



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 30th 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:

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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: _____