



## SUPERVISED ALTERNATIVE LEARNING PLAN (SALP)

Current school name: \_\_\_\_\_

Current school address: \_\_\_\_\_

### Student Information

Student name: \_\_\_\_\_  
(first name) (middle name) (last name)

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Alternative telephone: \_\_\_\_\_

Grade: \_\_\_\_\_ OEN: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  F  M

Does student have an Individual Education Plan (IEP)?  Yes  No

Date of SAL Committee Meeting: \_\_\_\_\_

Is this a renewal?  Yes  No

Outcome of SAL Committee meeting:

SALP revised on: \_\_\_\_\_

Name and position: \_\_\_\_\_

**Parent/Guardian Information**

Name(s): \_\_\_\_\_

Address (if different from student's): \_\_\_\_\_

Home telephone (if different from student's): \_\_\_\_\_

Work telephone: \_\_\_\_\_

**Primary Contact for SAL**

Name/Position: \_\_\_\_\_

Name of principal: \_\_\_\_\_

**People Consulted in the Development of the SALP**

Name/Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name/Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name/Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name/Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name/Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name/Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Monitoring Schedule**

Details:

Student's Educational Goal(s)	Methods to Achieve Educational Goal(s) Ways in Which Student's Progress will be Monitored
<input type="checkbox"/> Earn credit(s) <input type="checkbox"/> Earn OSSC <input type="checkbox"/> Earn OSSD <input type="checkbox"/> Enter college/university <input type="checkbox"/> Enter apprenticeship/trades <input type="checkbox"/> Enter the workforce <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Other (specify): _____	
Student's Personal Goal(s)	Methods to Achieve Personal Goal(s) Ways in Which Student's Progress will be Monitored
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

<b>Description of Student's Program</b>	
<p>Courses</p> <p><input type="checkbox"/> credit</p> <p><input type="checkbox"/> non-credit (e.g., life skills courses)</p>	<p>Details: <i>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</i></p>
<p>Skill Acquisition</p> <p><input type="checkbox"/> volunteering</p> <p><input type="checkbox"/> earning a certification or taking training for a specific job</p> <p><input type="checkbox"/> developing job-search skills</p> <p><input type="checkbox"/> developing Essential Skills and work habits and using the Ontario Skills Passport to track achievement</p> <p><input type="checkbox"/> working part-time</p> <p><input type="checkbox"/> working full-time</p>	<p>Details: <i>description of activities, student's schedule, location</i></p>
<p>Counselling</p>	<p>Details: <i>frequency of sessions, location, type (e.g., anger management, substance abuse counselling)</i></p>
<p>Other activities to enable the student to achieve his or her goals</p>	<p>Details: <i>description of activities, student's schedule, location</i></p>

- 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. (See Appendix 10 for the detailed transition plan to be completed when the student leaves SAL.)

**Overview:**

**Signatures**

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

I have been consulted in the creation of the Supervised Alternative Learning Plan.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Log of Consultation with Parent/Student on SALP and Staff Review/Updating of SALP**

<b>Date</b>	<b>Activity</b> (indicate consultation with parent/student or staff review/updating)	<b>Outcome/Change</b>