

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: \$ _____
	<input type="checkbox"/> Approved <input type="checkbox"/> 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:

- | | | |
|--|--------------------------------------|---------------------------------------|
| <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"/> _____ |

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)