



Supervised Alternative Learning

Date: 2011 10 25 / 2017 02 28 / 2023 04 25

Responsibilities

The Supervisory Officer of Secondary Schools is responsible for the oversight and maintenance of the SAL policy. The school Administration is responsible for operationalization of the SAL procedures.

Expectations

The purpose of the Administrative Procedure is to provide direction to school board staff regarding roles, responsibilities, and processes associated with Supervised Alternative Learning (SAL) including:

1. Administrative procedures that support the SAL process as outlined in the SCCDSB SAL Manual;
2. A Supervised Alternative Learning Plan (SALP) for each student enrolled in SAL;
3. The establishment of a SAL committee with diverse member representation reflecting student need and advocacy;
4. The establishment of compliance within the parameters of Regulation 374/10 and supporting Ministry documents such as Supervised Alternative Learning Policy and Implementation (2010).

Additional Information

The St. Clair Catholic District School Board is committed to the principles of equity and inclusive education, consistent with our Catholic teachings, which value and promote human rights and social justice in all Board policies, programs, guidelines, operations, and practices.

Definitions

Supervised Alternative Learning (SAL) - SAL is provided to students aged 14-17 years of age who require opportunities to receive programming options and supporting resources outside of a traditional school setting as outlined in Regulation 374/10. The program maintains a learning connection between the school, student and parent(s)/guardian(s).

Supervised Alternative Learning Plan (SALP) - The SALP outlines and describes the student's learning activities for a maximum of one school year and includes the following:

- The student's education and personal goals for the short and long term
- The methods by which the student will attempt to achieve these goals
- A description of the student's program

References

Supervised Alternative Learning Policy and Implementation 2010 Education Act, R.S.O. 1990, c. E.2 and Regulations

Ontario Regulation 374/10 - Supervised Alternative Learning and Other Excusals from Attendance at School

Occupational Health and Safety Act, R.S.O. 1990, c. O.1

Workplace Safety and Insurance Board Act, 1997, S.O. 1997, c. 16, Sched. A

Employment Standards Act 2000, S.O. 2000, c. 41

Appendix A
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**PRINCIPAL'S NOTICE OF INTENT TO REFER TO
SUPERVISED ALTERNATIVE LEARNING COMMITTEE**

SAL APPLICATION – PART 1
Section A: Student Data

RETAIN ORIGINAL IN O.S.R.

STUDENT: IEP: YES NO
 SCHOOL: PRINCIPAL:
 PARENT/GUARDIAN: HOME PHONE: CELL:
 911 ADDRESS:
 PRESENT GRADE OR YEAR: DATE OF BIRTH: O.E.N.:

Indicate Action's Taken/Referrals Made to Resolve School Difficulties of Address Pupil Needs
 Attendance Counsellor Guidance Parent Interview Student Services
 Course Changes (s) School Change Remedial Courses Special Education
 Outside Agencies: Name: _____ Worker: _____
 Other: _____

Section B: Reasons for Referral

Current Behaviour and Attendance: _____

Identify Credits Earned and Marks: _____

Currently Enrolled In: _____

Assessment Results: _____

Recommendations: _____

Signature of Principal Date

Section C: Consent (to be completed by Parent/Guardian or Adult Student)
 I agree I disagree with the above Recommendation of the above names student.
 I will attend I will not attend the Supervised Alternative Learning meeting.

Signature of Parent/Guardian/Adult Student Date

Parent(s): Please return signed original form to the school by _____
Date

Personal information on this form is collected under the authority of the Education Act and will be used by the Supervised Alternative Learning Committee to determine eligibility for the program. Questions about the collection of personal information should be directed to the Superintendent of Education, St. Clair Catholic District School Board, 420 Creek Street, Wallaceburg, Ontario, N8A 4C4, telephone 519-827-6762 or TOLL FREE 1-866-336-6139

Appendix A
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**SUPERVISED ALTERNATIVE LEARNING (SAL)
APPLICATION – SCHOOL INFORMATION**

SAL APPLICATION – PART 2

RETAIN ORIGINAL IN O.S.R.

