



Education

Manitoba School for the Deaf
242 Stradford Street
Winnipeg, MB R2Y 2C9
T 204 945-8934 F 204 945-1767

**MANITOBA SCHOOL FOR THE DEAF
VISIT REQUEST FORM**

Visitor Contact Information

Name: _____

Address: _____

Telephone: _____

Email: _____

What is the reason for your visit?

Please check (✓) what would you like included in your visit and, based on our school's availability, we will try our best to accommodate your request.

- ___ School Tour
- ___ Classroom Observation – please provide Grade Level _____
- ___ Meeting with Staff Resources to gather information regarding
 - ___ Audiology
 - ___ Speech/Language Pathology
 - ___ Deaf Culture
 - ___ Literacy Support
 - ___ Technology
- ___ Presentation of Manitoba School for the Deaf DVD
- ___ Information on Related Careers (please include name of high school and what your career goal is)

VISITOR PARTICIPANTS

Students

<u>Name</u>	<u>Age</u>	<u>Grade</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Adults

<u>Name</u>	<u>Title</u>
1. _____	_____
2. _____	_____
3. _____	_____

Group

<u>Name</u>	<u>Number of People</u>
_____	_____

Our schedule fills very quickly due to the volume of requests we receive. All requests should be received a minimum of 2 weeks in advance of your first preferred date.

Please provide four possible dates in order of preference:

<u>Date</u>	<u>Time of Arrival and Departure</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

MSD CONTACT PERSON: Darlene Scott, Administrative Assistant – Telephone: 945-8967; Fax: 945-1767
Email: dscott@msd.ca

OFFICE USE ONLY:
Confirmed Date/Time of Visit: