

# ADMINISTRATIVE PROCEDURES

**SUBJECT: SUPERVISED ALTERNATIVE LEARNING (SAL)**

## **PURPOSE:**

Supervised Alternative Learning (SAL) is an individualized learning program consisting of one or more activities. SAL provides alternative programs for students who have at least reached the age of 14 and are still of compulsory school age. SAL offers alternative learning experiences and an individualized plan to enable the student to progress toward obtaining an OSSD (Ontario Secondary School Diploma), OSSC (Ontario Secondary School Certificate), or achieving his or her other education and life goals. O. Reg. 374/10, s.3.

Supervised Alternative Learning (SAL) applications may be generated by the school Principal, the student's parent or guardian, or a student who is at least 16 years old and has withdrawn from parental control, in accordance with Education Act Regulation 374/10, to have a child excused from full-time school attendance. In accordance with the regulation, school boards are required to establish a committee to be known as the Supervised Alternative Learning (SAL) Committee. The SAL Committee consists of a school board Trustee, a Supervisory Officer (or designate), and a community representative. When an application is made to the Board for a SAL program, the Committee reviews all relevant data and decides whether a student be excused in order to take part in supervised alternative learning.

Application for a SAL program may be considered as an alternative to regular school attendance when the student is not benefitting from instruction in the regular school setting (possible alternatives to full-time attendance are outlined in Appendix C). One or more of the following factors may be present:

- The student is unable to cope in a structured school program.
- The student has experienced a significant loss of time from school.
- Through the counselling process, the student is at the point of being capable of proposing an alternative program and committing him/herself to that program.

## **ROLES AND RESPONSIBILITIES:**

Principal (or delegated Vice-Principal)

- identifies candidates for the SAL program
- ensures that the parent(s)/guardian(s) and student are informed about SAL as an option using the Principal Referral SAL Form (Appendix A)
- forwards the SAL referral (Appendix A and B) to the SAL Coordinator via the Student Engagement Secretary
- attends, or participates in via teleconference, the SAL committee meeting

- when employment or volunteering are part of the Supervised Alternative Learning Plan (SALP), completes the appropriate section of Appendix B and ensures that the proposed site is safe.
- ensures that students who are approved for SAL will be monitored by the designated SAL Coordinator to ensure the parameters of the SAL are being met.
- ensures that all documentation needed to complete Ministry reports is provided to the Superintendent
- reviews the progress of the student in collaboration with all stakeholders prior to the expiration of the SALP to determine whether the student can be re-engaged back to school
- completes a Transition Plan (Appendix F) when a student's SALP is ended and files the Transition Plan in the OSR

#### Student Success Team

- ensures that all appropriate alternative options have been considered prior to making a referral to SAL
- ensures that, if the student has an Individual Education Plan (IEP), all supports, accommodations, and modifications have been implemented to optimize student learning
- supports the monitoring of the student's SALP

#### Superintendent

- ensures that SAL committee members and school personnel have been notified regarding meeting dates and locations
- attends the SAL committee meeting or delegates an appropriate designate to attend
- ensures that the decision of the SAL committee is communicated to all involved parties
- has responsibility for the completion of reports and all documentation as per Ministry requirements
- ensures Board Reports are completed

#### SAL Coordinator

- engages student by making initial contact to begin developing a SALP
- develops a SALP in consultation with the student's home school
- visits off-site locations to ensure that the venue complies with health, safety and accessibility requirements
- attends the SAL committee meeting
- communicates with the parent(s)/guardian(s)
- monitors the student's SALP monthly, completing necessary reports
- consults with the principal prior to a SALP review or renewal

#### Attendance Officer

- acts as a resource to the SAL Coordinator and the school in the development of the SALP
- attends and participates in the SAL committee meeting
- supports the SAL Coordinator in the monitoring of the student's attendance

**Parent(s)/Guardian(s)**

- may contact the principal to initiate a referral to SAL
- encourages the child to commit to engage in a SAL program
- maintains communication with school regarding progress of SAL
- participates in the review of the SALP, as required

**Student**

- If a pupil is at least 16 years old and has withdrawn from parental control, he/she may contact the principal to initiate a referral to SAL
- commits to engage in a SAL program
- meets with SAL Coordinator and/or school personnel to provide input for a SALP
- contacts the SAL Coordinator on a weekly basis
- participates in the review of the SALP, as required

**Trustee**

- chairs the SAL committee meeting
- participates in the review of the SALP, as required

**Community Representative**

- attends and participates in the SAL committee meeting
- participates in the review of the SALP, as required

**PROCEDURES:****1.1 Prior to Application**

School staff will explore all options available in order to assist the student with school attendance and behavioural strategies. These might include:

- School team meeting to discuss a change in subjects, program level, or additional modifications to program.
- Counselling to explore and address the impediments to the learning process.
- Referral to the district Central Behaviour Team for additional support and suggestions.

