



SUPERVISED ALTERNATIVE LEARNING - Transition Plan

Name of Student: _____

Next destination: _____

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 post-SAL program	
Courses and other learning activities:	Details:

Plan to assist the student in the transition		
Action:	Responsibility:	Timeline:
Action:	Responsibility:	Timeline:
Action:	Responsibility:	Timeline:
Action:	Responsibility:	Timeline:

Signatures

Principal

Date

I have been consulted in the creation of the transition plan.

Student

Date

I have been consulted in the creation of the transition plan.

Parent

Date