

**FORM 321A - SUPERVISED ALTERNATIVE LEARNING APPLICATION  
AND PLAN**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Address: \_\_\_\_\_  
(street, box, city, postal code)

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Parent Cell: \_\_\_\_\_

Student Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

School: \_\_\_\_\_ Primary SAL Contact: \_\_\_\_\_

IEP:  Yes  No If yes, please attach IEP. Student Previously on SAL  Yes  No

Application Initiated by:  Parent/Student  School

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

<b>Documents to Attach</b>	
<input type="checkbox"/> Transcript	<input type="checkbox"/> Current Timetable
<input type="checkbox"/> Attendance Report	<input type="checkbox"/> IEP (if applicable)

<b>People Consulted in the Development of the SALP</b>	
Name/Position: _____	Telephone: _____
Name/Position: _____	Telephone: _____
Name/Position: _____	Telephone: _____
Name/Position: _____	Telephone: _____

<b>The reason I am applying to SAL is:</b> (to be completed by student)
_____
_____

<b>Parent/Guardian Comments:</b>
_____
_____

<b>Principal Comments:</b>
_____
_____

Student's Goal(s) (to be completed by student)	
<p><b>Educational Goals</b></p> <p><input type="checkbox"/> Earn credit(s)</p> <p><input type="checkbox"/> Earn OSSC (Certificate)</p> <p><input type="checkbox"/> Earn OSSD (Diploma)</p> <p><input type="checkbox"/> Enter college/university</p> <p><input type="checkbox"/> Enter apprenticeship/trades</p> <p><input type="checkbox"/> Enter the workforce</p> <p><input type="checkbox"/> Other (specify)</p> <p>_____</p> <p>_____</p>	<p>Methods to achieve education goal(s)</p> <p>Ways in which student's progress will be monitored</p>
<p><b>Personal Goals</b></p> <p>▪ _____</p> <p>▪ _____</p> <p>▪ _____</p> <p>▪ _____</p>	<p>Methods to achieve personal goal(s)</p> <p>Ways in which student's progress will be monitored</p>

Description of Student's Program	
	<input type="checkbox"/> More than 70 Min. <input type="checkbox"/> Less than 70 Min
<p><b>Courses</b></p> <p><input type="checkbox"/> Day School Course</p> <p><input type="checkbox"/> ConEd Credit Course</p> <p><input type="checkbox"/> Independent Study Credit Course</p> <p><input type="checkbox"/> ILC/correspondence/self study</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><b>Passport to Track Achievement</b></p> <p><input type="checkbox"/> Part-time Employment</p> <p><input type="checkbox"/> Full-time Employment</p>	
<p><input type="checkbox"/> Volunteering</p>	
<p><input type="checkbox"/> Counselling</p>	<p>Details: <i>frequency of sessions, location, type (e.g., anger management, substance abuse counselling)</i></p>

<p><b>Skill Acquisition</b></p> <p><input type="checkbox"/> Training or Certifications Related to the Workplace</p> <p><input type="checkbox"/> Other Courses/Workshops</p>	<p>Details: <i>description of activities, student's schedule, location</i></p>
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<p><input type="checkbox"/> Other Activities Approved by SAL Committee</p>	<p>Details: <i>description of activities, student's schedule, location</i></p>
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<p><b>Coop Placement</b></p>	
<p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> The placement has been visited and found to be appropriate (e.g., complies with health and safety and accessibility legislation).</p> <p><input type="checkbox"/> A meeting is scheduled with the employer on _____ (date) to establish the coop placement.</p> <p>Coop Placement: _____</p> <p>Contact Person: _____ Phone: _____</p> <p>This coop placement is <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid</p>	

<p><b>Monitoring Schedule</b></p>	
<p>Details: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

<p><b>Transition Plan</b></p>	
<p>Overview:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

**Outcome of SAL Planning Meeting**

Overview:

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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**Consent to Exchange Information**

I hereby consent to the two-way exchange of personal information regarding \_\_\_\_\_ between WBE staff and the external support agencies identified below:

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	Other _____

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Distribution: original to OSR; copy to Parent(s)/Guardian(s); copy to Central Files

Personal information on this form is collected under the authority of the Education Act, and will be used by the Supervised Alternative Learning for Excused Pupils Committee to determine eligibility for the program. Questions about this collection of personal information should be directed to the Director Of Education, Wikwemikong Board of Education, 34 Henry St., Wikwemikong, ON P0P 2J0 705-859-3834

