
Form 206 – 1
**Student Plan for Alternative Delivery of the BC Health
Education Curriculum Standards K-10**

Student Name: _____

Grade: _____

School: _____

Learning Outcomes to be completed:

Steps to be taken:

Learning resources as recommended by teachers and/or parents:

Assignments to be completed:

Timeline for completion:

Evidence of Understanding/Criteria to be met:

Signatures

Student

Parent

Teacher

Administrator

Date