

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 a participating institution.

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 name of the institution you are enrolled in or interested in enrolling from the list of participating PLA institutions:

Heartland Community College, DePaul University, Kishwaukee Community College, McHenry College, South Suburban Community College, Greenville University, Western Illinois University, Eastern Illinois University, and Governors State University

Do you need more information for enrolling in this institution

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

Submit this form to PLAinfo@inccrra.org