

# REVISION

## Individual Professional Development Plan

<b>TPDC Use Only</b> <b>IPDP #</b>
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(Please Print or Type)

Name:

Building:

Date:

\_\_\_\_\_

1. Revision requested (briefly explain and include any requested changes in PD points):

2. Reason(s) for revision:

3. Effect of revision on IPDP goals, anticipated outcomes and evaluation process/ measures:

Signature: \_\_\_\_\_

TPDC Co-Chair \_\_\_\_\_

Date: \_\_\_\_\_

Revision Approved: \_\_\_\_\_

Revision Denied: \_\_\_\_\_

Reason For Denial: \_\_\_\_\_

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