

Developmental Disabilities Resource Board  
**Training Stipend Program Policy for Direct Support Professionals  
and their Immediate Supervisors**

Policy Origination: December 9, 1999

Revision Effective: July 1, 2002

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**Purpose:**

The DDRB values the role of direct support professionals and their immediate supervisors in providing supports to meet the needs of individuals with developmental disabilities. Direct support professionals and their immediate supervisors are encouraged to participate in conferences and educational opportunities that improve their quality of life. The Training Stipend program gives direct support professionals and their immediate supervisors the opportunity to attend trainings, seminars and classes that are not required as part of their job and that they might otherwise not be able to attend.

**The Training Stipend Program for Direct Support Professionals (DSP) and their Supervisors:**

**Eligibility:**           The applicant must work for a program that provides a controlled  
**General**                   work environment, or is designed toward enabling an eligible person  
to progress toward normal living, or to develop his or her capacity, performance,  
or relationships with other persons, or provide services related to a place of  
residence or social centers of eligible persons, or is connected or associated with  
vocational training, vocational teaching, vocational activities, vocational  
workshops, and/or residential facilities.

**Eligibility:**           The applicant must be a direct support professional whose job  
**DSP**                       responsibilities require at least 50% face-to-face direct support of  
individuals with developmental disabilities. The staff member must  
have been employed for one year (full-time equivalent) or 2080 hours.

**Eligibility:**           The applicant must be an immediate supervisor of direct  
**Supervisors**           support professionals whose job responsibilities require at  
least 25% face-to-face direct support of individuals with developmental  
disabilities. The staff member must have been employed for one year (full-time  
equivalent) or 2080 hours.

**Event:**                Training must be professionally recognized and job-related.

**Amount:**            A co-pay of \$25.00 is required for each training. The DDRB will  
pay the remaining fee, up to a maximum of \$75.00 per year per person. Supplies  
and other expenses directly related to the  
training may be included.

**Approval:**           The employee's supervisor must approve the application.  
Approval is given by the DDRB Executive Director and is based  
upon available funding.

**Application:**

Applications are considered on a first-come-first-served basis. Applications are to be sent to the Executive Director of the DDRB. The DDRB will return a copy of the application indicating the approved amount. Receipts must be submitted for reimbursement of pre-approved expenses within 90 days of completion of the approved training session with required documents (paid receipt, certification of completion and training feedback form). The fiscal year end invoice deadline is not applicable.

**Follow-Up:**        Individuals receiving stipends must submit a Training Feedback form to the DDRB in order to be reimbursed.

Developmental Disabilities Resource Board  
**Training Stipend Program for Direct Support Professionals  
And their Immediate Supervisors  
APPLICATION**

**Request for DDRB Training Stipend:**

**This form must be turned in prior to registering for the training. Once reviewed by the DDRB, the request form will be returned to the individual making the request indicating approval. This form must be resubmitted to the DDRB for reimbursement after completion of the training.**

Stipend Request Date: \_\_\_\_\_ Name: \_\_\_\_\_

Employer: \_\_\_\_\_

I am interested in the following training opportunity: (attach brochure) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Training Cost: \_\_\_\_\_ DDRB Request: \_\_\_\_\_

Approved by Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
(Supervisor's signature required)

Reimbursement to be sent to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

<b>DDRB Review:</b>	Date: _____	Amount Approved: \$ _____
	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
	DDRB Representative Signature: _____	

**DDRB: DSP Training Stipend Reimbursement:**

***This document must be submitted to the DDRB office within 90 days of completion of the approved training session with the following items attached to process reimbursement (fiscal year end invoice deadline is not applicable):***

- ◆ Paid receipts for tuition and expenses
- ◆ Copy of Grade or Certificate of Completion
- ◆ Training Feedback form

Supervisor/Agency Director: \_\_\_\_\_ Date: \_\_\_\_\_

DDRB Check Issued on: \_\_\_\_\_ Number: \_\_\_\_\_ Amount: \_\_\_\_\_

**Developmental Disabilities Resource Board**  
**Training Stipend Program for Direct Support Professionals**  
**And their Immediate Supervisors'**  
**TRAINING FEEDBACK**

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*This form must be submitted with the completed application form when requesting reimbursement.*

Title of Training Event Attended \_\_\_\_\_

Instructor: \_\_\_\_\_

Dates of Training: \_\_\_\_\_ Cost: \_\_\_\_\_

Location of Training: \_\_\_\_\_

**1. How would you rate the instructor? Check all that apply or add:**

- |  |                                      |                                   |
|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Energetic     | <input type="checkbox"/> Interesting | <input type="checkbox"/> Off-task |
| <input type="checkbox"/> Boring        | <input type="checkbox"/> Likable     | <input type="checkbox"/> _____    |
| <input type="checkbox"/> Knowledgeable | <input type="checkbox"/> Long-winded | <input type="checkbox"/> _____    |

**2. How much of the content was helpful to you?**

- Most or all of the presentation
- A considerable amount of the presentation
- Some portions/maybe half of the presentation
- Very little or none of the presentation

**3. Is this training worth the money spent (registration fee/staffing coverage)?**

- Yes                       No

**4. Why would (or wouldn't) you recommend other direct support professionals and their immediate supervisors to attend this training opportunity?**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit this form with the completed application form to process reimbursement.