



Disability Development Resources, LLC

Providing... Direction. a Difference. Results.

Direct Support Professional Evaluation Form

Please evaluate your Direct Support Professional, this is not an evaluation of DDR		90-day <input type="checkbox"/>		Annual <input type="checkbox"/>		
Consumer Name						
Responsible Party						
Direct Support Professional						
Service(s) being provided		Respite (RSP) <input type="checkbox"/>		Habilitation (HAH) <input type="checkbox"/>		
		Attendant Care (ANC) <input type="checkbox"/>				
SECTION 1						
My DSP arrives on time.		<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> No Comment	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
I can depend on my DSP.		<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> No Comment	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
My DSP communicates effectively.		<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> No Comment	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
My DSP goes above and beyond.		<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> No Comment	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
I have fun with my DSP.		<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> No Comment	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
My DSP helps me to be independent.		<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> No Comment	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
I would recommend my DSP to others.		<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> No Comment	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
SECTION 2						
DESCRIBE AREAS IN WHICH YOUR DSP EXCELS						
DESCRIBE AREAS IN WHICH YOUR DSP COULD IMPROVE						
ADDITIONAL COMMENTS						
Printed name of person completing this evaluation form						
Relationship to the consumer						
Signed					Date	

FOR INTERNAL USE ONLY		
Section 1 score:	Section 2 score:	Total score:
Director Signature:		Date: