

Osaka Prefectural High School

# High School Student Support Form

Osaka Prefectural OO High School

Becoming a high school student in a new environment can be both exciting and challenging. While having expectations about meeting new people and taking classes that new students have never experienced before, they may have concerns about being successful at a new school. This form has been made to ease such concerns by gathering information about new students' background and possible challenges.

It will be utilized to enhance the effectiveness of guidance and support for new students through school counseling, career guidance, and so on. If necessary, individual educational support plans will be made accordingly.

Student name	
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※ Please keep this folded.

※ Please write your name above and on the next page.

Student name: \_\_\_\_\_

(for school use only)

Junior high school : \_\_\_\_\_

Guardian name: \_\_\_\_\_

Date: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Grade	1	2	3		
Class					
No.					

( to be completed by the student )

**I Personal Goals**

1 Relationships and work

(circle the number which describes your feeling the most)

**【Relationships with others】**

A

1	2	3	4
1	2	3	4
1	2	3	4

B

- I would like to make friends with many people.
- I act by referring to the opinion of others.
- When in trouble, I ask others for advice.

- I would like to make friends with a limited number of people.
- I act by thinking for myself .
- When in trouble, I try to solve problems by myself.

**【About your future work】**

A

1	2	3	4
1	2	3	4
1	2	3	4

B

- I would like to try many new things.
- I would like to work in a place where I meet a lot of people every day.
- I would like to utilize my abilities in my future career .

- I would like to master one specific thing.
- I would like to work in a place where I meet the same people every day.
- It does not matter whether I can utilize my abilities in my future career.

what numbers indicate

- 1. I strongly agree with opinion A .
- 2. I agree with opinion A .
- 3. I agree with opinion B.
- 4. I strongly agree with opinion B

2 Please choose one sentence which best describes you. \*Check  the box below.

- I am able to listen to teachers and understand them.
- I am able to finish tasks, and assignments, etc.
- I am able to make plans and presentations.

3 Please choose what your plans are after graduating from high school.

\*Check  the box below.

- Go to a university or college
- Get a job
- Not decided yet
- Other(s) ( \_\_\_\_\_ )

(to be completed by a guardian)

**II Community Involvement**

1 Was your child in any community organization previous to high school ?

(Check all that apply.)

- Educational community( sports club, a cram school, etc. )
- Local community (children’s association, other organizations, etc.)
- Welfare related community (welfare agency, volunteer organization, etc. )
- Hospitals and other medical institutions

\*Please write what kind of activities your child joined.

(to be completed by the guardian) III Student Safety

(Check all that apply.)

1 What may make your child uneasy in high school ?.

- Grades Failure in an examination Graduation
- The course after graduation Relationships with friends Communication
- Bullying Attending school Being late for school Absence Homework
- Failing to bring homework, textbook, etc. School discipline
- Other(s) ( )

2 Did anything happen which made your child uneasy or kept him/her from coming to school in the past?

Yes No \*If you check Yes, please specify.

3 Do you wish to request counseling by a high school counselor?

Yes No \*If you check Yes, please outline your consultation below.

4 Do you wish for your child to have support in his/her daily activities at school ?

Yes No \*If you check Yes, please write in detail below.

5 Do you wish for your child to have support in his/her studies at school?

Yes No \*If you check Yes, please write in detail below.

6 Does your child need to have support due to physical challenges, etc. ?

Yes No My child already has an individual educational support plan.

The contents of support (Check all that apply.)

- Toilet Meals Changing clothes Relationships with friends What to wear
- Others)

\*Please write in detail below.

7 Please write about what your child's strength and accomplishments are.