Support Staff Handover Sheet

Use this sheet to share information smoothly and keep support consistent when support staff change or when several organizations work together. It can also be helpful for parents and support staff to complete and review it together.

(1) Basic Information

Handover date			
Handed over from (organization, name, contact)			
Handed over to (organization, name, contact)			
Child's name			
Reason for handover			

(2) The Child's Strengths, Good Qualities, and Likes

Item	Specific episodes and situations
Good points and wonderful qualities	
Strengths, likes, and interests	
Situations and environments where the child does their best	
What helps the child feel safe and relaxed	
Other positive qualities	

(3) Support Needs and Difficulties

Item	Specific episodes and situations
Areas needing support or accommodation (daily life, learning, behavior, communication, etc.)	
Difficulties and common sources of anxiety	
Situations in which the above support is needed	
Things to watch for or avoid	
Other points to note in support	

(4) Support Provided So Far, Its Effects, and Next Steps

Area / setting	Support provided and approach (issue and response)	Effect and the child's response	Next steps
(e.g., for difficulty A in learning)	(e.g., gave prompts using method B and used learning material C)	(e.g., stayed focused; smiled)	(e.g., continue method B and move on to step D)

Daily Life Schedule: Day

Recording daily rhythms, weekly patterns,
and yearly events helps your child know what to expect and supports health management.

Time of day	Weekdays (school/facility days): activities, medical care, etc.	Days off (at home, etc.): activities, medical care, etc.	Sleep, meals, toileting, etc.
Wake-up to morning			
Morning			
Around lunch			
Afternoon			
Late afternoon to dinner			
After dinner to bedtime			

Daily Life Schedule: Week

Time of day	Morning	Afternoon	After returning home, evening	Notes (lessons, hospital visits, home helper, etc.)
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				
Typical weekday				
Typical day off				
Other notes on daily routines				

Daily Life Schedule: Year

Month	Main plans and events (birthdays, school events, hospital visits, family trips, etc.)	Things to look forward to / things needing extra care
Jan		
Feb		
Mar		
Apr		
May		
Jun		
Jul		
Aug		
Sep		
Oct		
Nov		
Dec		

Diagnosis and Treatment History

Record the main diagnoses to date, the course of treatment, test results, and so on.

No.	Diagnosis	Date of diagnosis	Diagnosing institution, doctor	Main treatment and course (surgery, medication, rehabilitation, etc.)	Main test results, findings, current status, treatment plan	Notes
1		/ /				
2		/ /				
3		/ /				
4		/ /				
5		/ /				
6		/ /				
7		/ /				
8		/ /				
9		/ /				
10		/ /				

Current Medications

Record the medications your child is currently taking.

No.	Drug name (generic / brand)	Form (tablet, powder, liquid, inhaled, topical, etc.)	Dose, concentration	Directions (times per day, when, how)	Start date	Purpose, effect	Side effects (if any)	Prescribing institution, doctor	Notes
1					/ /				
2					/ /				
3					/ /				
4					/ /				
5					/ /				
6					/ /				
7					/ /				
8					/ /				

Immunization Record

Attaching a copy of the immunization pages of the Maternal and Child Health Handbook is enough.
There is no need to copy everything onto this sheet. Notes such as a vaccination missed because your child was unwell may prove useful later.

Vaccine	1st dose: date 1st dose: clinic	2nd dose: date 2nd dose: clinic	3rd dose: date 3rd dose: clinic	Booster: date Booster: clinic	Date of infection	Notes (allergies, etc.)
BCG	/ /	—	—	—	/ /	
DPT-IPV (4-in-1)	/ /	/ /	/ /	/ /	/ /	
IPV (inactivated polio)	/ /	/ /	/ /	/ /	/ /	
MR (measles-rubella)	/ /	/ /	—	—	/ /	
Japanese encephalitis	/ /	/ /	/ /	/ /	/ /	
Hib	/ /	/ /	/ /	/ /	/ /	
Pneumococcal (pediatric)	/ /	/ /	/ /	/ /	/ /	
Varicella (chickenpox)	/ /	/ /	—	—	/ /	
Hepatitis B	/ /	/ /	/ /	—	/ /	
Rotavirus	/ /	/ /	/ /	—	/ /	
Mumps (optional)	/ /	/ /	/ /	/ /	/ /	
Influenza (yearly)	/ /	/ /	—	—	/ /	
COVID-19	/ /	/ /	/ /	/ /	/ /	

Physical Condition and Psychological/Behavioral Characteristics

Record regularly measured physical data to help track growth and changes in health.
An app or a copy of the Maternal and Child Health Handbook is fine; there is no need to copy the values here.

Date	Height (cm)	Weight (kg)	Head (cm)	Chest (cm)	Waist (cm)	Temp. (°C)	BP (sys/dia, mmHg)	Pulse (/min)	SpO2 (%) usual	Mood / energy
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At School

These reference items are for recording what support staff and parents notice about the child's learning at school. Use them to summarize points to observe when planning support, and the support that has worked.

