



Chilliwack School District
"Partners In Learning"

ADMINISTRATIVE REGULATION 612.1

ALTERNATE DELIVERY FOR PERSONAL DEVELOPMENT SECTIONS OF THE PERSONAL PLANNING (K-7) AND CAREER AND PERSONAL PLANNING (8-12) CURRICULA

Parents who request an alternate delivery model for one or more of the Personal Development sections of the Career and Personal Planning (CAPP) curriculum will initially meet with the classroom teacher/principal (elementary) or CAPP teacher/CAPP coordinator (secondary) to discuss all learning outcomes of alternate delivery sections.

Each student is expected to spend the equivalent time to that of the school program.

The steps the student (and parent) will follow are outlined below.

Develop an outline of the plan and have it approved by the parent, and CAPP teacher/coordinator (and administrator). The plan will include one or more of the following activities (or others as assigned by the school).

- Keeping a reflective journal on the learning taking place.
- Writing a research report that is based on the learning outcomes or write an essay that expresses their opinions about the issues they are learning. Several essays or research projects may be required to integrate all learning outcomes if all sections of Personal Development are to be covered.
- Creating a report that in some way summarizes the unit of study. Again, if all areas of Personal Development need to be covered several reports may be required.

In order to assist with the completion of the learning outcomes school based resources may be made available.

Cross Refs:

Adopted: April 28, 1998

Reviewed:

Revised:

OUTLINE

Personal Planning (K-7) Career and Personal Planning (8-12)

Student _____ Teacher _____

Date: _____ School _____

The purpose of this plan is to enable the student to give evidence of their understanding of the Personal Development sections not being delivered by the classroom teacher. The student will check off the major Personal Development sections requiring alternate delivery and the teacher will list the specific learning outcome to be completed by the student.

Check areas requiring alternate delivery	List the specific learning outcomes to be covered	Completion Date
Healthy Living		
Mental Well Being		
Family Life		
Child Abuse Prevention		
Substance Abuse Prevention		
Safety & Injury Prevention		

Fill out one form for each of the Personal Development sections needing alternate delivery.

Healthy Living Mental Well-Being

Child Abuse Prevention

Family Life Education

Substance Abuse Prevention

Safety & Injury Prevention

EXPERIENCES	
RESOURCES	
PRODUCT	
ACTION	
TIMELINE COMPLETION	

Evaluation - The project will be evaluated by the student, teacher and others in a manner listed below.

Student	Teacher	Other (optional)

Signatures

Student

Parent

CAPP Department Head/Teacher

Date

JOURNAL

Student Name _____ Student # _____

School _____

CAPP Section _____

For each of the activities listed in your LOG provide a brief explanation of what you did. Be sure to include any feelings, challenges or highlights you experienced during the activity. The purpose of this section is to allow you to think about what you are learning and to summarize the experience in a concise manner.

DATE	ACTIVITY or ASSIGNMENT	EXPLANATION