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**Direct Support Professional of the Year**

Please answer the questions below to complete your nomination for consideration

by the selection committee.

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| **YOUR FIRST AND LAST NAME** |  |
| **Your Job Title and Chimes Location** |  |
| **First and Last Name of DSP**  **you’re nominating** |  |

Explain why the nominee deserves the **DSP of the Year Award**, highlighting specific examples of their **exceptional service and positive impact, quality of care, commitment to professional development, and team collaboration.** Use the other side as well, if needed. If you’re completing this paper form, please submit at the designated area indicated by your supervisor.

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