

**EALTCP PLAR Assessment Agreement Form**  
EAL Teacher Certificate Program (EAL TCP)

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Complete this form in consultation with the EAL TCP PLAR Advisor. The PLAR Fee (\$250) must accompany submission of this form. Return form and fee to the EAL TCP PLAR Advisor:

EAL Teacher Certificate Program - PLAR  
515 Portage Avenue  
Winnipeg, MB, R3B 2E9  
Fax: 982.1707

**PLEASE PRINT CLEARLY**

Country of Citizenship: \_\_\_\_\_

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Last Name(s)	First (Given) Name	Middle Name(s)
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Home Address

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City/Town	Province	Postal Code
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Contact Telephone Number	E-Mail Address	Student # (if applicable)
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**EAL TCP PLAR requested for:**

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Course Name	Course Number
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**Agreed Upon Method of PLAR Assessment:**

- Option #1: Assignment Completion
  - o Self-assessment checklist, documents from prior formal learning, three completed assignments
- Option #2: Selected Evidence Completion
  - o Self-assessment checklist, documents from prior formal learning, four completed documents, verification of learning letter
- Option #3: Portfolio Completion
  - o Self-assessment checklist, portfolio checklist, and all accompanying documents

**Due Dates:**

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I understand that once materials are submitted, the assessment process may take four weeks and that credit is not guaranteed through this evaluation process.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EAL TCP PLAR Advisor Signature

\_\_\_\_\_  
Date

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLAR Fee: \_\_\_\_\_

Total Paid: \_\_\_\_\_

<b>Method of Payment:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> VISA <input type="checkbox"/> <b>MasterCard</b>  <b>Card #</b> _____  <b>Expiry Date:</b> _____	<b>For Office Use:</b> Processed By: _____ Date: _____ Receipt Number: _____ All documents submitted:   Yes   No Course Credit Approved _____ Course Credit Denied _____ Letter sent to Student by Program Administrator _____ Course entered in Datatel _____
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