



Algonquin & Lakeshore Catholic District School Board

Supervised Alternative Learning Plan (SALP)

Personal information contained on this form is collected under the authority of the Education Act, R.S.O. 1990, as amended, and will be used to prepare and update student records and to assist in the determination of and record authorization for student participation in the Supervised Alternative Learning program. Questions about this form should be directed to the Superintendent of School Effectiveness.

Student: _____ Date of Birth: (mm/dd/yyyy) _____

Grade: _____ School: _____ Principal: _____

Primary Contact Person for SALP: _____ Position: _____

Phone number: _____ ext. _____ SALP Start Date: _____ End Date: _____

SALP Notes: _____

IEP: YES NO Exceptionality(s): _____

Consent to Release Personal Health Information Form signed (if applicable): YES NO

Previous Interventions:

<input type="checkbox"/> Alternative programs	<input type="checkbox"/> In-school support
<input type="checkbox"/> Referral to Student Success Room	<input type="checkbox"/> Previous referral to SAL
<input type="checkbox"/> Referral to counselling	<input type="checkbox"/> Referral to Attendance Counsellor
<input type="checkbox"/> Modified day	<input type="checkbox"/> Other (please list)
<input type="checkbox"/> Restorative practices	_____

Student's Education and Life Goals (check as many as apply):

<input type="checkbox"/> Earn credits	<input type="checkbox"/> Employment (i.e. development of employment skills, and/or placement)
<input type="checkbox"/> Earn Ontario Secondary School Certificate	<input type="checkbox"/> Volunteering
<input type="checkbox"/> Earn Ontario Secondary School Diploma	<input type="checkbox"/> Non-academic Life Skills course (i.e. Ontario Skills Passport, my blueprint)
<input type="checkbox"/> Post-secondary education	<input type="checkbox"/> Other (comment)
<input type="checkbox"/> Apprenticeship/trades	_____
<input type="checkbox"/> Student engagement	_____
<input type="checkbox"/> Counselling, CYC or other agency	_____

Description of SAL Program (check boxes as applicable):

- Full day Program
- Half day a.m. Program
- Half day p.m. Program
- Other (ie. Flexible start and end times, condensed school day etc.) _____

Academic Program :

- Independent Course(s) (list): _____
- In school timetabled course(s) (list): _____
- Other courses (list): _____

Monitoring Schedule: _____ Teacher

Supporting Academic Program:

Employment Program:

- Job search, Interests: _____
- Work experience Name of placement: _____
- Work Placement Agreement and Pre-employment package completed
- The work placement venue(s) have been visited and found to be appropriate
(e.g., they comply with the Workers' Compensation Act, Occupational Health and Safety Act, or the Construction Safety Act)
- No work placement venue(s) visit was necessary at this time
(e.g., the venues are known to be compliant with the regulations noted above)

Monitoring Schedule: _____

Non Academic Program:

- Life Skills Vocational Skills Volunteering (community service hours) Parish
- Individual Counselling (to address pertinent issues) _____
- Outside Agency Involvement _____
- Developing essential skills and work habits (using the Ontario Skills Passport to track achievement, my Blueprint) Other (comment) _____

Monitoring Schedule: _____

Transition Goal(S) for next semester/school year: _____

SAL Review with transition plan to be completed - minimum 2 week prior to termination of SAL

Student Signature: _____ Lives Independently Date: _____

Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Primary Contact Signature: _____ Date: _____