STUDENT:

IEP: YES NO

DATE OF BIRTH:

IPRC: YES NO

SCHOOL:

GRADE:

Last elementary school attended:

Academic performance in elementary:

Number of credits completed:

Current subjects and standing:

Standardized test results *(if available)*:

Current attendance:

Previous year's attendance:

Health factors *(if applicable)*:

Motivation to succeed in school:

Student's attitude towards school:

Steps taken by parent and school to keep this student in school:

Attitude of student toward the SAL proposal:

Other agencies known to be involved with this student:

Other relevant data:

Outline the plan for school supervision of the SAL program:

Staff Supervisor: _____

Principal's Signature: _____ Date: _____

Appendix B
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**SUPERVISED ALTERNATIVE LEARNING (SAL)
APPLICATION – PARENT/GUARDIAN REQUEST**

SAL APPLICATION – PART 1
Section A: Student Data

RETAIN ORIGINAL IN O.S.R.

STUDENT: IEP: YES NO
 SCHOOL: PRINCIPAL:
 PARENT/GUARDIAN: HOME PHONE: CELL:
 EMAIL ADDRESS:
 911 ADDRESS:
 PRESENT GRADE OR YEAR: DATE OF BIRTH: O.E.N.:

I would like to make application for my child to be excused from full-time school attendance in accordance with Ontario Regulation 374/10 of the Education Act which pertains to Supervised Alternative Learning.

Proposed Activities:

- Credit Course(s)
- Employment
- Non-credit courses (e.g. life skills)
- Certification and training
- Counselling
- Volunteer opportunity
- Other

Reason for Application: _____

Parent/Guardian Signature: _____ Date: _____
 Student's Signature: _____ Date: _____
 Principal's Signature: _____ Date: _____

When complete, all sections (Part 1, Part 2 (2 pages), and Part 3A or Part 3B or Part 3C) of this application must be submitted to:

**Principal,
Attendance Counsellor
St. Clair Catholic District School Board**

Please Note:

School staff will be informed of a date, time, and place for a meeting regarding this application. School staff will be asked to inform parents. The SAL placement cannot commence until the SAL Committee has approved the application.



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**SUPERVISED ALTERNATIVE LEARNING (SAL)
APPLICATION – SCHOOL INFORMATION**

SAL APPLICATION – PART 2 RETAIN ORIGINAL IN O.S.R.

STUDENT: IEP: YES NO
DATE OF BIRTH: IPRC: YES NO
SCHOOL: GRADE:

Last elementary school attended:

Academic performance in elementary:

Number of credits completed:

Current subjects and standing:

Standardized test results *(if available)*:

Current attendance:

Previous year's attendance:

Health factors *(if applicable)*:

Motivation to succeed in school:

Student's attitude towards school:

Steps taken by parent and school to keep this student in school:

Attitude of student toward the SAL proposal:

Other agencies known to be involved with this student:

Other relevant data:

Outline the plan for school supervision of the SAL program:

Staff Supervisor: _____

Principal's Signature: _____ Date: _____

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**SUPERVISED ALTERNATIVE LEARNING (SAL)
APPLICATION – STUDENT REQUEST**

SAL APPLICATION – PART 1

Student Request Form – Student is 16 or 17 years of age and withdrawn from parental consent

Section A: Student Data

RETAIN ORIGINAL IN O.S.R.

STUDENT: IEP: YES NO
 SCHOOL: PRINCIPAL:
 PARENT/GUARDIAN: HOME PHONE: CELL:
 EMAIL ADDRESS:
 911 ADDRESS:
 PRESENT GRADE OR YEAR: DATE OF BIRTH: O.E.N.:

Proposed Activities:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Credit Course(s) | <input type="checkbox"/> Employment | <input type="checkbox"/> Non-credit courses (e.g. life skills) |
| <input type="checkbox"/> Certification and training | <input type="checkbox"/> Counselling | <input type="checkbox"/> Volunteer opportunity |
| <input type="checkbox"/> Other | | |

Reason for Application: _____

Student's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

When complete, all sections (Part 1, Part 2 (2 pages), and Part 3A or Part 3B or Part 3C) of this application must be submitted to:

**Principal,
Attendance Counsellor
St. Clair Catholic District School Board**

Please Note:

School staff will be informed of a date, time, and place for a meeting regarding this application. School staff will be asked to inform parents. The SAL placement cannot commence until the SAL Committee has approved the application.



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**SUPERVISED ALTERNATIVE LEARNING (SAL)
APPLICATION – SCHOOL INFORMATION**

SAL APPLICATION – PART 2 RETAIN ORIGINAL IN O.S.R.

