

2027 Enrollment – Educational Consultation Application Form for Children with Disabilities (To be completed by parents/guardians)

To: Chief of Sendai City Board of Education

I am applying to participate in the educational consultation session for children entering school in 2027, as completed below.

Date: _____

Name of Applicant: _____

(Katakana) Child's Name		Male / Female	(Katakana) Guardian's Name	(Relationship to the child: _____)
Date of Birth		Family Members	Number of household members including the child: _____ Father / Mother / Older brother / Older sister / Younger brother / Younger sister / Grandfather / Grandmother / Other (_____)	
Address	_____ -Ku (_____) - (_____)			District: (_____) Elementary School *: If you are unsure, leave blank.
Contact Details	Phone	(Owner: _____)		Best time to reach you by phone: (_____) *: Specify a time between 9:30 a.m. - 4:30 p.m.
	E-mail Address			
Child's Kindergarten / Nursery School	(General Childcare / Special Support Childcare)			
Places and Medical Institutions Previously Consulted	(1) Sendai City Development Counseling and Assistance Center (North / South) <Reason: Recommended at a health checkup / Recommend by a doctor / Other: _____ >		First visit: _____ (month) _____ (year) (approx.)	Most recent visit: _____ (month) _____ (year)
	Characteristics reported: (e.g., intellectual disability, ADHD-related characteristics, suspected autism spectrum disorder) (Date: _____)			
	(2) Hospital / Treatment facility name:		First visit: _____ (month) _____ (year) (approx.)	Most recent visit: _____ (month) _____ (year)
	Diagnosis: Diagnosing institution:		Date of diagnosis:	
(3) Other:			First visit: _____ (month) _____ (year) (approx.)	Most recent visit: _____ (month) _____ (year)
Results of the Latest Psychological and/or Other Assessments	Test name: Testing institution:		IQ Score / DQ Score: Date of assessment:	
Welfare Certificate	(1) Physical disability certificate None / Pending / Yes (Grade: _____)			
	(2) Intellectual disability certificate None / Pending / Yes (A / B)			
Support Files (<i>アイル</i> (AILU))	(1) Have " <i>アイル</i> (AILU)" (prepared by the Sendai City Development Counseling and Assistance Center). (2) Have independently created support files. (3) Do not have either.			
Preferred Learning Placement (Choose two and write the priority number in the (). If unsure, circle two options.)	<input type="checkbox"/> Regular class <input type="checkbox"/> Special support class (Vision / Hearing / Physical / Health / Intellectual / Autism and Emotional disorder) <input type="checkbox"/> Special needs school (Visual / Hearing / Physical disabilities / Health impairment / Intellectual disabilities) (If applying) School you are considering: Prefectural / Municipal _____ Special Education School			
Topics You Wish to Discuss	(1) Admission to a special support class (3) Most appropriate placement		(2) Admission to a special needs school (4) Other:	
What you value in parenting and the abilities you wish to nurture in your child?				

Mailing address for this application form:

Address: 13th Floor, Kamisugi Branch Office, 1-5-12 Kamisugi, Aoba-ku, Sendai 980-0011

Recipient: Director, Special Support Education Section, Sendai City Board of Education

Please write "Educational Consultation Application Enclosed" on the left side of the front of the envelope.

Deadline: Friday, June 5 (Applications after this date may be accepted upon request.)

○ 以下は教育委員会事務局が記入します。(For office use only.)

連絡日	/	相談日時	月	日 ()	時	分 ~
資料提供	・ 幼稚園, 保育所等 (可・不可)		・ 相談機関 (可・不可)		・ 医療機関 (可・不可)	

Current Status of the Child (As of _____, 2027)

*: For item A "Mobility" and items B "Eating" to I "Social Skills," please circle the one number that best describes your child.

*: Use the "Remarks" section if there is anything you would like to describe in more detail about your child.

