

SCHOOL REGISTRATION FORM: Children in Care

(Form available at www.manitoba.ca/healthchild/publications)

(Please check off
Authority you
represent)



DEMOGRAPHICS

Name: _____

Date of Birth: _____

MET#: _____ PHIN: _____

Legal Guardian/Agency: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Child and family services worker: _____

Phone Numbers

Office: _____ Mobile: _____

Fax Number: _____ Email: _____

Foster Placement: _____

Mailing Address: _____

Phone Number: _____ Email: _____

CHILD AND FAMILY SERVICES STATUS (Check which best applies, provide date(s))

☐ Voluntary Placement Agreement _____ (date)

☐ Voluntary Surrender of Guardianship _____ (date)

☐ Extension of Care _____ (date)

☐ Apprehension _____ (date)

☐ Supervision Order _____ (date)

☐ Temporary Order of Guardianship to _____ (date)

☐ Permanent Order of Guardianship _____ (date)

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

Approved for Contact:

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

SCHOOL INFORMATION

Last School Attended: _____

Contact Person: _____

Phone Number: _____

Address: _____

Current Grade Attended: _____

Grade Level Functioning (Check description that best applies):

☐ Meets

☐ Exceeds

☐ Below

Relevant Educational Programming Information:

Community supports provided by the agency:

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

Relevant Medical Information:

Additional Information and relevant life situation:

CONTACT DATA AND AUTHORIZATION:

Printed Name of Placing Child and Family Services Worker: _____
Signature of Placing Child and Family Services Worker: _____
Date Signed: _____
Name of Placing Agency Office/Regional Office: _____
Address of Placing Agency Office/Regional Office: _____ _____
Phone # of Placing Child and Family Services Worker: _____

Printed Name of Agency E.D. C.E.O. /Regional Office R.D.: _____
Signature of Placing Agency E.D. C.E.O. /Regional Office R.D.: _____
Date Signed: _____
Address of Placing Agency E.D. C.E.O. /Regional Office R.D.: _____ _____
Phone # of Placing Agency E.D. C.E.O. /Regional Office R.D.: _____

Printed Name of Parent: _____	
Signature of Parent: _____	Date Signed: _____
Printed Name of Student: _____	
Signature of Student: _____ (if 18 or over)	Date Signed: _____

For School/Division Office Use:

Steps	Date	Principal or Designate Signature
Registration Received:		
Intake Meeting (as required):		
Start Date:		
Follow-up/Review Meeting(s) (as required):		

7 Collaborative Planning and Information Sharing Checklist: Change in School

The checklists in section 7 & 8 outline the roles and responsibilities recommended to enhance information-sharing and planning for children and youth in care who are experiencing a transition:

- Section 7: transition to a different school
- Section 8: change in living arrangements.

Checklist for Collaborative Planning and Information Sharing When a Child/Youth in Care Changes Schools

Team Member(s) Responsible	Required Actions	Pending	Date Completed	Signature
Child and family services worker sending school and receiving school	Inform the principal (or designate) and appropriate school staff at the receiving school of the incoming child/youth's circumstances and individual needs, and provide relevant documentation.			
	Inform the principal (or designate) and appropriate school staff at the receiving school of any special supports needed by the incoming child/youth.			
	Work collaboratively with the sending school to support a successful school transition.			
Child and family services worker & Caregiver(s)	Determine any specific school supplies that are required for the child/youth's classes and provide them as soon as possible.			
	Provide school staff with child/youth's updated records: contact information of family members, caregiver(s), child and family services worker and emergency contact.			
	Provide school with information regarding access to family members and others that might impose a risk to the child/youth.			
	Inform appropriate school staff of any safety concerns regarding the taking of videos, photos and any media access.			

Team Member(s) Responsible	Required Actions	Pending	Date Completed	Signature
Receiving School Principal	Contact the sending school's principal to ascertain information about the child/youth's individual needs.			
Receiving School Staff	Contact the sending school and request pupil files (indexed to student's MET#). Complete a file review of faxed material to: <ul style="list-style-type: none"> Determine what services to coordinate for the child or youth (e.g., Individual Educational Plan, Counselling, Resource [special educational services]) Understand the child/youth's strengths, interests and needs (i.e., identify and provide opportunities for extracurricular involvement, learn about the child/youth's personality style, etc.). 			
	Make short-term plans to ensure a smooth transition into the new school setting, such as identifying a mentor to help the child or youth settle into his or her new environment.			
	Provide additional learning resources, as needed, to help the child or youth achieve educational goals.			
	Update and maintain child or youth files/records.			
	Identify any required special needs and apply for appropriate funding as necessary.			
	Provide a list of required school supplies.			