**2.0 Eligibility**

- 2.1 SAL is a program for students who have at least reached the age of 14 and are still of compulsory school age.
- 2.2 A student must be at least 14 years of age at the time of the approval of a SAL application.

**3.0 Making an Application**

- 3.1 A referral to SAL may be initiated by the Principal, student and his/her parent or guardian. The school will complete appendices A and B and have the support of the parent/guardian. The application will be sent to the SAL Coordinator via the Student Engagement Secretary.
- 3.2 If the student will be engaging in paid employment as part of his/her SALP, the Employment Information Sheet (see Appendix B) must be completed and signed by the employer. An employer who hires a student approved for a SAL program has the usual legal obligations as listed in the Employment Standards Act, the Occupational Health and Safety Act, and the Workplace Safety and Insurance Board Act.

- 3.3 If the student will be engaging in an unpaid volunteer placement as part of his/her SALP, the Volunteer Information Sheet (see Appendix B) must be completed and signed by the volunteer placement supervisor.
- 3.4 The SAL Coordinator will meet with the student and parent/guardian to sign the SAL referral form and prepare the SALP, which will be completed in consultation with the school.

#### **4.0 The SAL Meeting**

- 4.1 The meeting will be chaired by a Trustee.
- 4.2 The SAL Coordinator will present the application to the SAL Committee.
- 4.3 The principal or vice-principal and the SAL Coordinator will be asked to outline the provisions that will be made for the supervision of the alternative program and to provide any additional information required by the committee.
- 4.4 Based on the information presented, the SAL committee will make one of the following recommendations:
  - Approve the proposed program.
  - Decline the application.
  - Alter the proposed program to better meet the student's needs.

#### **5.0 Supervision and Follow-up**

- 5.1 Upon SAL Committee approval, a letter (Appendix E) will be sent to the parent/guardian.
- 5.2 The parent or guardian of a child who has been granted SAL status is expected to inform the home school Principal:
  - if the child does not adhere to the approved program.
  - of any change in residence.
  - if changes to the approved program are required.
- 5.3 The student's home school and SAL Coordinator will monitor the student's progress on a SAL.
- 5.4 The student will continue on the home school register, and the school will prepare provincial report cards for the student.
- 5.5 At the end of each semester, the school and the SAL coordinator will review the progress of each student on SAL to determine whether any changes are required to the SALP, whether the student is able to return to school, or whether the SALP should be renewed for the following school year.
- 5.6 A Transition Plan (Appendix F) will be completed by the school when a student's SALP is ended.

#### **6.0 SAL Outcomes**

- 6.1 To provide the student with life experiences which will enable him or her to acquire the knowledge and develop the necessary skills in problem solving and decision making required in everyday life.
- 6.2 To enhance the student's opportunities for personal growth, self-esteem, independence and self-discipline.
- 6.3 To broaden the student's awareness of the realities and opportunities in the workplace.
- 6.4 To assist the student in seeing that it may be in his/her best interest to return to the regular school setting.

Implementation Date: December 14, 1998

Revised: October 12, 2020

Reference: Education Act, Regulation 374/10

Supervised Alternative Learning: Policy and Implementation: 2010

**Principal's Notice Of Intent To Refer To SAL Committee**

**Section A - STUDENT DATA**

**RETAIN ORIGINAL IN O.S.R.**

Student Name:

IEP:

School:

Principal:

Grade:

**OEN:**

DOB:

911 ADRS.:

Parent/Guardian:

Phone:

Indicate Actions Taken/Referrals Made to Resolve School Difficulties or Address Pupil Needs (mark with an 'x')

<input type="checkbox"/> Attendance Counsellor	<input type="checkbox"/> Guidance	<input type="checkbox"/> Parent Interview
<input type="checkbox"/> Student Services	<input type="checkbox"/> Course Change(s)	<input type="checkbox"/> Credit Recovery/Rescue
<input type="checkbox"/> Special Education	<input type="checkbox"/> School Change	<input type="checkbox"/> Mild Intellectual Disability
<input type="checkbox"/> Student Interviews	<input type="checkbox"/> Student Success Team	<input type="checkbox"/>

Outside Agencies: Name:

**Section B – REASONS for REFERRAL**

Parental Request: \_\_\_\_\_

Current Behaviour and Attendance: \_\_\_\_\_

Identify Credits Earned and Mark: \_\_\_\_\_

Currently Enrolled In/School Engagement History: \_\_\_\_\_

Assessment Results: \_\_\_\_\_

Recommendations: \_\_\_\_\_

**Signature of Principal:**

**Date Printed:**

**Section C - CONSENT - (to be completed by Parent/Guardian or Adult Student)**

I agree  disagree  with the above Recommendation of the above named student.