STUDENT: IEP: YES NO
DATE OF BIRTH: IPRC: YES NO
SCHOOL: GRADE:

Last elementary school attended:

Academic performance in elementary:

Number of credits completed:

Current subjects and standing:

Standardized test results *(if available)*:

Current attendance:

Previous year's attendance:

Health factors *(if applicable)*:

Motivation to succeed in school:

Student's attitude towards school:

Steps taken by parent and school to keep this student in school:

Attitude of student toward the SAL proposal:

Other agencies known to be involved with this student:

Other relevant data:

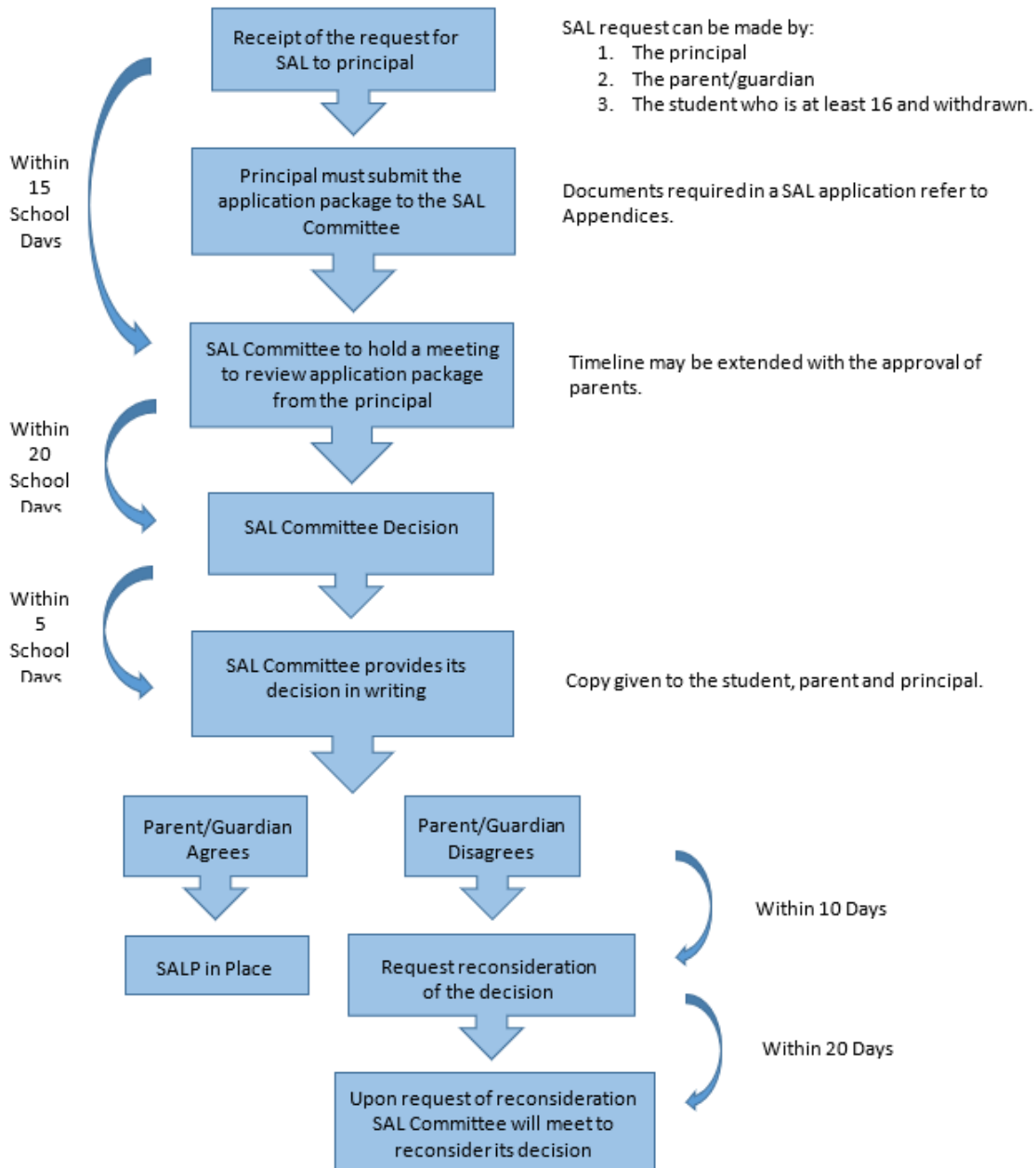
Outline the plan for school supervision of the SAL program:

