

# 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](mailto:PLAinfo@inccrra.org)