State of Illinois
Department of Human Services - Division of Developmental Disabilities

DIRECT SUPPORT PERSON (DSP) TRAINING PROGRAM
TWO YEAR REVIEW: CHECKLIST J

Please complete this form and return it along with the requested materials to:

Department of Human Services
Division of Developmental Disabilities
319 E. Madison, Suite 4J
Springfield, IL 62701
Fax: (217) 782-9444

Yes	No	N/A	
☐	☐	☐	1. Has any of the following information changed from your approved training plan? Please check: _____ Training location, if yes, please specify: _____ College of Direct Support (CDS) Online _____ Other Agency ____________ _____ Southern Illinois University (SIU) Online _____ Other Online ____________ _____ Performance standard statement or _____ Attendance Policy _____ Allocation of hours, total number of hours of classroom training or OJTs/CBTAs If **yes**, provide documentation outlining the changes and confirm your training program hours: Classroom _____ hrs. OJT _____ hrs. **Total** _______ **hrs.**
☐	☐	☐	2. Do you wish to remove any DSP instructors from the attached database? If **yes,** identify the DSP instructors to be removed.
☐	☐	☐	3. Do you wish to add any **new** DSP instructors to the database? If **yes**, submit a Checklist I and resume for each new DSP instructor.
☐	☐	☐	4. Do you wish to make any changes to the attached Parent Corporation and Associated Agencies report? If **yes**, identify the necessary changes to the report and return it with Checklist J.
☐	☐	☐	5. Does your agency provide DSP classroom training to any non-associated agencies? If **yes**, list the agencies and identify whether you provide classroom training, OJTs/CBTAs or both.
☐	☐	☐	6. Does your agency outsource its DSP classroom training to another agency? If **yes**, identify the agency:
☐	☐	☐	7. Does your agency use the approved, 40 hour DHS classroom curriculum or has DHS previously approved your agency's classroom modifications? If **no**, complete the DSP Informational Competencies Evaluation Form and submit it with your agency's agency's modified classroom curriculum.
☐	☐	☐	8. Does your agency use DHS Appendix 3 activities for 80 hours of OJTs/CBTAs or has DHS previously approved your OJT/CBTA modifications? If **no**, submit a DSP Informational Competencies Evaluation Form and only modified or any new OJTs/CBTAs. **Important**: Ensure modified OJTs/CBTAs follow the format of Appendix 3 on the DHS website at: http://www.dhs.state.il.us/page.aspx?item=45343

DSP Course Coordinator: ______________________ Fax #: ____________

Phone #: ____________ E-mail: ____________

Executive Director: ______________________ Fax #: ____________

Phone #: ____________ E-mail: ____________

Agency: ______________________

Address: ______________________

____
City State Zip

I certify that the above information is correct.

______________________ ____________
Signature of Executive Director Date

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