Team Member(s) Responsible	Required Actions	Pending	Date Completed	Signature
Child and family services worker, caregiver(s), and school staff	Provide and sign any necessary release forms from the previous and new schools to share information to enhance planning for the child or youth.			
	Determine needs for support to stabilize the child/youth's comfort and compliance with routines: <ol style="list-style-type: none"> 1. take time to orient and welcome the child or youth and family to the school to establish a sense of belonging 2. familiarize the child or youth with the new school's code of conduct 3. speak directly to classroom teacher(s) about homework and upcoming field trips 4. familiarize themselves and the child or youth with sign-in/sign-out procedures, and attendance expectations 5. familiarize themselves and the child or youth with opportunities to be included in school clubs and other extracurricular activities. 			
	Immediately following registration at the new school: <ul style="list-style-type: none"> • Discuss the child/youth's needs and past strategies and practices • Identify and plan for individualized supports and resources the child needs to ensure a successful transition (e.g., IEP or BIP, and the Child's Care Plan).¹⁰ 			
	Other considerations:			

¹⁰ These supports are in addition to those commonly available to students on an as-needed basis (e.g., counselling, mentoring, peer support). A meeting of a school-based team, including child and family services worker(s) and caregiver(s), is an effective means to support this step.

8 Collaborative Planning and Information Sharing Checklist: Change in Living Arrangement

Checklist for Collaborative Planning and Information Sharing When a Child or youth in Care Changes Living Arrangements

Team Member(s) Responsible	Required Actions	Pending	Date Completed	Signature
Child and family services worker	Inform the principal (or designate) and appropriate school staff at the current school of the incoming child/youth's circumstances and individual needs.			
	Work collaboratively with the sending school to support a successful school transition.			
Child and family services worker & Caregiver(s)	Consult with the school to determine any specific supplies (equipment, appropriate clothing and supplies) that are required for the child/youth's classes and provide them as soon as possible.			
	Update and maintain all of the child/youth's records: contact information of family members, caregiver(s), child and family services worker and emergency contact information. Ensure school is informed of any changes in legal status.			
Child and family services worker and school staff	Give information to the new caregiver(s) to support their ability to provide continuity and compliance with existing school routines (homework, attendance, extra-curricular school or community involvement, etc.) and to help provide stability for the child or youth during this transition.			

Team Member(s) Responsible	Required Actions	Pending	Date Completed	Signature
Child and family services worker, caregiver(s), and school staff	Sign/provide necessary release forms to share information that will be needed to enhance planning for the child or youth.			
	For a child or youth brought into care for the first time, develop short-term plans to ensure a smooth transition for him or her (e.g., identifying a mentor to help the child or youth adjust to new living situation, counselling, peer support, and other services).			
	Discuss the child/youth's needs and education planning required to support his or her successful transition to the new caregivers.			
	Discuss with school staff their observations of the child/youth's adjustment and progress with regard to school life and learning: <ul style="list-style-type: none"> • Is there evidence of peer support? Belonging? • Is the child or youth completing school work? • Is the child or youth meeting his or her educational goals? • Are the current supports (school and home) effective? • If the child or youth is not meeting his or her responsibilities as a member of the school community, what joint actions can be taken to support the child or youth? 			
	Invite community members who have a relationship with the child or youth into the framework of support in a more formal way (i.e., to provide access to leisure activities and school events, such as family reading or after-school sports activities).			
	Document ongoing communication (e.g., log of phone calls, meeting notes, checklists, letters, email, etc.).			
	Other considerations:			



9 Special Needs Categorical Funding Levels 2 & 3 Transfer Notification Form

To be completed by Receiving School Division and submitted with Divisional Summary in October, January, or June

Name: _____

D.O.B.: _____ Student MET Number : _____

Year | Month | Day

Sending School Division: _____

School: _____

Funding: _____

Category

Level

Date funding expires

Receiving School Division: _____

School: _____

Date of Enrolment: _____

Student Start Date: _____

Student Services Administrator's Signature:

Questions? Call the Funding Review Team at:

(204) 945-6064

September, 2010
Manitoba Education