

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, 2009

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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 as well as the individuals they serve. 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: General	The applicant must work in a program/service that receives DDRB operational funding.
Eligibility: DSP	The applicant must be a direct support professional whose job responsibilities require at least 85% 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: Supervisors	The applicant must be an immediate supervisor of direct 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.
Training Criteria:	Training must be professionally recognized and job-related. College credit courses are allowed for individuals pursuing undergraduate studies. The applicant must exhaust employer-based tuition benefits prior to applying for DDRB training stipend funds. Future stipend consideration will be based on course completion with a final grade of C or better.
Amount:	A co-pay of 20% (not to exceed \$25.00) of the registration and related materials is required for each training or class. The DDRB will pay the remaining fee, up to a maximum of \$500.00 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. Applications are approved by the DDRB Executive Director based on eligibility criteria and available funding. Notification of funding decisions are sent to the applicant at the location listed in the personal information section of the application.

**Application:**

Submit applications to: DDRB, 156 St. Peters Centre Blvd., St. Peters, MO 63376, Attention: Training Stipend Program. Original applications are returned with the final funding decision. Applications are considered on a first-come-first-served basis.

**Follow-Up:** Individuals receiving stipends must submit to the DDRB within 60 days of course completion documentation of their final grade and/or certificate of completion along with the Training Feedback form in order to be reimbursed or considered for future stipend funds.

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 indicating final funding decision.

Stipend Request Date: \_\_\_\_\_ Class Start Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (State) (Zip Code)

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

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

I am interested in the following training opportunity: (attach official course/training description)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Cost for Registration:** \_\_\_\_\_ (20% of total registration  
**Less co-pay** \_\_\_\_\_ not to exceed \$25.00)  
**DDRB Stipend Request:** \_\_\_\_\_

The DDRB will pay the registration fee and eligible expenses, less the co-pay, up to a maximum of **\$500.00** per year. Fees related to late registration, travel and lodging are not covered.

**Choose one of the following:**

I am requesting to be reimbursed directly. The official training description and my paid receipt for tuition and eligible expenses is attached. I understand my final grade and/or certificate of completion must be received within **60** days of training completion.

I am pre-registering for the training (official course description is attached). I would like the DDRB to send its portion of the registration to me and I will forward the check along with my portion of the registration and registration forms to the institution conducting the training. I understand all receipts, final grade and/or certificate of completion must be received within **60** days of training completion.

Make Check Payable to: \_\_\_\_\_

Send Check 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: _____	

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

*This form, along with final grade and/or certificate of completion, must be received within 60 days of training class/course completion.*

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"/> Disorganized |
| <input type="checkbox"/> Knowledgeable | <input type="checkbox"/> Long-winded | <input type="checkbox"/> _____        |

**2. How would you rate the overall content of the training?**

- Excellent                       Good                       Fair                       Poor

**3. Will you be able to apply what you learned to your current job?**

- Yes                                       No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. How will this training enable you to improve the quality of life for the individual(s) you serve?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Would you recommend other direct support professionals and their immediate supervisors to attend this training opportunity?**

- Yes                                       No

Explain: \_\_\_\_\_  
\_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (State) (Zip Code)