

St. Charles County Coalition of Service Providers  
**Direct Support Professional Nomination Form**

The St. Charles County Coalition of Service Providers is now accepting nominations for 2007 Direct Support Professional Award. All nominees will be recognized at a reception in their honor. In addition to receiving the Direct Support Professional Award, the top winner receives attendance at a professional development conference of his/her choice, which includes registration for a friend (up to \$1500, provided by the Developmental Disabilities Resource Board-DDRB). Outstanding Performance Awards will be given to the top categorical winners. Recipients of these awards are people who provide direct support for individuals with developmental disabilities and who are dedicated to providing opportunities for the people they serve to become active, valued members of the St. Charles County community. To be nominated, an individual must meet the following criteria:

- A. Be employed full or part- time in St. Charles County.
- B. Spend 85-100% of her/his time in direct support with no supervisory responsibilities.
- C. Hold a position that DOES NOT require any college hours.
- D. Demonstrate consistent, outstanding achievement.
- E. Exhibit sincere dedication.

**Nominations must be RECEIVED by August 31, 2007.**

☐ Employment    ☐ Day Services    ☐ Recreation    ☐ Residential    ☐ Respite

Nominee: \_\_\_\_\_ Date: \_\_\_\_\_

Employing Agency: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Executive Director Signature \_\_\_\_\_

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_

Please answer the following questions. To protect the confidentiality of people supported, use fictitious names or initials if necessary. Include additional information and support letters or documents, as you are able. The Award Committee may contact you for additional information as needed.

1. How long has the Nominee been with his/her current agency? \_\_\_\_\_
2. If you know, how long has the Nominee worked in this field? \_\_\_\_\_

3. What other awards/honors has the Nominee been nominated for or received?

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4. Describe the job duties of the Nominee.

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5. List at least five characteristics/qualities that set this person apart from others and are the reasons you are nominating this person.

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6. Tell a story about the Nominee that shows how his/her work impacted the life of an individual supported.

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7. Give examples of what the Nominee has done to support his/her co-workers.

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Submit nomination forms in a sealed envelope to your agency representative,

\_\_\_\_\_, or mail to: Kathy Williams

DDRB

156 St. Peters Centre BLVD

St. Peters, MO 63376

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