



Education and Training

K-12 Education Division
Inclusion Support Branch
Manitoba School for the Deaf
242 Stradford Street
Winnipeg, Manitoba, Canada R2Y 2C9
T 204-945-8934 F 204-945-1767
www.edu.gov.mb.ca/k12 www.msd.ca

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

| | |
|---|-------------|
| <u>Name of Person Filling Out the Request</u> | Date: _____ |
| Name: _____ | |
| Relationship to Student: _____ | |
| Address: _____ _____ | |
| Telephone: _____ | |
| Email: _____ (Please Print) | |
| Parents Name (if different than above): _____ | |

Consultant/Outreach Team Member (If Any): _____

VISITOR INFORMATION

Student

| Name | Age | Grade | Mode of Communication: (ASL/Spoken English/Gestures) |
|-------|-------|-------|---|
| _____ | _____ | _____ | _____ |

School Name: _____ School Division: _____

Adults Participating in the Visit

| Name | Title |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

What is the reason for your visit (learn about our school program/consideration of regular visits/potential future placement)?

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
 - Speech/Language Pathology
 - Deaf Culture
 - Literacy Support
 - Technology

Other _____

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. _____ | _____ |

INQUIRIES: Darlene Scott, Administrative Assistant – Telephone: 204-945-8934;
Fax: 204-945-1767 Email: dscott@msd.ca

MSD CONTACT PERSON: Ricki Hall, Principal, Fax: 204-945-1767
Email: rhall@msd.ca

OFFICE USE ONLY:
Confirmed Date/Time of Visit: