

School Name:

Name:

☆Life Support Sheet

Please update your information on this sheet every 3 years, and share it with relevant organizations.

Date of Entry:

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*What should we do in order to get closer to our aspirations? Let us know what you think!



A. School Life

B. Surrounding Area (playgrounds, etc.)

♡Family and their Kids' wishes

What kind of life do you want to lead?

D. Welfare, Medical Care, and Consultation on Institutions

(Please tell us the names of the welfare service, consultation organization, or medical institution you have used before)

C. Family / Parents



●Please tell us what you have discussed with your school about your child's future plan.