



**SUPERVISED ALTERNATIVE LEARNING PLAN (SALP)**

**STUDENT INFORMATION**

NAME:  
 ADDRESS: CITY: POSTAL CODE:  
 HOME PHONE: CELL:  
 DATE OF BIRTH: OEN: GRADE:  
 IEP:  YES  NO AGE: GENDER:  
 SCHOOL: PRINCIPAL:  
 ADDRESS: CITY: POSTAL CODE:

Date of SAL Committee meeting: \_\_\_\_\_

Is this a renewal?  YES  NO

Outcome of SAL Committee meeting:

Expiration date of SALP: \_\_\_\_\_  
*Shall not be later than June 30<sup>th</sup> in the school year to which the plan applies, Reg 374/10, S.9(4).*

**PARENT/GUARDIAN INFORMATION**

NAME:  
 ADDRESS: CITY: POSTAL CODE:  
 HOME PHONE: CELL: WORK:

**PRIMARY CONTACT FOR SAL**

NAME: POSITION:  
 NAME OF PRINCIPAL:

**PEOPLE CONSULTED IN THE DEVELOPMENT OF THE SALP**

NAME/POSITION: PHONE:  
 NAME/POSITION: PHONE:  
 NAME/POSITION: PHONE:  
 NAME/POSITION: PHONE:

**MONITORING SCHEDULE**

DETAILS:

## SUPERVISED ALTERNATIVE LEARNING PLAN (SALP)

### STUDENT'S EDUCATION GOAL(S)

Methods to achieve educational goal(s) and ways in which the student's progress will be monitored.

- Earn credit(s)
  
- Earn OSSC
  
- Earn OSSD
  
- Enter college/university
  
- Enter apprenticeship/trades
  
- Enter the workforce
  
- Other (specify)
  
- Other (specify)

### STUDENT'S PERSONAL GOAL(S)

Methods to achieve educational goal(s) and ways in which the student's progress will be monitored.

- \_\_\_\_\_
  
- \_\_\_\_\_
  
- \_\_\_\_\_
  
- \_\_\_\_\_
  
- \_\_\_\_\_

### DESCRIPTION OF STUDENT'S PROGRAM

Details include 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.

- Credit Course
  
  
- Non-credit Course (e.g. life skills courses)

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### SKILL ACQUISITION

Details include description of activities, student's schedule, location.

- Volunteering
- Earning a certification or taking training for specific job
- Developing job-search skills
- Developing essential skills and work habits and using the Ontario Skills Passport
- Working part-time
- Working full-time

### OTHER

Details include type and description, student's schedule, location.

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

### SITE CHECKS

- 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.

Detailed transition plan to be completed when SAL is terminated.

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent/Guardian:* I have been consulted in the creation of the Supervised Alternative Learning Plan.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_