

Letter to Parent – Confirmation of SAL Decision

(Date)

Dear (Name of Parent):
(parent address)

Re: SAL Application for (name of student)

This letter is to notify you that the Supervised Alternative Learning (SAL) Committee met on (date) to review your application and it has been (accepted/rejected). *(If rejected...You have 10 school days from the receipt of the notification of the decision to request a reconsideration of the SAL Committee's decision. Your request must be in writing and addressed to the Superintendent of School Effectiveness responsible for the SAL Committee.)*

(If accepted...

You will be contacted by your child's primary contact, (name of teacher), as soon as possible and (first name of student) may then begin (his/her) SAL program. Enclosed is a copy of the approved SAL program). (Name of teacher) will communicate frequently with your child during (his/her) program. (He/she) will be responsible for completing the student report card. If there should be a substantial change to the SAL program, the approval of the principal, supervisory officer, parent and student will be required. Your child's SAL program will be reviewed at least 15 days prior to its expiration date. A transition plan will be further developed to support (first name of student)'s return to school or a recommendation may be made to the SAL Committee to renew the SAL for one additional academic year.)

Please contact (name of principal), Principal to discuss your concerns if you should have any questions that cannot addressed by (name of teacher).

Yours truly,

(Name)
Superintendent of School Effectiveness

cc (Name of Principal)
(Names: Members of SAL Committee)
(Name of Attendance Counsellor)