



# 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:

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Student Information

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

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

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Current doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Other relevant educational programming information: \_\_\_\_\_

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Social-emotional history/needs: \_\_\_\_\_

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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