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:

Illinois Department of Human Services
Division of Developmental Disabilities
Bureau of Quality Management
600 East Ash Street, Building 400, Mail Stop 2 North
Springfield, IL 62703
Fax: (217) 782-9444
Email: DHS.BQM@illinois.gov

Yes	No	N/A	
☐	☐	☐	1. ***Over the past 2 years,*** *has* any of the following information changed from your approved training plan? Please check: _____ ***Classroom curriculum content or OJTs?*** _____ Training location, if yes, please specify: Agency: ____________ Online Source: ____ SIU ____ Relias ____ Other: ____________ _____ Performance standard statement _____ Attendance Policy _____ Total classroom training or OJTs/CBTAs hours If **yes**, provide **documentation of the changes** and confirm your training program hours: Classroom ____ hrs. OJT ____ hrs. **Total** ______ **hrs.**
☐	☐	☐	2. Do you need to remove any DSP instructors from the Division's database? If **yes,** identify which ones on the attached QIDP and Training Personnel Report.
☐	☐	☐	3. Do you need to add any **new** DSP instructors to the Division's database? If **yes**, submit a Checklist I and resume to get them approved before they begin teaching.
☐	☐	☐	4. Do you need to report any changes in your Parent Corporation or associated ICFsDD? If **yes**, identify the changes with the returned Checklist J.
☐	☐	☐	5. Does your agency provide DSP classroom training to any non-associated agencies? If **yes**, identify the agency: ____________
☐	☐	☐	6. Does your agency use the approved, DHS classroom curriculum or DHS-approved locally modified classroom training? If **no**, complete the DSP Informational Competencies Evaluation Form and submit it with your agency's modified classroom curriculum.
☐	☐	☐	7. Does your agency use DHS-approved OJT Activities and Competency-Based Training Assessments or DHS-approved locally modified OJT/CBTA program? If **no**, submit a DSP Informational Competencies Evaluation Form and only the modified or new OJTs/CBTAs. Please see form IL462-1293 Direct Support Person (DSP) On-the-Job Training Activities (OJT) and Accompanying Competency-Based Training Assessments (CBTA) Form for instructions on modifying or writing OJT's and CBTA's.

DSP Course Coordinator: ____________ Fax #: ____________

Phone #: ____________ E-mail: ____________

Executive Director: ____________ Fax #: ____________

Phone #: ____________ E-mail: ____________

Agency: ____________

Address: ____________

City/State/Zip Code: ____________

I certify that the above information is correct.

____________ ____________
Executive Director's (Printed Name and Signature): Date