

**Individual Professional Development Plan (IPDP)
Revision Form**

Name:

Building:

Grade Level:

Date:

1. Revision Requested (briefly explain):

2. Reason(s) for Revision:

3. Effect of Revision on IPDP Goals, Anticipated Outcomes, and Evaluation Processes/Measures:

For Local Professional Development Committee Use Only

Revision Approved:

Revision Denied:

Reason for Denial:

Revised IPDP Effective: