Developmental Disabilities Resource Board

Best Practices Conference Program
APPLICATION

This form must be turned in 30 – 90 days prior to the conference start date. Once reviewed by the DDRB, this request form will be returned to the individual indicating final funding decision.

Request Date _____ Conference Start Date _____

Name _____ Email _____

Address (Street) _____ (City) _____ (State) _____ (Zip Code) _____

Supervisor Name _____ Employer Name _____

Supervisor Signature (required) _____ Date _____

Conference Title _____ Workgroup Service Category _____

I agree to attend and report findings of conference sessions to the conference workgroup. The conference workgroup will evaluate sessions and make recommendations to the DDRB Program Committee and DDRB Board. I agree to participate in the presentation of the workgroup findings.

Employee Signature _____

DDRB Review:	Date:_____Amount Approved: $_____ ☐Approved ☐Not Approved DDRB Representative Signature: _____

Developmental Disabilities Resource Board

Best Practices Conference Program
CONFERENCE FEEDBACK FORM

This form, along with receipts relating to DDRB expenses must be received within 60 days of the conference completion.

Title of Conference Attended_____

Sessions Attended: _____

_____

_____

1. Please state your workgroup category: _____

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

☐ Energetic	☐ Interesting	☐ Off-task
☐ Boring	☐ Likable	☐ Disorganized
☐ Knowledgeable	☐ Long-winded	☐ _____

3. How would you rate the overall content of the conference?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

4. Did the conference provide information or methodologies that can be applied to the services in your workgroup? ☐Yes ☐No

Explain: _____

_____

_____

5. If yes, how will this information enable your workgroup to improve the quality of life for the individual(s) served?

_____

_____

_____

6. Would you recommend this conference for future workgroups?

☐Yes ☐No

Explain: _____

_____

Signature:_____ Date:_____

Name:_____

Address:_____

(Street) (State) (Zip Code)