

A school division intending to seek authorization for an Alternative Education Program is required to establish the need for the program prior to development (initial and renewal). **Early confirmation of need by the Ministry of Education must precede the actual development and submission of an Alternative Education Program, which can be made up of one or more courses.**

Do you understand fully the impact an [Alternative Education Program](#) will have on students as described on page 8 of the *Policy, Guidelines and Procedures for Alternative Education Programs: Alternative Grade 10, 11 and 12*? Yes ☐ No ☐

School Division		
Mailing Address		
City/Town	Province	Postal Code
School Phone Number	School Email Address	

Number of Students	Date of Commencement	Expiry Date

[illegible]

3. Rationale – Please describe the intent or purpose of the program. Identify reasons why program development should proceed.

4. What are the diverse needs of the students who will be enrolled in this program that cannot be met through the regular course of study and the implementation of the Adaptive Dimension?

Please provide contact information for the individual(s) who will be responsible for the development of the Alternative Education Program.

Name	Title	Phone Number
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Name	Title	Phone Number
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Name	Title	Phone Number
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Authorization

Director of Education or Designate	Date
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For Ministry of Education Use Only

Proceed with Form A-1:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments:

Director, Instruction Unit or Designate	Date
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