Staff Supervisor: _____

Principal's Signature: _____ Date: _____

Appendix D

OVERVIEW OF THE MINISTRY TIMELINES FOR SUPERVISED ALTERNATIVE LEARNING (SAL)



Appendix E

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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)

Appendix E

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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: _____

Appendix F

SUPERVISED ALTERNATIVE LEARNING (SAL) COMMITTEE OATH OF CONFIDENTIALITY & ACKNOWLEDGEMENT OF PRIVACY OBLIGATIONS

I, _____, as a Supervised Alternative Learning (SAL) Committee member agree not to disclose information of any nature or kind that comes to my knowledge respecting or relating to any student discussed or any program or service provided to such student, unless required by law. I acknowledge that this oath shall remain in force and effect during my tenure on the SAL Committee and after my tenure has ended.

I acknowledge that all sensitive information and material which I have in my possession or of which I am cognizant, must be handled in the following manner to ensure that it will never fall into unauthorized hands:

- A) Sensitive records or material must not be taken outside the confines of the office without the approval of the Supervisory Officer and/or his/her designate.
- B) After working hours, all sensitive records and material must be returned to the principal or his/her designate. No materials or records of this nature are to be kept in a public space.
- C) All information and material arising out of the work of the SAL Committee is the property of St. Clair Catholic District School Board, and must be kept in accordance with the provisions of (a) above. It must never be retained in a committee member's possession on termination of service with the SAL Committee, and;
- D) All records and material in the possession of a member must be turned into the Supervisory Officer and/or principal prior to a member's termination.

I acknowledge that I have read the foregoing instructions concerning the handling of SAL Committee's sensitive information and material and that I am fully aware of my responsibility of protecting any sensitive materials with which I am entrusted as a member of the SAL Committee.

SAL Member Signature

Print Name

Date

Witness Signature

Supervisory Office and/or Designate of the St. Clair Catholic District School Board

Appendix G

SUPERVISED ALTERNATIVE LEARNING (SAL)

SAL APPLICATION – PART 3A

EMPLOYMENT INFORMATION *(to be completed for paid placements)*

STUDENT INFORMATION

STUDENT:
SCHOOL:

DATE OF BIRTH:
GRADE:

EMPLOYER INFORMATION

NAME:
ADDRESS:

PHONE:

NAME OF SUPERVISOR:
WORK LOCATION:

DESCRIPTION OF WORK:

DAILY SCHEDULE:

TOTAL HOURS TO BE WORKED EACH WEEK:
EMPLOYMENT CAN BEGIN ON:

EMPLOYER STATEMENT:

I confirm that employment will be as described above and that the pupil named above will be covered under my Ontario Workplace Safety and Insurance Board plan during the period of employment.

I am aware that the pupil named above is of compulsory school age and that consent to be absent from school will be automatically withdrawn if the employment conditions change.

I confirm that the pupil named above is old enough to engage in the employment described above and will not place the pupil in a work situation that contravenes the Employment Standards Act, the Workplace Safety and Insurance Board Act or the Occupation Health and Safety Act.

I understand that the pupil named above will be subject to monitoring by the St. Clair Catholic District School Board and I will co-operate with them so that such can be carried out.

Employer's Signature: _____

Date: _____

Appendix H

SUPERVISED ALTERNATIVE LEARNING (SAL)

SAL APPLICATION – PART 3B

VOLUNTEER INFORMATION *(to be completed for unpaid placements)*

STUDENT INFORMATION

STUDENT:
SCHOOL:

DATE OF BIRTH:
GRADE:

VOLUNTEER PLACEMENT AGENCY INFORMATION

NAME:
ADDRESS:

PHONE:

NAME OF SUPERVISOR:

DESCRIPTION OF VOLUNTEER WORK:

DAILY SCHEDULE:

TOTAL VOLUNTEER HOURS TO BE WORKED EACH WEEK:
VOLUNTEER PLACEMENT CAN BEGIN ON:

VOLUNTEER PLACEMENT SUPERVISOR STATEMENT:

I confirm that the volunteer placement will be as described above.