I will attend  I will not attend  the Supervised Alternative Learning meeting.

Signature of Parent/Guardian/Adult Student:

Date:

Personal information on this form is collected under the authority of the Education Act, and will be used by the Supervised Alternative Learning Committee to determine eligibility for the program. Questions about the collection of personal information should be directed to the Superintendent of Education, Lambton Kent District School Board, 200 Wellington Street, P.O. Box 2019, Sarnia, Ontario, N7T 7L2, telephone (529) 336-1500 or 1-800-754-7125



**SAL Application**  
**APPENDIX B**

**School Information**

Student Name:		DOB:	
School:		Grade:	

Last Elementary School attended:	
Number of Credits Completed:	
Current Subjects And Standing:	
Standardized Test Results: OSSLT : (if applicable)	
Current Attendance	
Previous Years Attendance:	
Health Factors (if applicable):	
Motivation To Succeed In School:	

Student's Attitude Towards School:	
Steps Taken By Parent And School To Keep This Student In School:	
Attitude Of Student Toward The SAL Proposal:	
Other Agencies Known To Be Involved With This Student:	
Other Relevant Data:	
Outline The Plan For School Supervision Of The SAL Program:	
Signature of Principal: _____ Date : _____	



**SAL APPLICATION**

<b>EMPLOYMENT INFORMATION</b> (to be completed for paid placements)
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STUDENT:		DATE OF BIRTH:	
SCHOOL:		GRADE:	
NAME OF EMPLOYER:			
ADDRESS OF EMPLOYER:			
PHONE NUMBER OF EMPLOYER:			
NAME OF SUPERVISOR IN THE WORKPLACE:			
WORK LOCATION:			
DESCRIPTION OF WORK:			
DAILY SCHEDULE:			
TOTAL HOURS TO BE WORKED EACH WEEK:			
EMPLOYMENT CAN BEGIN ON:			

<p><b><u>EMPLOYER STATEMENT:</u></b></p> <p>I confirm that employment will be as described above and that the pupil named above will be covered under my Ontario Workplace Safety and Insurance Board plan during the period of employment.</p> <p>I am aware that the pupil named above is of compulsory school age and that consent to be absent from school will be automatically withdrawn if the employment conditions change.</p> <p>I confirm that the pupil named above is old enough to engage in the employment described above and will not place the pupil in a work situation that contravenes the Employment Standards Act, the Workplace Safety and Insurance Board Act or the Occupation Health and Safety Act.</p> <p>I understand that the pupil named above will be subject to monitoring by the Lambton Kent District School Board and I will co-operate with them so that such can be carried out.</p>			
SIGNATURE OF EMPLOYER:		DATE:	

**SAL APPLICATION**

<p><b>VOLUNTEER INFORMATION</b> (to be completed for unpaid placements)</p>
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STUDENT:		DATE OF BIRTH:	
SCHOOL:		GRADE:	
NAME OF VOLUNTEER PLACEMENT AGENCY:			
LOCATION OF VOLUNTEER PLACEMENT (Address):			
NAME OF SUPERVISOR IN THE VOLUNTEER PLACEMENT:			
PHONE NUMBER OF SUPERVISOR IN THE VOLUNTEER PLACEMENT:			
DESCRIPTION OF VOLUNTEER WORK:			
DAILY SCHEDULE:			
TOTAL VOLUNTEER HOURS TO BE WORKED EACH WEEK:			
VOLUNTEER PLACEMENT CAN BEGIN ON:			

**VOLUNTEER PLACEMENT SUPERVISOR STATEMENT:**

I confirm that the volunteer placement will be as described above.

I am aware that the pupil named above is of compulsory school age and that consent to be absent from school will be automatically withdrawn if the above described conditions change.

I confirm that the pupil named above is old enough to engage in the volunteer placement described above and will not be placed in a situation that contravenes the Employment Standards Act, the Workplace Safety and Insurance Board Act or the Occupation Health and Safety Act.

I understand that the pupil named above will be subject to monitoring by the Lambton Kent District School Board and I will co-operate with them so that such can be carried out.

SIGNATURE OF VOLUNTEER PLACEMENT SUPERVISOR:		DATE:	
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**APPENDIX C**

**POSSIBLE ALTERNATIVES FOR FULL-TIME ATTENDANCE**

A plan shall include one or more of the following activities

- Enrolment in an online or home school-based course or class in which a pupil may earn a credit
- Enrolment in a non-credit life skills course or other non-credit course
- Preparation for employment and development of general employment skills
- Training for a specific job or type of employment
- Full-time or part-time employment
- Counselling
- Volunteering

**Please note:**

Students who are approved for SAL will be monitored by the SAL Coordinator to ensure the parameters of the SAL are being met.



