Updated January 2026

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.

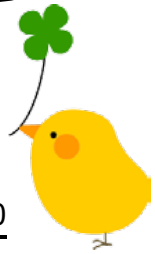
・When the consultation date is decided, we will notify the parents by mail in the case of school placement counseling and guidance, or in writing by way of the school in the case of educational counseling and guidance.

・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

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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)

2026-2027 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____

Furigana (katakana)	
Child's Name	Date of Birth: ____/____/____ Age: ___ Gender: Male / Female
Furigana (katakana)	
Parent or Guardian's Name	Father / Mother / ( )
Address (in Japan)	Postal Code（〒 ー ） Plans to move (No / Yes) Date New Address
Phone Number	Cellphone ( ) Father･Mother･Other( ) [ ] Check (☑) best from 9 a.m. to 5 p.m. Home phone ( ) [ ]
Incovenient meeting days and times	**Inconvenient days and time** ※We may not be able to meet your request. **Mon Tue Wed Thu Fri** **am / pm am / pm am / pm am / pm am / pm**

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

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

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

Current School

School

Grade Class

☐Special Needs Class *kobetsushien-gakkyuu*

☐General Class *ippan-kyuu*

Homeroom Teacher: ( )

Did you consult with the school about your child?

(Yes / Not Yet / Scheduled <Date / >)

Does your child go to a special support services classroom (*tsuu-kyuu*)? School Name: ( )

（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	変更理由 ①保護者の希望 ②キャンセルによる延期 ③その他（ ）
				要 不要	

APPLICATION - FORM 1

◎ About the consultation

（1）Purpose of consultation Check all reasons that apply.	【School Placement Consultation】(children entering 1st grade) （　　） Parent / Guardian's request （　　） Local school principal's recommendation 【Educational Consultation】(current elementary or junior high school students) （　　） Parent / Guardian's request （　　） School's recommendation （　　） Plan to move to Yokohama from another city
（2）Preferred class or school Check all classes/schools that apply. ※**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.**	（　　）General class (*Ippan-kyu*) （　　）Special needs class (*Kobetsushien-gakkyu*) （　　）Special support services classroom (*Tsuu-kyu*) Impairment: ☐Emotional ☐Hearing ☐Speaking ☐Seeing （　　）Special support education school (SSES) Impairment: ☐Intellectual ☐Physical ☐Hearing ☐Seeing Schools you visited（　　） Planning to take exam for private or national SSES. (Yes / No)
（3）Interpreter at consultation	Unnecessary / Necessary (Language: child / guardians) (Japanese only) Sign Language interpreter (Unnecessary / Necessary)
（4）Consultation history	None / Yes (Date: Year / Month) ※Has your child's name changed? (Yes. Previous name:)
（5）Has your child ever had a developmental test (an IQ score) outside of the center? ➡If you have a paper copy of your developmental test results, please send a copy with your application. (We will use it for reference.) ※**Please be sure to contact the Center in advance if you take a developmental test after you have applied.**	None • Yes Facility The latest date: Year / Month Test Name: Tanaka – Binet V / WISC-Ⅳ Others : Results（IQ score, etc.）
Plans to take a developmental test	Date: Year / Month　Facility:　Test Name:

【Agreement】 **Be sure to fill out this form.** ※**The materials submitted will be handled properly in accordance with Yokohama City Information Disclosure, Yokohama city's Personal Information Protection Ordinance.**

1 We may request test results from a treatment center or child consultation center. （ Agree • Disagree ）

2 We may, if required, provide results from tests done at the Center to that division. （ Agree • Disagree ）

3 We may use the results during consultations at the Center. （ Agree • Disagree ）

Date: ＿＿＿＿/＿＿＿＿/＿＿＿＿ Parent or Guardian's signature ＿＿＿＿＿＿＿＿＿＿

◎ Disability Certificates

Certificate of Intellectual Disability (*Ai-no-Techo*)	The 1st Grant	Date: Year	/ Month	/ Day	< A1 A2 B1 B2 >	
	The present Grant	Date: Year	/ Month	/ Day	< A1 A2 B1 B2 >	
	The next Grant	Date: Year	/ Month	/ Day	< A1 A2 B1 B2 >	
Physical Disability Certificate	The 1st Grant	Date: Year	/ Month	/ Day	Disability Visual / Hearing / Limbs	
	The present Grant	Date: Year	/ Month	/ Day		
	The next Grant	Date: Year	/ Month	/ Day		
Mental Disability Certificate	The 1st Grant	Date: Year	/ Month	/ Day		
	The present Grant	Date: Year	/ Month	/ Day		
	The next Grant	Date: Year	/ Month	/ Day		

APPLICATION - FORM 1

◎ **Regarding Medical Care, etc.**

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

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

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

☐ father ☐ mother ☑ older brother ☑ older sister ☑ younger brother

☑ younger sister ☑ others ( ) Ex) ☑½ older brother

APPLICATION - FORM 1

◎Child's Development ※Fill out the form with reference to your mother and child's handbook.

（1）Length of pregnancy	weeks
（2）Weight at birth	grams
（3）When was your child able to hold up their head?	Age: years months
（4）When did your child stand while holding on?	years months
（5）When was your child able to walk?	years months
（6）When did your child start toilet training?	years months
（7）When did your child stop wearing diapers?	years months
（8）Has your child ever been seriously ill?	years months (illness:)
（9）Has your child ever had convulsions?	years months
（10）Has your child ever had a brain scan?	Yes (years months) / None
（11）Has your child ever been in hospital for 6 months or longer?	years months (illness:)

（12）Were any points raised about your child at their 18-month-old checkup? Yes / No
（Points raised: _____）
（Actions taken: _____）

（13）Were any points raised about your child at their 3-year-old checkup? Yes / No
（Points raised: _____）
（Actions taken: _____）

（14）Please circle all conditions that apply to your child.

