



## SUPERVISED ALTERNATIVE LEARNING - Transition Plan

Name of Student: \_\_\_\_\_

Next destination: \_\_\_\_\_

<b>Student's Educational Goal(s)</b>	<b>Methods to Achieve Educational Goal(s) Ways in Which Student's Progress will be Monitored</b>
<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): _____	
<b>Student's Personal Goal(s)</b>	<b>Methods to Achieve Personal Goal(s) Ways in Which Student's Progress will be Monitored</b>
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

Description of student's post-SAL program	
Courses and other learning activities:	Details:

Plan to assist the student in the transition		
Action:	Responsibility:	Timeline:
Action:	Responsibility:	Timeline:
Action:	Responsibility:	Timeline:
Action:	Responsibility:	Timeline:

**Signatures**

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

I have been consulted in the creation of the transition plan.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

I have been consulted in the creation of the transition plan.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date