



NSRIC International School in Toronto (NIST)

London, ON, Canada || web: www.nistonline.ca

Prior Learning Assessment and Recognition: Challenge for Credit

Cumulative Tracking Record

Surname		Given name		MIN/OEN		Student number		Gender		Date of birth (yyyy-mm-dd)	
School Board/School Authority/Inspected Private School ¹				Number		Name of School				Date of Entry	
Date (Year/ Month)	School Board/Inspected Private School ²	Course Grade/ Level	Course Title	Course Code	Discipline	Percentage Grade	Credit	Compulsory	Withdrawal	Authorization ³	

¹ Name of school board/school authority/inspected private school that maintains the student's OSR

² Name of school board or inspected private school through which the student earned the credit(s)

³ Signature of person authorized to maintain the student's OSR

Note: For policy on the use of this form, see Policy/Program Memorandum No. 129, "Prior Learning Assessment and Recognition (PLAR): Implementation in Ontario Secondary Schools".



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Prior Learning Assessment and Recognition: Challenge for Credit

Interim Tracking Record

Surname	Given name	MIN/OEN	Student number	Gender	Date of birth (yyyy-mm-dd)					
School Board/School Authority/Inspected Private School ¹	Number	Name of School	Date of Entry							
Date (Year/ Month)	School Board/ Inspected Private School ²	Course Grade/ Level	Course Title	Course Code	Discipline	Percentage Grade	Credit	Compulsory	Withdrawal	Authorization ³

¹ Name of school board/school authority/inspected private school that maintains the student's OSR

² Name of school board or inspected private school through which the student earned the credit(s)

³ Signature of principal who granted the credit(s)

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APPLICATION TO CHALLENGE FOR CREDIT FOR A COURSE

Please complete this application form and submit it to your school principal.

Surname: _____

Given names: _____

MIN/OEN: _____

Grade: _____

Gender: male female

Date of birth: ____ year ____ month ____ day

Name of parent/guardian: _____

School: _____

I wish to challenge for credit for the following course:

Course Title	Course Type	Course Grade/Level	Course Code

I am aware that a passing or failing mark resulting from a challenge for credit for a Grade 11 or 12 course will be entered on my Ontario Student Transcript and that a passing or failing mark or a withdrawal resulting from a challenge for credit for any Grade 10, 11, or 12 course will be entered on my PLAR tracking record and maintained in my Ontario Student Record.

I am aware that the PLAR challenge process will include formal tests (balanced between written work and demonstration, as appropriate for the subject) worth 70 per cent of the final mark, and other types of assessment worth 30 per cent of the final mark. I am aware that my skills and knowledge will be evaluated against the expectations outlined in the appropriate provincial curriculum policy document. I am aware that a maximum of four credits may be granted through the challenge process for courses in Grades 10 to 12, with no more than two in any one discipline.

I am submitting the following as evidence that I am qualified to challenge for credit for this course:

Letter(s) of recommendation from teacher(s) familiar with the course expectations

Letter(s) of recommendation from member(s) of the community

A portfolio of relevant work

Proof of successful relevant experience in a supervised setting

Proof of independent learning in a relevant area

A videotape, audiotape, or CD-ROM with samples of relevant work

Proof of relevant prior learning from another educational jurisdiction

Proof of successful completion of courses identified as prerequisites for this course

Student Paragraph

Write a paragraph of 100–200 words stating why you want to challenge for credit for this course. Be sure to include the following:

- ways in which the course credit will help you to fulfil your educational goals
- your special interests and skills related to this course

I have reviewed the curriculum expectations and the descriptions of the levels of achievement for this course with a designated subject teacher.

I understand that a board/school committee will review my application.

Signature of student: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

Signature of teacher-adviser/
guidance counsellor: _____ Date: _____

FOR OFFICE USE ONLY

Date application received: _____

Date challenge process completed: _____

RECORD OF ASSESSMENT OF CHALLENGE FOR CREDIT FOR A COURSE

Student's surname:

Given names:

MIN/OEN:

Gender: Male Female Date of birth: year month day

Name of parent/ guardian:

Course title:

Course type:

Course grade/level:

Course code:

Teacher:

School:

Assessment Strategies Used

a) Formal Tests – 70% of final percentage grade

Overall Expectations Covered	Type of Test	Date Completed	Level of Achievement

Percentage Grade (out of 70%): _____

b) Other Assessment Strategies – 30% of final percentage grade

Overall Expectations Covered	Type of Assessment Strategy	Date Completed	Level of Achievement

Percentage Grade (out of 30%): _____

Final Percentage Grade: _____

Signatures

Subject teacher: _____ Date: _____

Student: _____ Date: _____

Principal: _____ Date: _____

Teacher-adviser/guidance counsellor: _____ Date: _____

Parent/guardian: _____ Date: _____