



**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:
WORK PLACEMENT:

OEN:

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

- The school or the work-station supervisor may stop my work program.
- My SAL primary contact will talk to my work-station supervisor about my duties and work.
- The work-station 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 work-station 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 work-station 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: _____



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

APPENDIX K

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



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

APPENDIX L

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

**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