

PRIOR LEARNING ASSESSMENT AND RECOGNITION: CHALLENGE FOR CREDIT
Cumulative Tracking Record

Surname

Given Names MIN/OEN Student Number Gender Date of Birth

School Board/School Authority/Inspected Private School¹

Number Name of School Date of Entry

Date (Year/ Month)	School Board/Inspected Private School ²	Course Grade/ Level	Course Title	Course Code	Discipline	Percentage Grade	Credit	Compulsory	Withdrawal	Authorization ³

¹ Name of school board/school authority/inspected private school that maintains the student's OSR

² Name of school board or inspected private school through which the student earned the credit(s)

³ Signature of person authorized to maintain the student's OSR

Note: For policy on the use of this form, see Policy/Program Memorandum No. 129, "Prior Learning Assessment and Recognition (PLAR): Implementation in Ontario Secondary Schools".

PRIOR LEARNING ASSESSMENT AND RECOGNITION: CHALLENGE FOR CREDIT
Interim Tracking Record

Surname	Given Names	MIN/OEN	Student Number	Gender	Date of Birth
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School Board/School Authority/Inspected Private School¹	Number	Name of School	Date of Entry
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Date (Year/ Month)	School Board/ Inspected Private School ²	Course Grade/ Level	Course Title	Course Code	Discipline	Percentage Grade	Credit	Compulsory	Withdrawal	Authorization ³

¹ Name of school board/school authority/inspected private school that maintains the student's OSR

² Name of school board or inspected private school through which the student earned the credit(s)

³ Signature of principal who granted the credit(s)

Note: For policy on the use of this form, see Policy/Program Memorandum No. 129, "Prior Learning Assessment and Recognition (PLAR): Implementation in Ontario Secondary Schools".

APPLICATION TO CHALLENGE FOR CREDIT FOR A COURSE

Please complete this application form and submit it to your school principal.

Surname: _____

Given names: _____

MIN/OEN: _____

Grade: _____

Gender: ___male___female

Date of birth: ___year___month___day

Name of parent/guardian: _____

School: _____

I wish to challenge for credit for the following course:

Course Title	Course Type	Course Grade/Level	Course Code

I am aware that a passing or failing mark resulting from a challenge for credit for a Grade 11 or 12 course will be entered on my Ontario Student Transcript and that a passing or failing mark or a withdrawal resulting from a challenge for credit for any Grade 10, 11, or 12 course will be entered on my PLAR tracking record and maintained in my Ontario Student Record.

I am aware that the PLAR challenge process will include formal tests (balanced between written work and demonstration, as appropriate for the subject) worth 70 per cent of the final mark, and other types of assessment worth 30 per cent of the final mark. I am aware that my skills and knowledge will be evaluated against the expectations outlined in the appropriate provincial curriculum policy document. I am aware that a maximum of four credits may be granted through the challenge process for courses in Grades 10 to 12, with no more than two in any one discipline.

