

Gateways to Opportunity®

Illinois Prior Learning Assessment Learner Enrollment Form

Gateways Registry Membership/ID Required

Thank you for enrolling in the Illinois Prior Learning Assessment opportunity. You may be able to earn college credit at an institution of your choice through this project (funded by the Governor's Office of Early Childhood Development, Preschool - Development B-5 federal grant).

Fill out the form carefully for enrollment in the Illinois Prior Learning Assessment opportunity.

Learner:

First Name: _____ Middle Name: _____ Last Name: _____

Birth Date: _____ Gateways Registry Membership Number: _____

Address

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Preferred Phone Number: _____ (Mark One) ☐ Cell ☐ Home ☐ Work ☐ Other: _____

Secondary Phone Number: _____ (Mark One) ☐ Cell ☐ Home ☐ Work ☐ Other: _____

☐ This is the first time I'm taking the PLA assessment

Current Job/Role (use your main role if you have more than one) : _____

Ages of Children with which You Currently Work:

☐ Preschool (3 - 5 years old) ☐ Infant Toddler (Birth to 36 months) ☐ School Age (6 - 12 years old)

How many years of experience do you have working in the Early Childhood field (birth to 8 years)?:

☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5-7 years ☐ 8-10 years ☐ 11-13 years ☐ 14-16 years ☐ 16+ years

Please provide the institution that you want your results shared with: _____

Reminder, if you are not currently registered in Gateways, please do so before submitting this form.

Submit this form to PLAinfo@inccrra.org