



Coalition of Service Providers
Of St. Charles County
1025 Country Club Road
St. Charles, MO 63303

TO: Coalition of Service Providers of St. Charles County and
Developmental Disabilities Resource Board of St. Charles County Funded Agencies

FROM: Michelle Peters, Coalition of Services Providers President

DATE: July 1, 2015

SUBJECT: 2015 Direct Support Professional Awards

Please note that changes have been made to the Direct Support Professional Awards for 2015.

The St. Charles County Coalition of Services Providers will be accepting Direct Support Professional winners rather than nominees. Each agency that employs direct support professionals may select and submit one direct support staff recipient using the Direct Support Professional Award Recipient Form (attached).

All forms must have approval from the agency executive director/CEO and they must be received by August 28, 2015.

The award celebration is scheduled for Thursday, October 15, 2015 at the Developmental Disabilities Resource Board of St. Charles County office.



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2015 Direct Support Professional Award Recipient Form

Recipients of these awards are people who provide direct support to individuals with developmental disabilities and are dedicated to providing opportunities for the people they serve to become active, valued members of the St. Charles County community. This award is designed to recognize those individuals who demonstrate consistent dedication and who are frequently going above and beyond their typical day to day responsibilities. **Each agency may select one DSP winner to be submitted to the St. Charles County Coalition after obtaining Executive Director/CEO approval.**

To be an award recipient, 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. Demonstrate consistent, outstanding achievement, and
- E. Exhibit sincere dedication.

Award Recipient Name: _____ Phone: _____

Employing Agency: _____

Address: _____ City: _____ State/Zip: _____

Agency Executive Director/CEO: _____

Phone: _____

Email: _____

Please answer the following questions.

1. How long has the recipient been with your agency ? _____
2. How long has the recipient worked in this field ? _____

Please see page 2 for nomination components.
AWARD RECIPIENT FORMS MUST BE RECEIVED BY AUGUST 28, 2015
Awards will be presented October 15, 2015