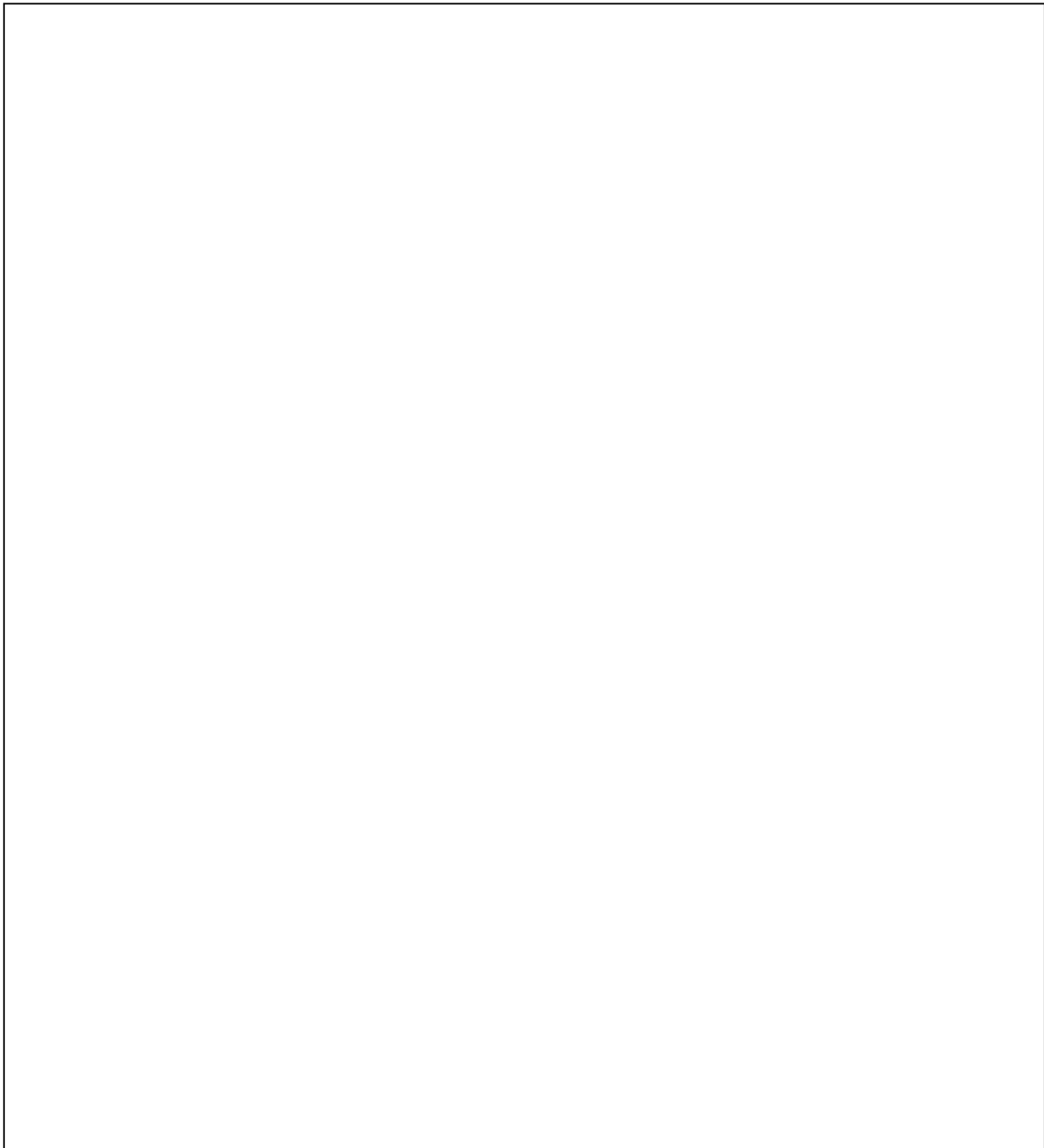
I am submitting the following as evidence that I am qualified to challenge for credit for this course:

- _____ letter(s) of recommendation from teacher(s) familiar with the course expectations
- _____ letter(s) of recommendation from member(s) of the community
- _____ a portfolio of relevant work
- _____ proof of successful relevant experience in a supervised setting
- _____ proof of independent learning in a relevant area
- _____ a videotape, audiotape, or CD-ROM with samples of relevant work
- _____ proof of relevant prior learning from another educational jurisdiction
- _____ proof of successful completion of courses identified as prerequisites for this course

Student Paragraph

Write a paragraph of 100–200 words stating why you want to challenge for credit for this course. Be sure to include the following:

- ways in which the course credit will help you to fulfil your educational goals
- your special interests and skills related to this course

A large, empty rectangular box with a thin black border, intended for the student to write their paragraph. The box occupies most of the lower half of the page.

I have reviewed the curriculum expectations and the descriptions of the levels of achievement for this course with a designated subject teacher.

I understand that a board/school committee will review my application.

Signature of student: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

Signature of teacher-adviser/
guidance counsellor: _____ Date: _____

FOR OFFICE USE ONLY

Date application received: _____

Date challenge process completed: _____

RECORD OF ASSESSMENT OF CHALLENGE FOR CREDIT FOR A COURSE

Student's surname: _____

Given names: _____

MIN/OEN: _____

Gender: ____ male ____ female

Date of birth: ____ year ____ month ____ day

Name of parent/guardian: _____

Course title: _____ Course type: _____

Course grade/level: _____ Course code: _____

Teacher: _____

School: _____

Assessment Strategies Used

a) Formal Tests – 70% of final percentage grade

Overall Expectations Covered	Type of Test	Date Completed	Level of Achievement

Percentage Grade (out of 70%) _____

b) Other Assessment Strategies – 30% of final percentage grade

Overall Expectations Covered	Type of Assessment Strategy	Date Completed	Level of Achievement

Percentage Grade (out of 30%) _____

Final Percentage Grade _____

Signatures

Subject teacher: _____ Date: _____

Student: _____ Date: _____

Principal: _____ Date: _____

Teacher-adviser/guidance counsellor: _____ Date: _____

Parent/guardian: _____ Date: _____