(1) Listening

Examples of observations: mishears words (e.g., confuses similar-sounding words); misses parts of what is said; can follow when spoken to one-on-one but not in a group; has difficulty understanding instructions; has difficulty with discussions (cannot follow the flow of conversation); other (related to listening)

(2) Speaking

- [ ] Has difficulty speaking at a suitable pace (halting, too fast, etc.)
- [ ] Gets stuck on words
- [ ] Strings words together or speaks in short sentences with little content
- [ ] Has difficulty speaking in a logical order (e.g., says things as they come to mind)
- [ ] Has difficulty getting a message across clearly
- [ ] Has difficulty pronouncing some sounds because of cleft palate

(3) Reading

- [ ] Misreads new or unfamiliar words and phrases
- [ ] Skips or rereads words or lines
- [ ] Reads aloud slowly
- [ ] Guesses or changes words when reading (e.g., reads "went" as "was")
- [ ] Has difficulty grasping the main points of a text

(4) Writing

- [ ] Has difficulty forming letters evenly (uneven shape or size, cannot write in a straight line)
- [ ] Forms letters in an unusual order / has difficulty learning the correct way to form letters
- [ ] Makes mistakes in the small details of letters
- [ ] Leaves out punctuation or uses it incorrectly
- [ ] Can write only short compositions or sentences in fixed patterns

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(5) Arithmetic, Thinking, and Acting

- [ ] Struggles with carrying and borrowing in calculations
- [ ] Has difficulty lining up place values in written calculations
- [ ] Has difficulty memorizing multiplication tables or doing simple mental arithmetic
- [ ] Has difficulty reading shapes and graphs
- [ ] Has difficulty telling the time on a clock
- [ ] Has difficulty understanding cause and effect (e.g., "X happens because of Y")
- [ ] Has difficulty predicting what will happen next from several pieces of information
- [ ] Has difficulty understanding hidden meanings in texts or conversations, or other people's intentions
- [ ] Has difficulty planning ahead and tends to act without a plan

※ Source: MEXT survey of students in regular classes who need special educational support (in Japanese)

https://www.mext.go.jp/content/20230524-mext-tokubetu01-000026255_01.pdf



Sharing Family Thoughts, Concerns, and Strategies

This sheet is for sharing what your family feels day to day, and the strategies and concerns you have in raising your child. Fill in only what you comfortably can, and use it as a starting point for conversations with support staff.

(1) About You as a Parent

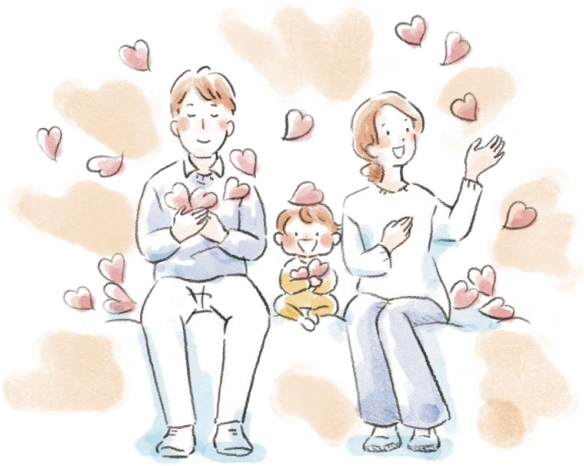
We prepared this section in the hope that it helps you look back on your own everyday efforts and, if needed, becomes a first step toward getting support for yourself. If any of the following apply to you, please feel free to write about how you feel.

Note: This section is optional. Please use it whenever it is helpful.

- Do you find enjoyment and joy in raising your child?
- Do you have someone to talk to about parenting? (If so, who?)
- Do you have someone who helps with parenting? (If so, who?)
- Do you feel tired or burdened by parenting?
- Do you have chances to take a break, or ways to relieve stress? (If so, what are they?)
- Other thoughts, worries, or support you would like regarding parenting

(2) Record of Family Concerns, Strategies, and Coping

Item	Details (concerns, strategies at home, how you handled hard moments, happy moments, etc.)
Child's health	
Child's development and learning	
Child's behavior and emotions	
Siblings (how you spend time with them, etc.)	
Family plans for the future	
Working with support staff	
Other	



Daily Medical Care (if applicable)

Complete this sheet if your child needs special medical care or procedures daily or frequently. By recording not only the procedures but also safety precautions and emergency responses, we aim to help your child live each day with peace of mind, even if something unexpected happens.

