



Education and Early Childhood Learning
Student Achievement and Inclusion 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

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

Name of Person Filling Out the Request	Date: _____
Name: _____	
Relationship to Student: _____	
Address: _____ _____	
Telephone: _____	
Email: _____	
Parents Names (if different than above): _____	

Consultant/Outreach Team Member (If Any): _____

VISITOR INFORMATION

Student Name: _____ **Age:** _____ **Grade:** _____

Mode of Communication:

ASL Spoken English Gestures Other: _____

Current School Name: _____ **School Division:** _____

Adults Participating in the Visit

Name	Title
1.	
2.	
3.	

Manitoba School for the Deaf Visit Request Form – Page 2

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:

Date	Time

INQUIRIES: W: www.msd.ca T: 204-945-8934 F: 204-945-1767 E: admin@msd.ca

OFFICE USE ONLY:

Confirmed Date/Time of Visit: