

**IPDP REVISION FORM-Attach original IPDP to this form**Name: \_\_\_\_\_ Educator State ID#: 

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School: \_\_\_\_\_ School City: \_\_\_\_\_

What type of certificate or license do you **currently** hold?

- ☐ 5-Year Professional License
- ☐ Non-Tax Certificate (see gray box below)
- ☐ 5-Year Professional License & Non-Tax Certificate

**If you hold a Non-Tax Certificate ONLY:**

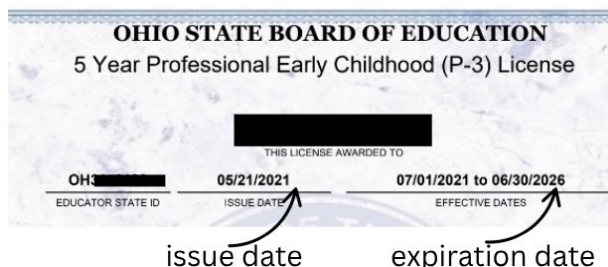
Date of your last verification approval: \_\_\_\_\_

Diocesan Expiration Date: 6/30/\_\_\_\_\_

Please list the subject(s) or grade(s) you are currently teaching.

Reason for Revising Goal and New Goal:

Acknowledgement	License Issue Date	Teacher Initials	License Expiration Date	Teacher Initials
I understand that I need to complete a total of 18 CEUs (180 clock hours) between the following dates:			6/30/_____	

**Teacher (Typed Name) | Principal (Signature)**

Signature	Date	Position
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Signature of supervisor*	Date	Position
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\* principal if you are a teacher, pastor if you are an elementary administrator, or superintendent if you are a secondary administrator