<input type="checkbox"/> A Health and Physical Conditions	<p>◇<u>Medical conditions: None / Yes</u> (Specify the name of the condition: _____)</p> <p>*Required accommodations:</p> <p>*Medical care: Not required / Required (Feeding tube / suctioning / catheterization / tracheostomy / oxygen / other: _____)</p> <p>◇<u>Medication: None / Yes</u> (Specify the name of the medication: _____)</p> <p>◇<u>Health / Physical considerations: None / Yes</u> (Food texture modifications / activity restrictions / other: _____)</p> <p>◇<u>Mobility / Movement</u></p> <p>(1) Walks independently. (2) Walks independently with assistive devices (crutches, orthotics, etc.). (3) Walks with assistance. (4) Walking is difficult. (Uses a wheelchair.) → (Sits independently. / Cannot sit independently.)</p>
<input type="checkbox"/> B Eating	<p>(1) Eats independently from start to finish. (2) Uses a spoon, fork or chopsticks but needs assistance. (3) Often eats with hands. (4) Needs assistance most of the time or always. (5) Tube feeding</p>
<input type="checkbox"/> C Toilet	<p>(1) Urinates and defecates independently. (2) Needs assistance for bowel movement. (3) Can communicate the need to urinate or defecate. (4) Needs assistance most of the time or always (scheduled toileting, use of diapers).</p>
<input type="checkbox"/> D Dressing	<p>(1) Dresses/undresses independently. (2) Tries to dress independently but needs some assistance (e.g., checking front/back, inside/out). (3) Can perform part of dressing/undressing (e.g., pulls down pants, puts head through a shirt). (4) Needs assistance most of the time or always.</p>
<input type="checkbox"/> B - <input type="checkbox"/> D Remarks	
<input type="checkbox"/> E Language	<p><Receptive language></p> <p>(1) Understands and follows group instructions. (2) Responds when given individual instructions. (3) Responds when name is called. (e.g., saying "yes," turning, smiling, making eye contact) (4) It is difficult to tell whether the child understands spoken language.</p> <hr style="border-top: 1px dashed black;"/> <p><Expressive language></p> <p>(1) Speaks clearly enough to be understood by others. (2) Attempts to speak in 1–2 word phrases. (3) Can state own name and age. (4) Communicates through gestures/vocalizations. (4) Clear verbal expressions have not been observed yet.</p>
<input type="checkbox"/> F Letters	<p>(1) Can write and read own name in hiragana. (2) Can write several characters. (3) Shows interest in letters in picture books. (4) Not interested yet.</p>
<input type="checkbox"/> G Drawing	<p>(1) Can draw a face or full body. (2) Draw circles with crayons, etc. (3) Scribbles. (4) Not interested yet.</p>
<input type="checkbox"/> H Numbers	<p>(1) Can do simple addition and subtraction up to 10. (2) Can count objects up to () items. (3) Can recite numbers in order up to (1 -). (4) Not interested yet.</p>
<input type="checkbox"/> E - <input type="checkbox"/> H Remarks	
<input type="checkbox"/> I Social Skills	<p><Friendships></p> <p>(1) Plays while following rules and promises. (2) Engages with others in response to their approaches. (3) Interacts with other children with adult support. (4) Prefers solitary play or mainly interacts with adults.</p> <hr style="border-top: 1px dashed black;"/> <p><Group participation></p> <p>(1) Enjoys group activities. (2) Can participate in a group with adult support. (3) Can participate in a small group with adult support. (4) Has difficulty participating in a group.</p>
<input type="checkbox"/> I Remarks	
<input type="checkbox"/> J Interests	<p>◇Things the child is good at / likes:</p> <p>◇Things the child struggles with / dislikes:</p>
<input type="checkbox"/> K Behavior *: Multiple selections allowed.	<p>*: Please write specific behaviors in the (_____). (2) Has difficulty with maintaining a conversation / hard to communicate.</p> <p>(1) Repeat other's words exactly (echolalia) (3) Strong fixation () (4) Self-injurious behavior ()</p> <p>(5) Aggressive behavior towards others (6) Sudden running off / bolting ()</p> <p>(7) Very active, easily distracted (8) Tantrums, panic or freezing behavior ()</p> <p>(9) Sensory hypersensitivity () ()</p>

Note: The personal information you provide will be used only for the purpose of school placement support. If the application form is not used for the review, it will be properly disposed of by this office within the fiscal year.