

To parents/guardians of new 1st graders starting in April 2027

Communicate Your Child's Personality

TULIP SHEET



What is Tulip Sheet?

Each child is unique and full of potential. They show their individuality in many ways, such as how they take interest in things, what they are particular about, and how they interact with friends. Let's use this sheet to think together with the school to consider any support or accommodations your child may need after entering school so that they can enjoy a happy and fulfilling school life.

Chance

A Chance to Learn
What You Need
Before Enrollment

Challenge

Improve Daily Life
with Awareness of
School Life.

Change

Improve the
Environment you
Find Challenging

Enter child's name, and other information

furigana		Gender	Date of Birth
Name			Year / Month / Day / /

From filling out to submitting the Tulip Sheet

Tulip Sheet will be mailed by post to each family.

Fill out the Tulip Sheet at home.

If you have any questions or concerns about how to fill out, please inquire us at the contact below.



Bring it on the day of the health checkup for entering school, and be sure to submit it to the school.

- * If you could not attend the health checkup on the day of checkup, please be sure to bring this sheet with you on the day of the admission briefing, which will be held from late January to February.
- * If you are enrolled in a special needs school, or similar school, contact the special needs school in advance to set up a date and bring the sheet with you.
- * As a general rule, the school will retain these sheets until the end of the school year in which the student is admitted.
- * This sheet will be used by the school to which it is submitted to understand the child's living situation. The sheet will not be returned. If you also need to submit it to an after-school childcare center or similar facility, please make copies at home as necessary before submitting it to the school.

Inquiries:

Support Management Section, Child Support Center Genki
Adachi City

Tel. : 03-5681-0134 (direct) FAX : 03-3852-2864



確 認 印	校長	担任

1. Please fill in what you would like the school to know about growth and development.

(1) Your child's situation

For each item, please enter the circle(○) in either box of "Can do" or "Has difficulty. If the answer is "Has difficulty," please briefly describe about child's specific situation.

	State of child	Can do	Has difficulty	Specific situation
1	Can use the toilet independently for both urination and defecation			
2	Can eat a variety of foods without picky eating			
3	Can change clothes and put them away independently			
4	Can read his/her own name written in hiragana			
5	Can answer questions such as "What did you do today?" by recalling the events			
6	Can listen to and understand what the parent/guardian is saying until the end			
7	Can wait for his/her turn on the swing in the park, even when two or three children are ahead			
8	Able to say independently such as "Can I borrow?", "Let me join", "I'm sorry," and "Thank you"			
9	Able to convey to you that he/she is in trouble using words such as "I don't understand" or "Tell me", etc.			
10	Can enjoy playing tag and other games with friends while following the rules			
11	Can communicate thoughts and feelings in words with friends			
12	Can act based solely on verbal instructions during an earthquake, other disasters, or emergency evacuation			

(2) Please indicate your child's physical condition.

① Major illnesses and injuries ever had
② Matters to be considered other than above (medication, exercise restrictions, allergy, etc.)

(3) Child's situation at home

① What your child is good at	② Things that you worry about your child
③ Things you keep in mind when playing and in daily life	④ Things you take it important in life with your child

(4) Application for school placement consultation

For school placement consultation at Child Support Center, Genki () <u>I have applied or plan to apply.</u> () I have not applied.

(5) If there are brothers or sisters at the school where you wish to be enrolled, please fill them in.

Name	Relationship	School Grade, Class
		School Grade / Class
		School Grade / Class
		School Grade / Class

2. Enter the name of the pre-school facility where your child is currently attending (such as an accredited kodomoen, kindergarten, nursery school, medical treatment and education facility, or medical institution). Also, if there are any organizations (health center, medical institution, etc.) that you are consulting with regarding developmental matters or similar matters, please enter the name.

Facility name		
Date of enrollment to school Year Month Day	Tel. No.	
Name of consulting organization	Tel. No.	

3 Name of Parent (Guardian)

Name of Parent (Guardian)		Relationship with child	Contact Tel. No.	Home	
				Emergency Contact (Mobile, etc.)	

Schools use this sheet when consulting with relevant organizations (medical, health, welfare, education, pre-school facility, and medical treatment and education facility).

(I agree • I do not agree)