

**SALEM CITY SCHOOLS**  
**LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE**  
**ANNUAL REVIEW REQUEST FORM**

Name

Date Submitted

This form is to be filed with the LPDC Chairperson to request optional annual reviews.

This form is to be filed no later than October 1<sup>st</sup>.

Request for an optional annual review.

LPDC Chairperson Signature

Date received

Date of the Review

Time

Annual reviews should take no longer than 15 minutes per educator.

The purpose of the review is to check progress toward fulfilling your IPDP.

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Annual Review has been completed

Date \_\_\_\_\_

LPDC Members:

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