



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 519-627-6762 or TOLL FREE 1-866-336-6139



**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:



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

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: _____