

# Prior Learning Assessment (PLA) Portfolio Summary of Evidence Form



Course Number:

Course Name:

Course Description:

Name:

CWID:

Address:

Phone #:

City, State, ZIP:

Date:

This portion of the form will be completed  
by the PLA Assessors

Learning Outcome	Summary of Evidence	Well Proven	Proven	Poorly Proven	Not Proven

**PLA Assessors:** Please check the appropriate responses at the right, fill in required course information, and sign the form.

I  DO  DO NOT  
recommend credit for  
(course number)  
\_\_\_\_\_.

**PLA Assessor's Signature:**  
\_\_\_\_\_  
**Division Chair's Signature:**  
\_\_\_\_\_