

**Professional Development Plan
Change Request Form - REPA**

NOTE: Attach copy of original PDP with the request to the PDP representative.

Name: _____ Program area: _____

Request change of activity FROM:

Request change of activity TO:

Reason for making change request:

New Objective: (If applicable)

Approval	Date	Completion	Date
_____ (Teacher)	_____	_____ (Teacher)	_____
_____ (C & T Area Director)	_____	_____ (C & T Area Director)	_____

NOTE: This form must be attached to original PDP when applying for a renewal of a WSII license. Copies must be retained by career and technical education director **and** workplace specialist teacher.
Building administrators or support staff may not approve or verify completion.

PLEASE TYPE OR WORD PROCESS – HANDWRITTEN DOCUMENTS WILL NOT BE ACCEPTED!