I am aware that the pupil named above is of compulsory school age and that consent to be absent from school will be automatically withdrawn if the above described conditions change.

I confirm that the pupil named above is old enough to engage in the volunteer placement described above and will not be placed in a situation that contravenes the Employment Standards Act, the Workplace Safety and Insurance Board Act or the Occupation Health and Safety Act.

I understand that the pupil named above will be subject to monitoring by the St. Clair Catholic District School Board and I will co-operate with them so that such can be carried out.

Volunteer Placement Supervisor's Signature: _____

Date: _____



Appendix I

SUPERVISED ALTERNATIVE LEARNING (SAL)

SAL APPLICATION – PART 3C

ALTERNATIVE ACTIVITY INFORMATION *(to be completed for alternate activities)*

STUDENT INFORMATION

STUDENT:
SCHOOL:

DATE OF BIRTH:
GRADE:

ACTIVITY INFORMATION

NAME OF ACTIVITY:
LOCATION/ADDRESS:

NAME OF CONTACT:
PHONE:

DESCRIPTION OF ALTERNATIVE ACTIVITY:

DAILY SCHEDULE:

ALTERNATIVE ACTIVITY CAN BEGIN ON:

ALTERNATIVE ACTIVITY CONTACT STATEMENT:

I confirm that the alternative activity will be as described above.

I am aware that the pupil named above is of compulsory school age and that consent to be absent from school will be automatically withdrawn if the above described conditions change.

I confirm that the pupil named above is old enough to engage in the alternative activity described above and will not be placed in a situation that contravenes the Employment Standards Act, the Workplace Safety and Insurance Board Act or the Occupation Health and Safety Act.

I understand that the pupil named above will be subject to monitoring by the St. Clair Catholic District School Board and I will co-operate with them so that such can be carried out.

Alternative Activity Supervisor's Signature: _____

Date: _____

Appendix J

SAMPLE OF A STUDENT AGREEMENT FOR A NON-CREDIT SUPERVISED ALTERNATIVE LEARNING (SAL) WORK PLACEMENT

For students earning credits in a cooperative education program, please see *Cooperative Education and Other Forms of Experiential Learning, 2000* for the appropriate guidelines and documentation.

For resources for students, see www.livesafeworksmart.net/english/coop/tip_sheets.htm for tips for young workers: *Are You Ready for Work?* and *Stay Safe When Working: 12 Tips*.

NAME OF STUDENT: _____

OEN: _____

WORK PLACEMENT: _____

I understand the following conditions of a non-credit work placement:

- The school or the workstation supervisor may stop my work program.
- My SAL primary contact will talk to my workstation supervisor about my duties and work.
- The workstation supervisor will give my SAL primary contact reports on my work.
- My primary contact will discuss my performance at work with others including my principal and parents.

I understand the following rules for participating in a SAL workplace program:

- I must complete the forms asked for by my primary contact before I go to the workplace.
- I must report for work on time.
- I must not miss days at work without a good reason.
- I must call my primary contact and my workstation supervisor ahead of time if I will be late or absent.
- I must be polite to the supervisor, other workers, and customers.
- I should dress properly for the workplace.
- I must follow the workstation supervisor's rules and instructions.
- I must not talk about confidential information from the workplace.
- I must work safely and obey all safety rules.
- I will fill out my log sheet each day and give it to my primary contact each week.
- I will tell my primary contact of any problems so he/she can help me solve them.
- I will talk with my primary contact if I want to change to a different workplace location.

Student's Signature: _____ Date: _____

I am aware of the above rules that the student is to follow in the SAL workplace.

Parent/Guardian Signature: _____ Date: _____

Appendix K

TEMPLATE FOR A LETTER NOTIFYING A PARENT OF THE SUPERVISED ALTERNATIVE LEARNING (SAL) COMMITTEE'S DECISION

APPROVAL GRANTED

[date]

[parent/guardian]
[address]

RE: [name of student]

Date of birth:

OEN:

Dear [name of parent/guardian]:

On [date of SAL Committee meeting], the Supervised Alternative Learning (SAL) Committee of the [name of district school board] granted approval for [name of student] to participate in Supervised Alternative Learning in accordance with Ontario Regulation 374/10, "Supervised Alternative Learning and Other Excusals from Attendance at School", made under the Education Act.

The approved Supervised Alternative Learning Plan, which outlines the program, has been discussed with you, and you indicated agreement with it. The primary contact will be [name of contact], and you may contact him/her at _____. [Include student's employer contact information also, if applicable.]

You were also advised of the following conditions of the approval:

1. The student shall comply with the Supervised Alternative Learning Plan, as prescribed by the SAL Committee, in order to maintain his/her status in Supervised Alternative Learning.
2. The primary contact must be notified of any proposed changes to the student's circumstances.
3. The primary contact will maintain regular communication with those associated with Supervised Alternative Learning, and will also keep you updated on a regular basis.
4. Significant breaches of the Supervised Alternative Learning Plan may result in termination of Supervised Alternative Learning. Termination means that the student would no longer be excused from regular attendance at school.
5. The Supervised Alternative Learning Plan will be reviewed periodically. The plan will be reviewed near the end of its term so that decisions can be made regarding the student's participation in Supervised Alternative Learning. You will be invited to provide input into the review.

Should you have any questions regarding these conditions or other issues as they relate to the Supervised Alternative Learning Plan, please contact the primary contact or the principal of the school. If you wish the committee to reconsider its decision, including the decision on the student's Supervised Alternative Learning Plan, please submit your written request to [name of principal and school] within ten school days of receiving this letter.

Yours truly,
|

Chairperson of the SAL Committee
cc: Principal of the school
Primary contact

Appendix L

TEMPLATE FOR A LETTER NOTIFYING A PARENT OF THE SUPERVISED ALTERNATIVE LEARNING (SAL) COMMITTEE'S DECISION

APPROVAL NOT GRANTED

[date]

[parent/guardian]

[address]

RE: [name of student]

Date of birth:

OEN:

Dear [name of parent/guardian]:

On [date of SAL Committee meeting], the Supervised Alternative Learning (SAL) Committee of the [name of district school board] reviewed the application requesting that [name of student] be considered for participation in the Supervised Alternative Learning program in accordance with Ontario Regulation 374/10, "Supervised Alternative Learning and Other Excusals from Attendance at School", made under the Education Act.

The committee has made the decision to not approve the application for Supervised Alternative learning. [Name of student] is expected to return to daily school attendance immediately.

As explained to you at the meeting, if you are not in agreement with the committee's decision and if you would like to request a reconsideration of the decision on SAL, you should contact [the principal of the school] within ten school days of receiving this notification. If you submit a written request for reconsideration, the committee will hold a meeting to reconsider its decision within twenty days of receiving your request.

Yours truly,

Chairperson of the SAL Committee
cc: Principal of the school
Proposed primary contact

Appendix M

TEMPLATE FOR A LETTER NOTIFYING AN EMPLOYER WHETHER OR NOT A STUDENT HAS PERMISSION TO WORK

[date]

[name of employer]
[address]

Dear [name of employer]:

On date of SAL Committee meeting], the Supervised Alternative Learning (SAL) Committee of the [name of district school board] considered the request for [name of student, date of birth] [to continue] to participate in the SAL program in accordance with Ontario Regulation 374/10, "Supervised Alternative Learning and Other Excusals from Attendance at School", made under the Education Act.

The SAL Committee approved the request, and [name of student] is permitted to work during school hours as part of a Supervised Alternative Learning program. The following conditions apply:

- A visit by board staff will take place to confirm the safety of the proposed work and workplace (if it has not already taken place).
- Contact will be permitted between the primary contact [insert name] and the above-named student during work hours. The primary contact will arrange the contact time with you.
- You will inform the primary contact by telephone, at [telephone number], or by e-mail within five school days of the end of employment of the above-named student.

OR

The SAL Committee did not approve the request, and the student is expected to return to regular school attendance immediately. Therefore, the student is not allowed to be employed during school hours.

Should you have any questions regarding this decision, please contact me directly, at [phone number].

