

## Include up to 2 letters of reference from a teacher/instructor based on previous learning in an area related to the challenge.

Name of Candidate:		Course	Course Challenged:			
Reference Contact Inf	ormation #1					
Name of Reference:		Position	n/Title:			
Address:						
	(Street)		(City)	(Postal Code)		
Phone:	Email:					
How long have you kno	wn the candidate?					
In what capacity have y	ou known the candidate?	Teacher	Instructor	Personal Reference		
		Other:				
Has the candidate explained to you the nature of the PLAR Challenge?						
Has the candidate revie course they intend to ch	s of the Ministry	Yes	No No			
Do you feel you have a and skills the candidate PLAR challenge?		Yes	🗌 No			
From your perspective, please rank the candidate in terms of the appropriateness of their prior learning (i.e., skills and knowledge) that would suggest they have a reasonable chance of success with their PLAR challenge.						
	Low	Medium		High		
Please comment on the appropriateness and likelihood of success regarding the PLAR challenge by the candidate.						
Reference Signature:			Date:			

## Notice of Collection Statement

In accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), the Peterborough Vicoria Northumberland and Clarington Catholic District School Board is committed to respecting your privacy and protecting your personal information.

The information collected in this form pursuant to the Education Act will be used solely for the purpose of administering Prior Learning Assessment and Recognition programming. Please be aware that the information you provide will be retained for a minimum period of one year from the date of collection. If you have any questions or concerns about this notice or how this information will be used, please contact the Principal of Adult & Continuing Education.



## Include up to 2 letters of reference from a teacher/instructor based on previous learning in an area related to the challenge.

Name of Candidate:		Course	Course Challenged:			
Reference Contact Inf	ormation #1					
Name of Reference:		Position	n/Title:			
Address:						
	(Street)		(City)	(Postal Code)		
Phone:	Email:					
How long have you kno	wn the candidate?					
In what capacity have y	ou known the candidate?	Teacher	Instructor	Personal Reference		
		Other:				
Has the candidate explained to you the nature of the PLAR Challenge?						
Has the candidate revie course they intend to ch	s of the Ministry	Yes	No No			
Do you feel you have a and skills the candidate PLAR challenge?		Yes	🗌 No			
From your perspective, please rank the candidate in terms of the appropriateness of their prior learning (i.e., skills and knowledge) that would suggest they have a reasonable chance of success with their PLAR challenge.						
	Low	Medium		High		
Please comment on the appropriateness and likelihood of success regarding the PLAR challenge by the candidate.						
Reference Signature:			Date:			

## Notice of Collection Statement

In accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), the Peterborough Vicoria Northumberland and Clarington Catholic District School Board is committed to respecting your privacy and protecting your personal information.

The information collected in this form pursuant to the Education Act will be used solely for the purpose of administering Prior Learning Assessment and Recognition programming. Please be aware that the information you provide will be retained for a minimum period of one year from the date of collection. If you have any questions or concerns about this notice or how this information will be used, please contact the Principal of Adult & Continuing Education.