

Conference Reimbursement for Direct Support Professionals and their Immediate Supervisors	
Purpose	Direct support professionals and their immediate supervisors are encouraged to participate in conferences and educational opportunities that advance their knowledge and understanding of issues related to developmental disabilities. The Conference Reimbursement 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 might otherwise prove cost prohibitive.
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 reimbursement. Future reimbursement consideration will be based on course completion with a final grade of C or better.
Amount	A co-pay \$25 is 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 may be requested, as needed.
Reimbursement	A reimbursement check is sent to the applicant. Completed applications, along with outlined supporting documentation, must be submitted to the DDRB within 60 days of the event or course completion. The fiscal year end invoice deadline is not applicable.
Application for Reimbursement	Submit applications to: DDRB, 1025 Country Club Road, St. Charles, MO 63303. The applicant is responsible for sending the DDRB copies of itemized paid receipts from the event organizers, proof of course completion (with final grade if applicable), along with a completed evaluation. Incorrect or incomplete applications will not be processed. Application and evaluation forms can be downloaded from the DDRB website www.ddrb.org or call the DDRB office at 636-939-3351 to request forms.
Reference Form(s) available at www.ddrb.org	<ul style="list-style-type: none"> • Training Reimbursement Application • Training Reimbursement Evaluation

Training Reimbursement for Direct Support Professionals And their Immediate Supervisors APPLICATION

Request for DDRB Training Reimbursement:

This form must be turned in prior to registering for the training.

Stipend Request Date: _____ Class Start Date: _____

Name: _____ Email: _____

Address: _____
(Street) (State) (Zip Code)

Approved by Supervisor: _____ Date: _____
(Supervisor's signature required)

Employer: _____

Name and Date of Training (attach official course/training description) Date

Total Cost for Registration: _____

Less co-pay -\$25.00

DDRB Reimbursement Request: _____

The DDRB will reimburse 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.

Read Carefully 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.

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: _____
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Developmental Disabilities Resource Board
Training Reimbursement Program for Direct Support Professionals
And their Immediate Supervisors'
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)