



**APPENDIX A**

<b>STUDENT INFORMATION</b>	
Name:	
Address/Postal Code:	
Home Telephone No.:	Alternative Telephone:
OEN:	Date of Birth:
Age:	Grade:
Date of SAL Committee Meeting	
Is this a renewal? (Please Check) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Outcome of SAL Committee Meeting:	
SAL 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 A - Continued**

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

<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"/>	

<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"/> _____	

**DESCRIPTION OF STUDENT'S PROGRAM**

Courses

- Credit
- 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.

Skill Acquisition

- Volunteering
- Earning a certification or taking training for a specific job
- Developing job-search skills
- Developing Essential Skills and work habits

Details: Description of activities, student's schedule, location.

- Counseling

Details:

- Other activities to enable the student to achieve his or her goals:

Details: Description of activities, student's schedule, location.

Employment Opportunity:

- Working part-time
- Working full-time

Location: \_\_\_\_\_

Contact Information:

\_\_\_\_\_

No visit was necessary at this time (e.g. the venues are known and considered to be appropriate).

- The venues have been visited and found to be appropriate (e.g. they comply with health and safety and accessibility legislations).

Transition Plan (Overview to be completed with the application).

Overview:

Date of Review:

End of Semester 1: \_\_\_\_\_

End of Semester 2: \_\_\_\_\_

**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