Yours truly,

Principal

cc: Primary Contact

Appendix N

TEMPLATE FOR A MONITORING LOG FOR A STUDENT IN SUPERVISED ALTERNATIVE LEARNING (SAL)

STUDENT INFORMATION

STUDENT:

ADDRESS:

SCHOOL:

SAL APPROVAL DATE:

OTHER INFORMATION:

DATE OF BIRTH:

PHONE:

EMAIL:

PRIMARY CONTACT:

DESCRIPTION OF SALP ACTIVITIES

DETAILS

DATE:

TYPE OF CONTACT:

Observation of student on location

Phone call

Meeting in person

Other: _____

Email

CONTENT OF DISCUSSION:

Problem solving

Progress/Assessment

Other: _____

PRIMARY CONTACT'S INITIALS _____

COMMENTS:

Appendix O

TEMPLATE FOR A REQUEST FOR THE SUPERVISED ALTERNATIVE LEARNING (SAL) COMMITTEE TO REVIEW 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: _____

Appendix P
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**SUPERVISED ALTERNATIVE LEARNING (SAL)
TEMPLATE FOR A TRANSITION PLAN**

STUDENT INFORMATION

STUDENT:

NEXT DESTINATION:

EDUCATIONAL GOALS

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

METHODS TO ACHIEVE GOAL(S)

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

STUDENT'S PERSONAL GOAL(S)

- _____
- _____
- _____
- _____
- _____

METHODS TO ACHIEVE GOAL(S)

- _____
- _____
- _____
- _____
- _____

DESCRIPTION OF STUDENT'S POST-SAL PROGRAM

Includes details, courses and other learning activities.

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**SUPERVISED ALTERNATIVE LEARNING (SAL)
TEMPLATE FOR A TRANSITION PLAN**

PLAN TO ASSIST THE STUDENT IN THE TRANSITION

ACTION: _____ RESPONSIBILITY: _____ TIMELINE: _____
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ACTION: _____ RESPONSIBILITY: _____ TIMELINE: _____

ACTION: _____ RESPONSIBILITY: _____ TIMELINE: _____

ACTION: _____ RESPONSIBILITY: _____ TIMELINE: _____

Principal's Signature: _____ Date: _____

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

Parent/Guardian Signature: _____ Date: _____

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

Student's Signature: _____ Date: _____

Appendix Q
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**STEPS IN
SUPERVISED ALTERNATIVE LEARNING (SAL)**

| Step | Key Actions | Details & Documentation |
|---|---|--|
| Procedures Preceding a SAL Application ("Pre-SAL") | <p>The Student Success team reviews the student's situation.</p> <p>All appropriate actions are considered.</p> <p>Information about options, including SAL, is shared with the student and parent.</p> <p>The level of the student's motivation and commitment to the program is assessed.</p> | <p>Strategies used prior to recommending SAL are documented.</p> <p>Attendance counselor reports on the student's attendance history.</p> <p>Information on SAL is given to parent.</p> |
| Step 1: Application for SAL | <p>The parent, student, or principal requests SAL for the student.</p> <p>The principal has 15 school days from receipt of request from parent or student to submit the application to the SAL committee.</p> <p>Note: The principal develops a SALP only if he or she agrees with the request for SAL.</p> <p>The principal files the SAL application with the SAL Committee.</p> <p>If the activity site is not at a board site, the site is visited to confirm that it is appropriate (e.g. it is checked for compliance with health and safety legislation and accessibility legislation). If the principal already knows the site is appropriate, a site visit is not required at this time.</p> | <p>Request for SAL should be in writing.</p> <p>Request includes a "Consent to Obtain/Release Information" form.</p> <p>Principal notes date of receipt on the request.</p> <p>Possible components of an application are the following:</p> <ul style="list-style-type: none"> - the SALP, including a suggested primary contact - attendance report - OSR review - Credit summary - Employer agreement, if applicable - IEP, if applicable <p>Principal advises parent in writing that an application for SAL has been submitted.</p> |
| Step 2: Consideration of the Application | <p>SAL Committee schedules a meeting within 20 school days to review the application and invites:</p> <ul style="list-style-type: none"> ▪ The parent ▪ The student ▪ Relevant school and board staff ▪ Other relevant community members, with the agreement of the parent <p>The committee confirms the student's primary contact.</p> <p>Parent may request a reconsideration of the SAL Committee's decision within 10 days.</p> | <p>Parent is notified of date and time of the SAL meeting.</p> <p>Parent is notified of the decision of the SAL Committee.</p> |

