

<b>SUPERVISED ALTERNATIVE LEARNING PLAN (SALP)</b>
Current School:
School Address:

<b>STUDENT INFORMATION</b>		
Name:		
Address/Postal Code:		
Home Telephone No.:	Alternative Telephone:	
OEN:	Date of Birth:	
Age:	Grade:	Gender: Female or Male
Date of SAL Committee Meeting		
Is this a renewal? (Please Check) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Outcome of SAL Committee Meeting:          SALP revised on: _____ Name and Position: _____		

<b>PARENT/GUARDIAN INFORMATION</b>	
Name:	
Address (if different from student's address above)	
Home Telephone (if different from number above):	
Work Telephone:	

<b>PRIMARY CONTACT FOR SAL</b>	
Name:	
Position:	
Name of Principal:	

**Appendix C - Continued**

<b>PEOPLE CONSULTED IN THE DEVELOPMENT OF THE SALP</b>		
Name	Position	Telephone

<b>MONITORING SCHEDULE</b>
Details:

<b>STUDENT'S EDUCATIONAL GOAL(S)</b>	Methods to achieve educational goal(s). Ways in which student's progress will be monitored.
<input type="checkbox"/> Earn Credit(s) <input type="checkbox"/> Earn OSSC <input type="checkbox"/> Earn OSSD <input type="checkbox"/> Enter college/university <input type="checkbox"/> Enter apprenticeship/trades <input type="checkbox"/> Enter the workforce <input type="checkbox"/> Other (specify) <input type="checkbox"/> Other (specify)	

<b>STUDENT PERSONAL GOAL(S)</b>	Methods to achieve educational goal(s). Ways in which student's progress will be monitored.
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

**APPENDIX C – Continued**

<b>DESCRIPTION OF STUDENT'S PROGRAM</b>	
<b>Courses</b> <input type="checkbox"/> Credit <input type="checkbox"/> Non-Credit (e.g. life skills course)	Details: course codes; delivery format (e.g. part-time attendance at regular school or in an alternative education program, cooperative education, e-learning, independent study); location.
<b>Skill Acquisition</b> <input type="checkbox"/> Volunteering <input type="checkbox"/> Earning a certification or taking training for a specific job <input type="checkbox"/> Developing job-search skills <input type="checkbox"/> Developing Essential Skills and work habits and using the Ontario Skills	Details: Description of activities, student's schedule, location.
<b>Passport to Track Achievement</b> <input type="checkbox"/> Working part-time <input type="checkbox"/> Working full-time	
<input type="checkbox"/> Counseling	Details: Frequency of sessions, locations, type (e.g. anger management, substance abuse counseling).
<input type="checkbox"/> Other activities to enable the student to achieve his or her goals.	Details: Description of activities, student's schedule, location.
<input type="checkbox"/> The venues have been visited and found to be appropriate (e.g. they comply with health and safety and accessibility legislations).	
<input type="checkbox"/> No visit was necessary at this time (e.g. the venues are known and considered to be appropriate).	
<b>Transition Plan (Overview to be completed with the application).</b> Overview:	

**Signatures**

\_\_\_\_\_  
Principal \_\_\_\_\_  
Date

I have been consulted in the creation of the Supervised Alternative Learning Plan.

\_\_\_\_\_  
Student \_\_\_\_\_  
Date

I have been consulted in the creation of the Supervised Alternative Learning Plan.

\_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Date

**APPENDIX C - continued**

**Log of Consultation with Parent/Student on SALP and Staff Review/Updating of SALP**

<b>Date</b>	<b>Activity</b> (indicate consultation with parent/student or staff review/updating)	<b>Outcome/Change</b>