

**Professional Development Plan  
Change Request Form**

NOTE: Attach copy of original PDP with the request to the PDP representative.  
**Objectives/activities indicated as mandatory may not be modified.**

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 Administrator)	_____	_____ (C & T Administrator)	_____
_____ (PDP Representative)	_____	_____ (PDP Representative)	_____

**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.

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