



DIRECT SUPPORT PERSON TRAINING PROGRAM: CORE COMPETENCY VERIFICATION

Requirements

1. DSP training programs must be approved and active (not expired) for all training days.
2. Classroom training must total at least 40 hours and On-The-Job Training (OJT) must total at least 80 hours.
3. Trainees must satisfactorily demonstrate knowledge in all DSP informational competencies listed at <http://www.dhs.state.il.us/page.aspx?item=59139> and demonstrate skill in all interventional competencies listed at <http://www.dhs.state.il.us/page.aspx?item=59175>
4. DSP's must be added to the Health Care Worker Registry as DSP/DD Aides within 30 days of completing an approved DSP training program.

Please Complete the Following Agency and Training Information:

_____ Agency Name

_____ Name of DSP

_____ Hire Date

_____ Training Start Date

_____ Training Completion Date

_____ Total Hours of Classroom Training

_____ Total Hours of On-the-Job Training (OJT)

We certify this individual has met successfully all DSP training classroom and OJT competency requirements of the Department of Human Services; and the supporting documentation of such is available for review by Department staff upon request.

_____ Signature of Agency DSP Training Coordinator

_____ Date

_____ Signature of Executive Director or Designee

_____ Date

File with other DSP training records for this DSP.



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Completion of the following table is required and must be supported by copies of assessments of DSP competency for each training module and a completed Appendix 3 or other Division-approved OJT form. These records must document the trainee's successful completion of classroom training at the 80% level of accuracy and OJT activities at the 100% level of accuracy.

Core Competency Summary Table

| Completion of Classroom Competencies | | | Completion of OJT Competencies |
|---|--------------------------------|--------------------------|--|
| First Aid and CPR <i>Identify each initial Certification Date. Copies of current certifications must be maintained in a location readily available for review by Department staff</i> | First Aid Certification | CPR Certification | NA |
| Module Name | Classroom Assessment Date | Percentage Score* | Date last OJT competency demonstrated* |
| Module 1: Introduction to Developmental Disabilities | | | |
| Module 2: Human Rights | | | |
| Module 3: Abuse & Neglect Prevention, Recognition, & Intervention | | | |
| Module 4: Human Interaction & Communication | | | |
| Module 5: Service Plan Development | | | |
| Module 6: Basic Health and Safety | | | |
| Use spaces below if also recording test scores for each Module 6 subsection | | | |
| Section 1: Introduction to Basic Health & Safety | | | |
| Section 2: Human Growth & Development | | | |
| Section 3: Vital Signs | | | |
| Section 4: Wellness | | | |
| Section 5: Assisting with Activities of Daily Living | | | |
| Section 6: Environmental and Individual Safety | | | |

*Copies of classroom assessments and scores and OJT completion dates recorded in Appendix 3 or other Division-approved OJT form must be maintained in a location readily accessible and available for review by Department staff.