Procedure	Details, steps, frequency	Supplies, manufacturer, size	Replacement, management	Precautions, emergency response	Notes, responsible hospital
IV management ☐ Regularly ☐ Frequently ☐ In Emergencies Only					
Central venous nutrition (TPN) ☐ Regularly ☐ Frequently ☐ In Emergencies Only					
Dialysis ☐ Regularly ☐ Frequently ☐ In Emergencies Only	times / week				
Stoma: site / type ☐ Regularly ☐ Frequently ☐ In Emergencies Only					
Oxygen therapy ☐ Regularly ☐ Frequently ☐ In Emergencies Only		Manufacturer:			
Ventilator ☐ Regularly ☐ Frequently ☐ In Emergencies Only		Manufacturer: Size: Fr			
Tracheostomy care ☐ Regularly ☐ Frequently ☐ In Emergencies Only	Cannula: ☐ Yes ☐ No Type: Change frequency: Hospital for changes:				
Pain management ☐ Regularly ☐ Frequently ☐ In Emergencies Only					
Suctioning(site: mouth, nose,trachea, etc.) ☐ Regularly ☐ Frequently ☐ In Emergencies Only	times／ days, etc.	Tube size: Fr			
Airway ☐ Regularly ☐ Frequently ☐ In Emergencies Only		Size:			

Procedure	Details, steps, frequency	Supplies, manufacturer, size	Replacement, management	Precautions, emergency response	Notes, responsible hospital
Monitoring (e.g., oxygen saturation, blood pressure, heart rate) ☐ Regularly ☐ Frequently ☐ In Emergencies Only	Usual values (approx.):				
Urinary catheter ☐ Regularly ☐ Frequently ☐ In Emergencies Only	Indwelling / Condom-type / Other: Size: inch / Fr Purified water: cc	Catheter size: Fr			
Intermittent catheterization ☐ Regularly ☐ Frequently ☐ In Emergencies Only	Scheduled ／ As needed				
Pressure sores (bedsores) ☐ Regularly ☐ Frequently ☐ In Emergencies Only	Site:				
Repositioning ☐ Regularly ☐ Frequently ☐ In Emergencies Only					
Shunt ☐ Yes (site: head / other:) ☐ No	Hospital to contact if problems arise:				
Tube feeding (gastric / duodenal tube) ☐ Regularly ☐ Frequently ☐ In Emergencies Only	Total per day: Amount per feed: Feeds per day: Feeding time:	Tube size: Fr Insertion length: mm Drip rate:	Position during feeding:	Hospital for tube changes:	
Gastrostomy / enterostomy ☐ Regularly ☐ Frequently ☐ In Emergencies Only	Total per day: Amount per feed: Feeds per day: Feeding time:	Type: Size:	Position during feeding:	Hospital for tube changes:	
Fluid supplementation ☐ Regularly ☐ Frequently ☐ In Emergencies Only		Method: Amount: cc/day			
Other (name:) ☐ Regularly ☐ Frequently ☐ In Emergencies Only					
General precautions for safe care					

Helping Your Child Understand Their Own Body and Mind

Telling your child the name of their condition, what is happening, and what may happen can be a very difficult step for families, and many parents struggle with it. We hope this sheet helps you organize your thoughts as a first step toward moving forward little by little, working with support organizations as needed.

What you have talked about with your child so far

What you would like to talk about in the future, and what you are unsure about

[If you have told people other than your child (e.g., school, relatives, friends)]	
Who you told (whom, and how much)	
Why you told them	
What changed afterward: what went well, what was difficult	
[If you have not told anyone yet, or are considering it]	
Reasons for not telling (e.g., too early, not felt necessary, unsure how to explain)	
Your thoughts and concerns about telling	
Are you talking with anyone about this?	With whom:

Systems That Protect Your Child's Rights

Please consider these for the future, as needed.

Use of the adult guardianship system	☐ Petition filed ☐ Considering ☐ Not planning to file

Item	Status and details
[If a petition has been filed]	
Type	☐ Guardianship ☐ Curatorship ☐ Assistance
Date of appointment	. .
Name of guardian	
Relationship / affiliation	
Address	
Phone	
[If considering]	
Reasons for considering	
Possible guardian, if any (name, relationship, contact)	
Professionals or organizations consulted (lawyer, judicial scrivener, social welfare council, etc.)	
[If not planning to file]	
Reason	
Use of other support programs (e.g., Daily Life Independence Support Program)	



Sheet for Recording Your Wishes for Your Child's Future

Write down the important thoughts and information you want to pass on to your child and their support staff in the future.

Suggested topics / Write in any format you like

Messages to your child

- Your gratitude that your child was born
- Your most treasured memory so far
- What you hope your child will value in life
- Your hope that your child will keep doing what they love and are good at

Requests to support staff

- What you especially want them to understand about your child
- What you want them to keep in mind when working with your child
- People or organizations your child should turn to when in difficulty

Your child's future life

- Where, with whom, and how you hope your child will live (group home, living alone, living with relatives, etc.)
- Hopes for daytime activities (work, day care services, hobbies, etc.)
- Health matters that need special attention
- What you hope your child will keep enjoying and finding meaning in

Parenting Record: For Families

Date	Events	Thoughts and messages

Parenting Record: For Support Staff

Date	Events	Thoughts and messages