



Grade 10 to 12 Student Learning Plan (SLP)

All Grade 10-12 students are required to have a **signed learning plan** to participate in a distributed learning program. Complete **either** Form A or Form B as thoroughly as possible. If you would like to discuss your course selection you can phone our office and speak with an advisor.

FOR A SUMMARY OF THE NEW GRADUATION PROGRAM REQUIREMENTS, [CLICK HERE](https://www2.gov.bc.ca/gov/content/education-training/k-12/support/graduation/certificate-of-graduation) (or check <https://www2.gov.bc.ca/gov/content/education-training/k-12/support/graduation/certificate-of-graduation>)

Please complete all fields.

| | | |
|---|-------------------|------------------|
| Student Name: | <i>first name</i> | <i>last name</i> |
| Grade: | | |
| Post-Secondary plans: | | |
| Anything that affects your schoolwork (<i>job, sports, IEP, unique learning style, etc.</i>): | | |

| | |
|--------------------------|--|
| Parent/Guardian name: | |
| Relationship to student: | |
| Parent/Guardian email: | |
| Best Phone #: | |

****Complete **either** SLP Option A or Option B****

SLP Option A: *Enrolling with SCIDES full time and taking most courses with us (SCIDES is school of record)*

Program plans for this year (SLP):

| Course Name: | Grade: | Planned Start Date: <i>(or indicate semester 1 or 2)</i> |
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Refer to the Course Outline for each course. This includes: 1. Big Ideas 2. Curricular Competencies and Content 3. Learning Resources 4. Assessment Strategies and Standards of Performance

Signature of student and/or parent or guardian: _____

Date: _____

(digital signature is okay - typing in your name constitutes a valid signature)

SLP Option B: Cross-enrolled with SCIDES for just one or a few courses, you attend another school full time

| | |
|---|--|
| School of record name (<i>main school</i>): | |
| SOR Counsellor email: | |
| SOR Counsellor Phone #: | |
| <i>My signature below indicates that I will discuss, or have already done so, taking the courses listed below through SCIDES with my SOR Counselor and my family to ensure that my online learning is fully supported and my school records are accurate.</i> | |

| SCIDES courses you plan to take this year | | Courses you are currently taking at your school of record or plan to take this year (<i>required</i>) | |
|---|---|--|---|
| Course(s) | Planned Start Date: (<i>or indicate semester 1 or 2</i>) | Course(s) | Planned Start Date: (<i>or indicate semester 1 or 2</i>) |
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Refer to the Course Outline for each course. This includes: 1. Big Ideas 2. Curricular Competencies and Content 3. Learning Resources 4. Assessment Strategies and Standards of Performance

Signature of student and/or parent or guardian: _____

Date: _____

(*digital signature is okay - typing in your name constitutes a valid signature*)
