

SUPERVISED ALTERNATIVE LEARNING PLAN (SALP)

Current school name: _____

Current school address: _____

Student Information

Student name: _____

Parent/Guardian Information

Name(s): _____

Address (if different from student's): _____

Home telephone (if different from student's): _____

Work telephone: _____

Primary Contact for SALP

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 Students' Progress will be Monitored

Description of Student's Program

Courses

†

Transition Plan

Overview to be completed with the application. See Appendix 10 for the completed 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		
Date	Activity (indicate consultation with parent/student or staff review/updating)	Outcome/Change