**SUPERVISED ALTERNATIVE LEARNING PLAN (SALP)**

**Student Information**

Name:
Address:
Home telephone:
OEN:
Age:
Gender: [ ] Female [ ] Male
School:
Postal code:
Alternative telephone:
Date of birth:
Grade:
Principal:

Date of SAL Committee meeting: \_\_\_\_\_, 20\_\_

Is this a renewal? [ ] Yes [ ] No

Outcome of SAL Committee meeting:

Expiration date of SALP: : \_\_\_\_\_, 20\_\_
(shall not be later than June 30th in the school year to which the plan applies, Reg 374/10, S.9(4).

**Parent/Guardian Information**

Name(s):
Address (if different from student's above):
Home telephone (if different from student's above):
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:

<p><b>Student's educational goal(s)</b></p>	<p>Methods to achieve educational goal(s) Ways in which student's progress will be monitored</p>
<p> <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)                    _____             </p>	
<p><b>Student's personal goal(s)</b></p>	<p>Methods to achieve educational goal(s) Ways in which student's progress will be monitored</p>
<p> <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____             </p>	
<p><b>Description of student's program</b></p>	
<p><b>Courses</b></p> <p> <input type="checkbox"/> credit  <input type="checkbox"/> non-credit (e.g., life skills courses)             </p>	<p><b>Details:</b> 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</p>
<p><b>Skill acquisition</b></p> <p> <input type="checkbox"/> volunteering  <input type="checkbox"/> earning a certification or taking training for a specific job  <input type="checkbox"/> developing job-search skills  <input type="checkbox"/> developing Essential Skills and work habits and using the Ontario Skills Passport to track achievement  <input type="checkbox"/> working part-time  <input type="checkbox"/> working full-time             </p>	<p><b>Details:</b> description of activities, student's schedule, location</p>
<p><input type="checkbox"/> counselling</p>	<p><b>Details:</b> frequency of sessions, location, type (e.g., anger management,</p>

	<i>substance abuse counselling)</i>
<input type="checkbox"/> other activities to enable the student to achieve his or her goals	<b>Details:</b> <i>description of activities, student's schedule, location</i>

- 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).

<b>Transition Plan</b> (Overview to be completed with the application. Detailed transition plan to be completed when SAL is terminated.)
Overview:

**Signatures**

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

[date]

[parent/guardian]  
[address]

**Re:** [name of student]                      **Date of birth:** \_\_\_\_\_                      **OEN:** \_\_\_\_\_

Dear [name of parent/guardian]:

On [date of SAL Committee meeting], the Supervised Alternative Learning (SAL) Committee of the Lambton Kent District School Board granted approval for [name of student] to participate in Supervised Alternative Learning in accordance with Ontario Regulation 374/10, "Supervised Alternative Learning and Other Excusals from Attendance at School", made under the Education Act.

The approved Supervised Alternative Learning Plan, which outlines the program, has been discussed with you, and you indicated agreement with it. The primary contact will be [name of SAL Coordinator] and you may contact him/her at \_\_\_\_\_.

You were also advised of the following conditions of the approval:

1. The student shall comply with the Supervised Alternative Learning Plan, as prescribed by the SAL Committee, in order to maintain his/her status in Supervised Alternative Learning.
2. The primary contact must be notified of any proposed changes to the student's circumstances.
3. The primary contact will maintain regular communication with those associated with Supervised Alternative Learning and will also keep you updated on a regular basis.
4. Significant breaches of the Supervised Alternative Learning Plan may result in termination of Supervised Alternative Learning. Termination means that the student would no longer be excused from regular attendance at school.
5. The Supervised Alternative Learning Plan will be reviewed periodically. The plan will be reviewed near the end of its term so that decisions can be made regarding the student's participation in Supervised Alternative Learning. You will be invited to provide input into the review.

Should you have any questions regarding these conditions or other issues as they relate to the Supervised Alternative Learning Plan, please contact the primary contact or the principal of the school. If you wish the committee to reconsider its decision, including the decision on the student's Supervised Alternative Learning Plan, please submit your written request to [name of principal and school] within ten school days of receiving this letter.

Yours truly,

[signature]

[name of superintendent]  
Superintendent of Education

cc:        Principal of the School  
            SAL Coordinator



Transition Plan

**Name of student:** \_\_\_\_\_

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

Student's educational goal(s)	Methods to achieve goal(s)
<input type="checkbox"/> Earn a 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) _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Student's personal goal(s)	Methods to achieve goal(s)
<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"/> _____





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:

**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