div> |   |  |

|                                     |   |  |   |
|-------------------------------------|---|--|---|
| <b>Movement</b>                     | Independent • Partially independent • Needs help • Incapable  |  |   |
|                                     | Please describe how your child gets around and any considerations you need to make for your child.                      |  |   |
| <b>Group Activities</b>             | Possible • Partial participation (possible with support) • Difficult  |  |   |
|                                     | If you circled "Partial participation (possible with support)" or "Difficult", please describe your specific situation. |  |   |
| <b>Vision</b>                       | Vision  | Unaided eyes R ( ) • L ( )<br>Corrected vision R ( ) • L ( ) | Uses glasses<br>Yes • No                                |
|                                     | Color-blindness   | Yes • No   |   |
|                                     | Strabismus  | Yes • No   |   |
|                                     | Diseases, etc.  |  |   |
|                                     | Please describe any other concerns about your child's vision.   |  |   |
| <b>Hearing</b>                      | Normal • Deafness   |  |   |
|                                     | Unaided ears R ( ) • L ( )<br>Corrected hearing R ( ) • L ( )   |  | Wears hearing aid Yes • No<br>Cochlear implant Yes • No |
|                                     | Please describe any other concerns about your child's hearing.  |  |   |
| <b>Dominant Hand</b>                | Right-handed • Left-handed • Undifferentiated   |  |   |
| <b>Medical Care</b>                 |   |  |   |
| <b>Favorite things to do</b>        | Details.  |  |   |
| <b>Interests</b>                    |   |  |   |
| <b>Things your child is good at</b> | Details.  |  |   |
| <b>Strengths, etc.</b>              |   |  |   |

