



TEMPLATE FOR A REQUEST FOR THE SUPERVISED ALTERNATIVE LEARNING (SAL)

COMMITTEE TO RENEW SUPERVISED ALTERNATIVE LEARNING

STUDENT INFORMATION

STUDENT: DATE OF BIRTH:
SCHOOL: OEN:
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'S COMMENTS

Parent supports renewal of SAL: Yes No

I have been consulted on the renewal of SAL and the SALP.

Parent/Guardian Signature: Date:

STUDENT'S COMMENTS

I have been consulted on the renewal of SAL and the SALP.

Student's Signature: Date: