



APPENDIX E

Request For the SAL Committee To Renew Supervised Alternative Learning plan

Student's name: _____ Date of birth: _____

OEN: _____ School: _____

Date of initial SAL approval: _____

- Request for renewal of SAL with no changes to the Supervised Alternative Learning Plan*
- Request for renewal of SAL with changes to the Supervised Alternative Learning plan*
- Request for a SAL Committee meeting to review SAL and the Supervised Alternative Learning Plan with the student and parent present

* Written consent of the parent must be obtained. Supervised Alternative Learning may be renewed for a maximum of one year without requiring a new SAL application.

Documents submitted:

- Supervised Alternative Learning plan
 - other documents (e.g., principal's review, report from primary contact, attendance report)
- _____
- _____
- _____

Principal's comments:

Principal's signature: _____ Date: _____

Parent supports renewal of SAL: Yes No

Parent's comments:

I have been consulted on the renewal of SAL and the Supervised Alternative Learning plan.

Parent's signature: _____ Date: _____

Student's comments:

I have been consulted on the renewal of SAL and the Supervised Alternative Learning plan.

Student's signature: _____ Date: _____