



**Manitoba Outreach Services for Students  
who are Deaf and Hard of Hearing**

242 Stradford Street, Winnipeg, Manitoba R2Y 2C9  
 Attention: Kathy Solmundson: [ksolmundson@msd.ca](mailto:ksolmundson@msd.ca) Fax : 945-1767

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## SCHOOL REQUEST FOR CONSULTATION

**PLEASE COMPLETE THIS FORM AND SEND IT TO YOUR DIVISION STUDENT SERVICES ADMINISTRATOR FOR SIGNATURE**

**PLEASE PRINT:**  
 Name of School \_\_\_\_\_ DIVISION \_\_\_\_\_  
 Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_  
 Contact Person at the School \_\_\_\_\_ Phone \_\_\_\_\_  
 Position \_\_\_\_\_ Email \_\_\_\_\_  
**REASON FOR REQUEST:** \_\_\_\_\_

SERVICES FOR SCHOOL STAFF	SERVICES FOR INDIVIDUAL STUDENT
American Sign Language Support ____	American Sign Language Support ____
Deaf Culture ____ Deaf Personnel ____	Deaf Culture ____ Deaf Personnel ____
Hard of Hearing Personnel ____	Hard of Hearing Personnel ____
First Nations Personnel ____ EAL ____	Social / Emotional Support ____
ASL Interpreting ____ Computerized Note-taking ____	First Nations Personnel ____ EAL ____
ASL Skills Assessment for EAs ____	ASL Interpreting ____ Computerized Note-taking ____
Cochlear Implant ____ Technology ____ Amplification ____	Cochlear Implant ____ Technology ____ Amplification ____
Videoconferencing ____ Special Needs Student ____	Videoconferencing ____ Special Needs Student ____
Classroom / Curriculum Adaptations ____	Speech/Language Programs ____ Other ____
Speech/Language Programs ____ Other ____	

**PARENT SIGNATURE REQUIRED FOR INDIVIDUAL STUDENT SERVICES:**  
 STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 Classroom Teacher \_\_\_\_\_ Educational Assistant/Interpreter \_\_\_\_\_  
 PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
**\*\* PLEASE ATTACH A COPY OF STUDENT'S RECENT AUDIOGRAM \*\***

Manitoba Education and the Manitoba School for the Deaf offer specialized help to students and families. One or more of our Outreach Team members may become involved in assisting with specific needs. Information will be shared with you. We partner with school personnel and provide them with verbal and written information to assist in programming and in understanding the student's needs. Statistical information may be collected on a periodic basis. All identifying information will be kept confidential.

**PLEASE REMEMBER TO COMPLETE PAGE TWO (SIGNATURES REQUIRED)  
AND ATTACH RECENT AUDIOGRAM (WITH PARENT PERMISSION) – THANK YOU!**

## SURVEY RE: SERVICES AVAILABLE RELATED TO STUDENTS WHO ARE DEAF AND HARD-OF-HEARING

The Manitoba Outreach Team would like to enhance support and resource materials available to schools throughout the province. It might be helpful to review resources currently available in your school. Please complete the survey below by checking all columns that apply and return it to your student services coordinator with your request (page 1). If you have questions, please contact Kathy Solmundson at [ksolmundson@msd.ca](mailto:ksolmundson@msd.ca), Fax: 945-1767.

**Please indicate below the student's form of communication:**

ASL	SPOKEN ENGLISH	NON-VERBAL (AUGMENTATIVE)

**Our school has access to the following:**

SUPPORT PERSONNEL	HAVE	NEED MORE INFO
Consultant / Teacher of the Deaf and Hard of Hearing		
Educational Interpreter Consultant		
Support from Deaf Personnel		
ASL/English Interpreter		
Signing Educational Assistant		
Educational Assistant (non-signing)		
Computerized Note-Taker		
One-to-One Tutoring Available		
Clinicians (Speech-Language Pathology, Psychology, Social Work, Reading Clinician, Behavior Team)		
Other:		
RESOURCES	HAVE	NEED MORE INFO
Information (Articles, Presentations) on working with a Deaf or hard of hearing student		
Personal FM System		
Sound Field System (FM or infrared)		
Videoconferencing		
Computerized note taking equipment		
Augmentative Communication (Boardmaker, laptop)		
American Sign Language Club		
ASL Classes /ASL Challenge for Credit		
Canadian Dictionary of ASL		
American Sign Language Books, CD's, DVD's		
Other:		

**PLEASE REMEMBER TO ATTACH RECENT AUDIOGRAM (WITH PARENT PERMISSION).**

\_\_\_\_\_  
Please Print Name of Person Making Request / Position

\_\_\_\_\_  
Principal's Signature

**Student Services Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_