

Appendix A
Alternate Learning Plan for Students Unable to Attend School for Legal Reasons

Elementary/Secondary			
Student Name:	Gender:	Age:	Date of Birth:
Address:	Phone Res:	Parent(s)Bus:	Parent(s) Cell
Child resides with:	Both Parents	Parent 1	Parent 2
	Grandparents	Foster Parents	Group Home
	Guardian	Self	
Referring School	Phone	Admin. Contact	
Absences to Date:	Lates: <i>(attach if applicable)</i>		
DDSB Student #	Date of I.D.	OEN #	
Total # of Schools Attended	OSS Diploma Credits to Date		
Current Timetable <i>(attach for secondary students)</i>			
Most recent report card and/or OSS history and IEP if applicable must be attached to this profile			

History of Incidents in Current School Year:

Date	Behaviour	Consequences

Board Involvement:

Date	Department	Contact	Result

Outside Agency Involvement (including CAS, Probation Services, Anger Management Classes):

Police Involvement:

Occurrence #	Date	Officer's Name	Badge #	Details of Occurrence

Individual Improvement Plan:

Based on consultation with some or all of Principal, Vice-Principal, Guidance Counsellor, School Based Support Person, Social Worker, SERT, Administrative Officer, Teachers or others as required, list the academic and social skills that the student needs to develop in the alternative setting.

Re-integration Plan:

Recommendation for Placement:

Principal Signature

Date