

Developmental Disabilities Resource Board

**Training Stipend for
Direct Support Professionals
and their Immediate Supervisors**

Policy Origination: December 9, 1999

Revision Effective: July 1, 2017

Revision Approved: November 17, 2016

Policy Reviewed: November 16, 2017

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:** The applicant must work in a program/service that receives DDRB operational funding or an agency that provides Residential or Day Habilitation services in St. Charles County and receives DMH funding for these services. Individuals must provide these services in St. Charles County.
- 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 2,080 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 2,080 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 are required for each training or class. The DDRB will pay the remaining fee, up to a maximum of \$500.00 per fiscal 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 based on eligibility criteria and available funding. Additional information maybe requested, as needed.
- Payment:** Applicants can choose to be reimbursed directly or can request the DDRB issue a check made payable to the organization/educational institution conducting the training.

Application:

Submit applications to: DDRB, 1025 Country Club Road, St. Charles, MO 63303. Original applications are returned with the final funding decision within 15 days of receipt. 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 the 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.

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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: _____ Email: _____

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 fiscal year. Fees related to late registration, travel and lodging are not covered.

Choose one of the following:

Reimbursement. I have enclosed the official training description and itemized paid receipt for tuition and eligible expenses. I understand my final grade and/or certificate of completion must be received within **60** days of training completion.

Pre-registration. I have enclosed the official training description that includes the name of institution for DDRB payment. I am requesting the DDRB 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: _____

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

Developmental Disabilities Resource Board
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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)