## <u>Developmental Disabilities Resource Board</u>

## **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 (Stre	eet)	(City)	(State)	(Zip Code)	
Supervisor Name			Employer Name		
Supervisor Signature (ı	required)		Date		
Conference Title			Workgroup Service Category		
			3 1 3	,	
The conference we	orkgroup will evalua ee and DDRB Board.	ite sessions and m	ons to the conference ake recommendations pate in the presentati	e workgroup. s to the DDRB	
The conference we Program Committed	orkgroup will evalua ee and DDRB Board.	ite sessions and m	ons to the conference	e workgroup. s to the DDRB	
The conference we Program Committ workgroup finding	orkgroup will evalua ee and DDRB Board.	ite sessions and ma I agree to partici	ons to the conference	e workgroup. s to the DDRB	

## 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 Atte	ended		
Sessions Attended:			
<ol> <li>Please state your</li> </ol>	workgroup category:		
2. How would you ra  ☐ Energetic ☐ Boring ☐ Knowledgeable	te the instructor? Che ☐ Interesting ☐ Likable ☐ Long-winded	eck all that apply or a	ed
3. How would you ra  ☐ Excellent	te the overall content  ☐ Good	of the conference?  ☐ Fair	□ Poor
4. Did the conference the services in your was	e provide information workgroup? $\Box$ Ye		t can be applied to □No
Explain:			
5. If yes, how will th life for the individual	is information enable (s) served?	your workgroup to in	nprove the quality of
□Yes	mend this conference		s?
Explain:			
Signature:		Date:	
Name:			
Address:(Street)		(State)	(Zip Code)