



Beautiful Plains School Division

STUDENTS IN CARE – SCHOOL INTAKE INFORMATION

The following document will be completed by the Placing Agency and forwarded to the Coordinator of Student Services when registering a student. This information will be used to assist in planning to meet the needs of the student in care.

This document contains confidential information and should be managed following the procedures detailed in *Manitoba Pupil File Guidelines* (June 2000).

Date: _____

DATE OF BIRTH

Student: _____

YEAR _____ MONTH _____ DAY _____

Student MET # _____

Present Address: _____

Most Recent School Information

Previous School Division: _____

Last School Attended: _____

Grade: _____

Last date attended in present grade: _____

School Contact Person(s): _____

Position: _____

Phone Number: _____

School Contact Person(s): _____

Position: _____

Phone Number: _____

Relevant information, including reference to any special considerations for educational programming:

Student Information

Areas of interest/strengths (e.g. hobbies, clubs, organizations, cultural interests)

Medical history/needs (e.g. medications, allergies, glasses)

Current doctor: _____ Phone: _____

Please attach a copy of the student’s last report card.

Other relevant educational programming information: _____

Social-emotional history/needs: _____

Placing Agency Information

Placing Agency: _____

Address: _____

Case Manager: _____

Phone: _____

Legal Guardian/Status: _____

Foster Parent(s): _____

Address: _____

Phone: Home: _____

Business: _____

Placement/Guardianship Factors: _____

Expected length of placement (emergency or long-term): _____

Approved for Contact:

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

Relevant home and community information:

Programming Supports / Agency Involvement

If applicable, please supply the following information on currently active supports/programming associated with the child.

Counseling Agency: _____
Address: _____
Contact Name: _____
Phone: _____ Fax: _____

Resource Agency: _____
Address: _____
Contact Name: _____
Phone: _____ Fax: _____

Speech/Language Agency: _____
Address: _____
Contact Name: _____
Phone: _____ Fax: _____

Psychology Agency: _____
Address: _____
Contact Name: _____
Phone: _____ Fax: _____

Psychiatry Agency: _____
Address: _____
Contact Name: _____
Phone: _____ Fax: _____

Mental Health

Agency: _____

Address: _____

Contact Name: _____

Phone: _____ Fax: _____

Probation

Agency: _____

Address: _____

Contact Name: _____

Phone: _____ Fax: _____

Previous youth care agencies (e.g., M.A.T.C., Manitoba Youth Centre, residential care facilities, etc.)

Others (please list)

NOTE: Any information that is not available when the form is completed should be forwarded to the school as soon as possible. It is important that supplementary information be sent to the school as it becomes available.

Submitted by

Date

Placing Agency Social Worker