



**DIRECT SUPPORT PERSON (DSP) ON-THE-JOB TRAINING ACTIVITIES (OJT) AND
ACCOMPANYING COMPETENCY-BASED TRAINING ASSESSMENTS (CBTA) FORM**

Directions: Please use this form to create your own OJT/CBTAs or modify a DHS-approved OJT to meet your agency training needs. See the DHS web site for more detailed information at: <http://www.dhs.state.il.us/page.aspx?item=59175>

Return completed OJT/CBTA forms 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
E-mail: DHS.BQM@illinois.gov

1. OJT Activity Number: _____

2. Name of the OJT: _____

3. Check Module(s) that OJT Competency applies:

- Introduction to Developmental Disabilities
 - Human Rights
 - Abuse and Neglect Recognition, Prevention and Intervention
 - Human Interaction and Communication
 - Individual Service Plan Development and Implementation
 - Basic Health and Safety
-

4. Provide estimated time it should take to complete successfully:

Approximate _____ Hour(s) _____ Minute(s)

5. Identify the number of practice attempts the DSP should have before evaluated:

Recommended Number of Practice Opportunities: _____



**DIRECT SUPPORT PERSON (DSP) ON-THE-JOB TRAINING ACTIVITIES (OJT) AND
ACCOMPANYING COMPETENCY-BASED TRAINING ASSESSMENTS (CBTA) FORM**

OJT Activity Number: _____

Name of the OJT: _____

6. Interventional Competencies addressed by completing the OJT: (More than one competency can be addressed by an OJT)

7. On-the-job Training Activity Steps: (Identify the steps and process the DSP should perform before, during and after the OJT)



**DIRECT SUPPORT PERSON (DSP) ON-THE-JOB TRAINING ACTIVITIES (OJT) AND
 ACCOMPANYING COMPETENCY-BASED TRAINING ASSESSMENTS (CBTA) FORM**

Name of DSP: _____
 Date _____ Reviewer Initials _____
 First Attempt: _____
 Second Attempt: _____
 Third Attempt: _____

CBTA Number: _____
 Name of CBTA: _____

List performance criteria needed to satisfy each competency

Competency & Skill Areas Evaluate Performance by marking Y= Yes or N= No	First		Second		Third	
	Y	N	Y	N	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

 Printed Name and Signature of Reviewer upon Successful OJT Completion

 Date of Successful Completion