① Allergies ② Asthma ③ Prone to diarrhea
④ Prone to constipation ⑤ Prone to vomiting ⑥ Prone to headaches
⑦ Prone to fever ⑧ Prone to a cold ⑨ Prone to tinnitus

Do you have any other concerns about your child's health?

APPLICATION - FORM 1

◎Your child's current condition

<table>
<tr><td rowspan="6">Daily Life</td><td rowspan="5">Eating</td><td colspan="2">Independent • Partially independent • Needs help • Incapable</td></tr>
<tr><td>Eccentricities</td><td>None • Yes
（　　）</td></tr>
<tr><td>Allergies</td><td>None • Yes
（　　）</td></tr>
<tr><td>Style of food</td><td>Regular • Sliced • Mashed • Other
（　　）</td></tr>
<tr><td colspan="2">< Details ></td></tr>
<tr><td rowspan="2">Dressing</td><td colspan="2">Independent • Partially independent • Needs help • Incapable</td></tr>
<tr><td colspan="2">< Details ></td></tr>
<tr><td rowspan="2">Toilet</td><td colspan="2">Independent • Partially independent • Needs help • Incapable</td></tr>
<tr><td colspan="2">< Details ></td></tr>
<tr><td rowspan="5">Language
(expression)</td><td colspan="3">Easily • Limited (2 or 3 words) • Limited (single words) • Incoherent words • Incapable</td></tr>
<tr><td>When did they start speaking?</td><td colspan="2">Age:　　years　　months</td></tr>
<tr><td>When did they start speaking 2 to 3 word sentences?</td><td colspan="2">Age:　　years　　months</td></tr>
<tr><td>Do you have any concerns about the current spoken language of your child?</td><td colspan="2">Yes　•　No</td></tr>
<tr><td colspan="3">Please describe in detail about the language (expression).</td></tr>
<tr><td>Language
(understanding)</td><td colspan="3">Easily • Limited (2 or 3 words) • Limited (single word) • Incoherent words • Incapable
Please describe what you are doing to communicate to your child.</td></tr>
</table>

Has your child ever lived in a non-Japanese language environment? Yes • No

Yes→ Term（Age:＿＿＿＿～Age:＿＿＿＿）

Please let us know the status of your child's communication in Japanese.

[　　]

<table>
<tr><td rowspan="2">Movement</td><td colspan="3">Independent • Partially independent • Needs help • Incapable</td></tr>
<tr><td colspan="3">Please describe how your child gets around and any considerations you need to make for your child.</td></tr>
<tr><td rowspan="2">Group Activities</td><td colspan="3">Possible • Partial participation (possible with support) • Difficult</td></tr>
<tr><td colspan="3">If you circled "Partial participation (possible with support)" or "Difficult", please describe your specific situation.</td></tr>
<tr><td rowspan="5">Vision</td><td>Vision</td><td>Unaided eyes R（ ）• L（ ）
Corrected vision R（ ）• L（ ）</td><td>Uses glasses
Yes • No</td></tr>
<tr><td>Color-blindness</td><td colspan="2">Yes • No</td></tr>
<tr><td>Strabismus</td><td colspan="2">Yes • No</td></tr>
<tr><td>Diseases, etc.</td><td colspan="2"></td></tr>
<tr><td colspan="3">Please describe any other concerns about your child’s vision.</td></tr>
<tr><td rowspan="2">Hearing</td><td colspan="2">Normal • Deafness
Unaided ears R（ ）• L（ ）
Corrected hearing R（ ）• L（ ）</td><td>Wears hearing aid Yes • No
Cochlear implant Yes • No</td></tr>
<tr><td colspan="3">Please describe any other concerns about your child’s hearing.</td></tr>
<tr><td>Dominant Hand</td><td colspan="3">Right-handed • Left-handed • Undifferentiated</td></tr>
<tr><td>Medical Care</td><td colspan="3"></td></tr>
<tr><td>Favorite things to do

Interests</td><td colspan="3">Details.</td></tr>
<tr><td>Things your child is good at

Strengths, etc.</td><td colspan="3">Details.</td></tr>
</table>

APPLICATION - FORM 1

Do you have any concerns about your child's current condition? Yes • No If "Yes", please check the appropriate box for each of the following	
① It's hard to make eye contact.	Often ・ Sometimes
② He/she is very shy.	Often ・ Sometimes
③ He/she may shout loudly and out of place.	Often ・ Sometimes
④ Memorizes only certain things, such as kanji, symbols, station names, etc.	Often ・ Sometimes
⑤ Makes vigorous movements, is restless and acts impulsively.	Often ・ Sometimes
⑥ Hits and bites parts of his/her own body.	Often ・ Sometimes
⑦ Puts non-food items in his/her mouth.	Often ・ Sometimes
⑧ He/she doesn't understand instructions and restrictions.	Often ・ Sometimes
⑨ Unable to act in accordance with his/her surroundings.	Often ・ Sometimes
⑩ Unable to act in response to location or changes.	Often ・ Sometimes
⑪ Flutters his/her palms or paper.	Often ・ Sometimes
⑫ He/she has an obsession with certain things and matters. （What kinds of things? ）	Often ・ Sometimes
⑬ He/she is clumsy or awkward.	Often ・ Sometimes
⑭ He/she repeats the things he/she or others say.	Often ・ Sometimes
⑮ Aggressiveness.	Often ・ Sometimes
⑯ He/she has sensory overload. （What kinds of things cause it? ）	Often ・ Sometimes

◎ Please describe what you would like to discuss and what is on your mind.

※The materials will be handled properly in accordance with Yokohama City Information Disclosure, Yokohama city's Personal Information Protection Ordinance.