



REQUEST TO RENEW SUPERVISED ALTERNATIVE LEARNING

Student Name: _____
(first name) (middle name) (last name)

Date of Birth: _____ 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 SAL 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 Signature: _____ Date: _____

Parent Supports Renewal of SAL: YES No

Parent's Comments:

I have been consulted on the renewal of SAL and the Supervised Alternative Learning Plan.

Parent Signature: _____ Date: _____

Student's Comments:

I have been consulted on the renewal of SAL and the Supervised Alternative Learning Plan.

Student Signature: _____ Date: _____