



SUPERVISED ALTERNATIVE LEARNING PLAN (SALP)

Current school name: _____

Current school address: _____

Student Information

Student name: _____
(first name) (middle name) (last name)

Address: _____ City/Town: _____ Postal code: _____

Home telephone: _____ Alternative telephone: _____

Grade: _____ OEN: _____

Date of birth: _____ Age: _____ Gender: F M

Does student have an Individual Education Plan (IEP)? Yes No

Date of SAL Committee Meeting: _____

Is this a renewal? Yes No

Outcome of SAL Committee meeting:

SALP revised on: _____

Name and position: _____

Parent/Guardian Information

Name(s): _____

Address (if different from student's): _____

Home telephone (if different from student's): _____

Work telephone: _____

Primary Contact for SAL

Name/Position: _____

Name of principal: _____

People Consulted in the Development of the SALP

Name/Position: _____ Telephone: _____

Name/Position: _____ Telephone: _____

Name/Position: _____ Telephone: _____

Name/Position: _____ Telephone: _____

Name/Position: _____ Telephone: _____

Name/Position: _____ Telephone: _____

Monitoring Schedule

Details:

Student's Educational Goal(s)	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): _____ <input type="checkbox"/> Other (specify): _____	
Student's Personal Goal(s)	Methods to Achieve Personal 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 <input type="checkbox"/> credit <input type="checkbox"/> non-credit (e.g., life skills courses)	Details: <i>course codes, delivery format (e.g., part-time attendance at a regular school or in an alternative education program, cooperative education, e-learning, independent study), location</i>
Skill Acquisition <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 Passport to track achievement <input type="checkbox"/> working part-time <input type="checkbox"/> working full-time	Details: <i>description of activities, student's schedule, location</i>
Counselling	Details: <i>frequency of sessions, location, type (e.g., anger management, substance abuse counselling)</i>
Other activities to enable the student to achieve his or her goals	Details: <i>description of activities, student's schedule, location</i>

- The venues have been visited and found to be appropriate (e.g., they comply with health and safety and accessibility legislation).
- No visit was necessary at this time (e.g., the venues are known and considered to be appropriate).

Transition Plan

Overview to be completed with the application. (See Appendix 10 for the detailed transition plan to be completed when the student leaves SAL.)

Overview:

Signatures

Principal Signature

Date

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

Student Signature

Date

Parent/Guardian Signature

Date

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

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