



Wisconsin Department of Public Instruction
PDP VERIFICATION FORM
 PI-PDP-2 (Rev. 8-09)

INSTRUCTIONS TO EDUCATOR: Complete Part I and submit to your PDP Team for signature.
INSTRUCTIONS TO PDP TEAM MEMBER: Complete Part II in the appropriate team member section and return to educator.

Professional Development Plan (PDP) forms available at: <http://dpi.wi.gov/tepd/pdp.html>

I. EDUCATOR INFORMATION		
Educator Name	Educator E-Mail Address	Educator File No.*
LICENSURE CATEGORY: <input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Pupil Services		Date PDP Submitted for Verification
PRESENT LICENSURE STAGE: <input type="checkbox"/> Initial Educator <input type="checkbox"/> Professional Educator <input type="checkbox"/> Master Educator		
I HEREBY CERTIFY THAT, by my signature below, under penalty of perjury, that the information submitted by me in this form is true. I am aware that submitting false information in connection with this process may result in non-approval and/or non-renewal of a license and may subject me to civil or criminal penalties.		
Educator Signature ➤		Date Signed

II. PDP TEAM MEMBER INFORMATION			
Team Member Name	Team Member E-Mail Address	Date Trained As a team member	Educator File No.*
Representing <i>Check one</i> <input type="checkbox"/> Teacher <input type="checkbox"/> Pupil Services <input type="checkbox"/> Administrator <input type="checkbox"/> IHE			Check One <input type="checkbox"/> PDP Verified <input type="checkbox"/> Not Verified
I HEREBY AFFIRM, by my signature, that the information provided is true and correct.			
Signature ➤		Date Signed	

Team Member Name	Team Member E-Mail Address	Date Trained As a team member	Educator File No.*
Representing <i>Check one</i> <input type="checkbox"/> Teacher <input type="checkbox"/> Pupil Services <input type="checkbox"/> Administrator <input type="checkbox"/> IHE			Check One <input type="checkbox"/> PDP Verified <input type="checkbox"/> Not Verified
I HEREBY AFFIRM, by my signature, that the information provided is true and correct.			
Signature ➤		Date Signed	

Team Member Name	Team Member E-Mail Address	Date Trained As a team member	Educator File No.*
Representing <i>Check one</i> <input type="checkbox"/> Teacher <input type="checkbox"/> Pupil Services <input type="checkbox"/> Administrator <input type="checkbox"/> IHE			Check One <input type="checkbox"/> PDP Verified <input type="checkbox"/> Not Verified
I HEREBY AFFIRM, by my signature, that the information provided is true and correct.			
Signature ➤		Date Signed	

*Educator file numbers may be found on the DPI Educator License lookup at: <http://dpi.wi.gov/tepd/lisearch.html>

Do not submit this form to DPI. Your PDP must be verified electronically. Please go to <https://myqei.org/verify/> to complete the process