

<input type="checkbox"/> Full-Time	<input type="checkbox"/> FCAPS	Student Number	Student Name
Course/ Program Name:		Course/ Program Code:	
PLAR pre-application checklist.			
I am 19 years of age or older OR I have an OSSD or equivalent			<input type="checkbox"/> Yes <input type="checkbox"/> No
The course I am interested in is eligible for PLAR (check course outline)			<input type="checkbox"/> Yes <input type="checkbox"/> No
This is my first application OR it has been one year (or longer) since I last attempted PLAR for this course			<input type="checkbox"/> Yes <input type="checkbox"/> No
I have NOT failed or withdrawn from this course in the last year			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answer "Yes" to all of these questions, you may proceed with your PLAR application			

Critical Performance Statement							
Learning Outcomes							
For each learning outcome listed, please self-evaluate your competency levels and record in the appropriate column.							
<ol style="list-style-type: none"> 1. I am able to demonstrate the learning outcome well enough to teach it to someone else. 2. I can work independently to apply the learning outcome. 3. I need some assistance in using the outcome. 4. I am developing skills and knowledge for this area. 5. I have no experience with the outcome. 							
		Level of Competence					
Learning Outcomes	Experience (eg Volunteer, hobbies, project development)	1. Demo	2. Apply	3. Need Help	4. In dev.	5. No exp	Documentation/ Evidence
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Advisor Name: _____ Signature: _____ Date: _____

Program Coordinator _____ Signature: _____ Date: _____

Referred to: Assessor _____

Bring the completed self-assessment to a consultation meeting with the program coordinator or faculty member.