

Prior Learning Assessment: Self-Assessment Form

<input type="checkbox"/> Full-Time	<input type="checkbox"/> FCAPS	Student Number	Student Name
Course/ Program Name:		Course/ Program Code:	
PLAR pre-application checklist.			
I am 19 years of age or older OR I have an OSSD or equivalent			<input type="checkbox"/> Yes <input type="checkbox"/> No
The course I am interested in is eligible for PLAR (check course outline)			<input type="checkbox"/> Yes <input type="checkbox"/> No
This is my first application OR it has been one year (or longer) since I last attempted PLAR for this course			<input type="checkbox"/> Yes <input type="checkbox"/> No
I have NOT failed or withdrawn from this course in the last year			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answer "Yes" to all of these questions, you may proceed with your PLAR application			

Critical Performance Statement							
Learning Outcomes							
For each learning outcome listed, please self-evaluate your competency levels and record in the appropriate column.							
<ol style="list-style-type: none"> 1. I am able to demonstrate the learning outcome well enough to teach it to someone else. 2. I can work independently to apply the learning outcome. 3. I need some assistance in using the outcome. 4. I am developing skills and knowledge for this area. 5. I have no experience with the outcome. 							
		Level of Competence					
Learning Outcomes	Experience (eg Volunteer, hobbies, project development)	1. Demo	2. Apply	3. Need Help	4. In dev.	5. No exp	Documentation/ Evidence
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					

Advisor Name: _____ Signature: _____ Date: _____

Program Coordinator _____ Signature: _____ Date: _____

Referred to: Assessor _____

Bring the completed self-assessment to a consultation meeting with the program coordinator or faculty member.

PRIOR LEARNING ASSESSMENT APPLICATION

Please include the \$114.16 (non-refundable) assessment fee with this application. Attach all supporting documents such as portfolio, letters, résumés, etc. that apply to your request.

<input type="checkbox"/> Full-Time		<input type="checkbox"/> FCAPS		Student Number	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs	Surname		Given Names		Date of Birth (mm/dd/yyyy)
Street Number and Name, P.O. Box, R.R. #				Apt. No.	
City/ Town		Prov.	Postal Code	Home Phone	Cell Phone
Email (Sheridan applicants and students: we will communicate via your Sheridan email account)			If you are applying for postgraduate Nursing credits, please include your REGISTERED NURSING ONTARIO CERTIFICATE OF COMPETENCE NUMBER		
Course Title					
Subject Code	Catalogue Number	Class Number	Program:		
Source of Learning <input type="checkbox"/> Work Experience <input type="checkbox"/> Volunteer Work <input type="checkbox"/> Self Study					
<input type="checkbox"/> Seminars, etc. <input type="checkbox"/> Other: _____					

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Grade _____	Entry Date _____	Specialist's Signature _____
Assessor's Name (please print) _____	Assessor's Signature _____	Date _____
Coordinator's Name (please print) _____	Coordinator's Signature _____	Date _____
Information Acquired from the following sources: <input type="checkbox"/> Interview <input type="checkbox"/> Portfolio (documentation) <input type="checkbox"/> Challenge Exam		
<input type="checkbox"/> Samples of work <input type="checkbox"/> Demonstration <input type="checkbox"/> Other _____		
Assessor's comments _____ _____		
Payment received by: _____		
<small>Freedom of Information and Protection of Privacy Act, 1987. The information on this form is collected under the legal authority of the Colleges and Universities Act, R.S.O. 1980, C.272, s5: R.R.O. 1980, Reg. 640. This information will be used for the purpose of making admission and registration decisions, for communicating additional information about College-wide activities, and for administrative and statistical purposes of the Ontario Ministry of Education and Training: For further information, please contact the Office of the Registrar.</small>		

Prior Learning Assessment Waiver

This signed waiver gives permission to the Assessor to contact employers, co-workers, or references named in my portfolio, on my resume or below in order that the sources of my documentation can be verified.

Name (please print): _____

Sheridan Student ID number (if applicable): _____

As per Section 39(1) of the Freedom of Information and Protection of Individual Privacy Act (FIPPA), I, _____, authorize Sheridan to contact the persons or organizations listed below to obtain reference information.

1. Name of Organization	Phone: Day
Contact:	Evening
Title:	Relationship to Reference:

2. Name of Organization	Phone: Day
Contact:	Evening
Title:	Relationship to Reference:

3. Name of Organization	Phone: Day
Contact:	Evening
Title:	Relationship to Reference:

Signature: _____

Date: _____