Appendix Q
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**STEPS IN
SUPERVISED ALTERNATIVE LEARNING (SAL)**

| Step | Key Actions | Details & Documentation |
|---|---|---|
| Step 3: Implementation and Monitoring | <p>Before the student begins participating in an activity at a location that is not a board or school site (e.g. the proposed workplace, volunteer organization), the site is visited, and is checked in terms of health, safety, accessibility, and other factors to ensure that it is appropriate.</p> <p>Monitoring is carried out by the student's primary contact at least once a month.</p> <p>Communication between student and primary contact is best achieved in person; however, other formats for monitoring could include telephone conversations, e-mail, teleconferencing, video conferencing, and meeting with the student's primary contact.</p> <p>The primary contact may make minor changes to the SALP over the course of the program.</p> | <p>The SALP is filed in the OSR along with progress reports; Student and parent receive copies of the approved SALP.</p> <p>Contacts between the student and the primary contact are documented.</p> <p>Reports on progress are issued to each SAL student following the same timelines as reporting for regular students.</p> |
| Step 4: Review and Transition Planning | <p>The primary contact reviews the SALP 15 school days before the plan expires; however, it is recommended that it be reviewed once per semester. The review is submitted to the principal.</p> <p>Substantial modifications to the SALP required the approval of the principal, a supervisory officer, the student, and the parent.</p> <p>The SAL Committee may renew the SAL for a maximum of an additional academic year.</p> <p>The transition plan in the SALP is further developed to support the student's transition for SAL to his or her next step.</p> | <p>Review processes and decisions are tracked and documentation of reviews is filed in the OSR.</p> <p>If a plan is modified, the principal will provide a copy of the modified plan to the student and the student's parent.</p> <p>Employer is notified of any changes made to the SALP.</p> <p>The parent has input into the SALP and receives a copy of changes to the SALP and the renewal of SAL.</p> <p>The transition plan is filed in the OSR.</p> |



Appendix R

POSSIBLE ALTERNATIVE FOR FULL-TIME ATTENDANCE IN SUPERVISED ALTERNATIVE LEARNING (SAL)

A plan shall include one or more of the following activities

- Enrolment in a course or class in which a pupil may earn a credit
- Enrolment in a non-credit life skills course or other non-credit course
- Preparation for employment and development of general employment skills
- Training for a specific job or type of employment
- Full-time or part-time employment
- Counselling
- Volunteering

Please note:

Students who are approved for SAL will be monitored by a designated SAL supervisor to ensure the parameters of the SAL are being met.

Appendix S

PRE-SAL OSR DATA COLLECTION (BOARD AND CURRENT SCHOOL NAME)

STUDENT INFORMATION

STUDENT:

OEN:

DATE OF BIRTH:

GRADE:

DATE OF DATA COLLECTION:

IEP: YES NO

COLLATED BY:

IPRC: YES NO

CONCERNS:

ACADEMIC HISTORY

KINDERGARTEN:

GRADE 1:

GRADE 2:

GRADE 3:

GRADE 4:

GRADE 5:

GRADE 6:

GRADE 7:

GRADE 8:

GRADE 9:

STUDENT SERVICES INTERVENTIONS – STUDENT AND YOUTH WORKER INVOLVEMENT

GRADES:

DURATION OF INVOLVEMENT:

REASONS FOR INVOLVEMENT:

MEDICAL REPORTS

DOCTOR:

INFORMATION:

ACADEMIC TESTING

SPEECH AND LANGUAGE:

Age 5 to January 20_____

PSYCHO-EDUCATIONAL ASSESSMENT REPORT:

BRIGANCE:

Appendix T

TEMPLATE FOR A REQUEST FOR SUPERVISED ALTERNATIVE LEARNING (SAL)

REQUEST MADE BY

- Student (16 or 17 years of age who has withdrawn from parental control)
 Parent/Guardian
 Principal (Principal must inform, and request input from, the parent/guardian before submitting application to committee)

STUDENT INFORMATION

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

DATE OF BIRTH: OEN: GRADE:
 LANGUAGE SPOKEN: AGE: GENDER:

PARENT/GUARDIAN INFORMATION

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

SCHOOL LAST ATTENDED BY STUDENT

SCHOOL: PRINCIPAL:
 ADDRESS: CITY: POSTAL CODE:
 PHONE: LAST DAY OF ATTENDANCE:

REASON FOR REQUEST

PROPOSED ACTIVITIES

- Credit course(s) Employment Non-Credit course(s)
 Certification and training Counselling Volunteer opportunity
 Other: _____

COMMENTS

Parent/Guardian Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____