

**Minnesota Person Centered Positive Behavior Supports Training
Participant Application**



Applicant's Name:		Date:	
Work Address:		County:	
Work Phone:		Work Email:	

To be considered for this training, you must submit a professional portfolio. Your portfolio must include the following items:

	Contents	Applicant – initial when complete
A	Provide the information requested below (beginning on page 2) about your formal education and other training experiences related to ABA or PBS and completion of 2-day PCT/PCP Trainings, your professional work and how long you held each position, and your current job responsibilities.	
B	Report of consumer satisfaction from a previous consumer of your current or previous professional work (use template on page 5).	
C	Report on your experience with/certification in physical intervention training (see page 6).	
D	Signed letter of support from organization leadership on agency stationary and signed supervisor agreement from your supervisor (see page 7).	
E	Sample work plan representative of your best work. (see page 7).	
F	Example of collaborative work, interdisciplinary work, or staff training initiatives (see page 7). If you do not have examples to submit, please write 'none' in the box at right.	
G	Statement of your educational and/or professional philosophy related to the support of people with disabilities and severe problem behavior (less than 150 words).	

Please mail your complete portfolio to: Barbara Kleist, 111B Pattee Hall, 150 Pillsbury Dr. S.E., Minneapolis, MN, 55455. You may also scan and email to kleis041@umn.edu.

Incomplete applications will delay consideration.

Please type or write, legibly, requested information into the spaces provided.

When your initial portfolio has been reviewed by training team, you will be contacted regarding your status for training.

If you have any questions please contact Barbara Kleist at (612) 624-1279 or email kleis041@umn.edu.

A. Education and Training

Education (college/university only)

Institution	Degree granted	Month/Year granted	Major or program of study

Related Training in ABA and PBS

Organization Providing Training	Topic/Title of Training	Date(s) of training

Person Centered Thinking and Planning Trainings

	Organization Providing Training & Location	Dates Attended Training
2-Day Person Centered Thinking		
2-Day Person Centered Planning		

Professional Experience

Organization	Dates of Employment	Responsibilities (check all that apply)	
		<input type="checkbox"/>	Functional behavior assessment
		<input type="checkbox"/>	Functional analysis
		<input type="checkbox"/>	Person Centered Planning (circle which types): MAPS PATH ELP PFP Other (list):
		<input type="checkbox"/>	Function-based intervention development
		<input type="checkbox"/>	Positive Behavior Support plan development
		<input type="checkbox"/>	Staff training
		<input type="checkbox"/>	Parent training
		<input type="checkbox"/>	Graphing data
		<input type="checkbox"/>	Interpreting visual/graphic data display
		<input type="checkbox"/>	Case management
Organization	Dates of Employment	Responsibilities (check all that apply)	
		<input type="checkbox"/>	Functional assessment
		<input type="checkbox"/>	Functional analysis
		<input type="checkbox"/>	Person-centered planning (circle which types): MAPS PATH ELP PFP Other (list):
		<input type="checkbox"/>	Function-based intervention development
		<input type="checkbox"/>	Positive Behavior Support plan development
		<input type="checkbox"/>	Staff training
		<input type="checkbox"/>	Parent training
		<input type="checkbox"/>	Graphing data in Excel or similar program
		<input type="checkbox"/>	Interpreting visual/graphic data display
		<input type="checkbox"/>	Case management

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		<input type="checkbox"/>	Person-centered planning (circle which types): MAPS PATH ELP PFP Other (list):
		<input type="checkbox"/>	Function-based intervention development
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Organization	Dates of Employment	Responsibilities (check all that apply)	
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		<input type="checkbox"/>	Parent training
		<input type="checkbox"/>	Graphing data in Excel or similar program
		<input type="checkbox"/>	Interpreting visual/graphic data display
		<input type="checkbox"/>	Case management

B. Report of consumer satisfaction

Please briefly describe the length and nature of your relationship with the training candidate. Include a summary of how this individual was involved in providing services to you, a family member, or someone within your organization:

Please use the rating scale listed below to rank the candidate on a number of key personal and professional issues. Circle the number that best represents how you feel the candidate performed.

Criteria	1-----3-----5				
	Strongly Disagree		Somewhat Agree		Strongly Agree
The candidate:					
1) Taught me or my family member new skills.	1	2	3	4	5
2) Helped me or my family member to live more independently.	1	2	3	4	5
3) Listened to me and used what I said to help me.	1	2	3	4	5
4) Worked well with other professionals.	1	2	3	4	5
5) Was concerned with my preferences and desires.	1	2	3	4	5
6) Treated me with respect.	1	2	3	4	5
7) Provided valuable information that helped me.	1	2	3	4	5
8) Knew how to help me get other resources.	1	2	3	4	5

Average score (total divided by 8): _____

Name*:

Organization (if applicable):

Address:

Phone:

Email:

Who completed this survey?

- Consumer with a disability Parent of a child with a disability
 Child with a disability Guardian of a consumer with a disability
 Friend of a consumer with a disability
 Other (list _____)

**Any contact information you provide will remain confidential, and is only included in case we need to contact you for further information regarding the candidate.*

C. Physical intervention training

1. Please list any physical intervention certifications you currently hold or have held in the past but have expired (e.g., MANDT, CPI):

Current Certifications:	
Past Certifications:	

2. Have you been required to undergo training in physical intervention for your current employer that was developed by your agency/non-proprietary?

i. Yes No (circle one)

ii. If yes, what did you learn how to do during the training? How many hours did the training last?

3. About how many times per day is physical intervention used in your agency/on your team?

- D. Signed letter of support from organization leadership on agency stationary and signed supervisor agreement from your supervisor indicating that you will be provided with the use of a computer equipped with adobe reader, internet access, 8 hours per week (wholly inside your current work hours) to dedicate to this training course and that you are in a position to provide staff training and mentoring of peers within your organization. (please attach)

- E. Sample work plan (please attach). Provide a sample work plan representative of your best work. Examples could include a behavior plan, PBS plan, person centered plan, or other individualized planning documents such as ISP, IEP, IFSP). Please **redact** all names and other identifying information. Please include a cover page (1 page max) describing the focus person and the context in which this work was performed.

- F. Example of collaborative work, interdisciplinary work, or staff training initiatives including your understanding of reporting requirements for completing Behavior Intervention Reporting Forms and Emergency Use of Manual Restraint. (please attach)

- G. Statement of your educational and/or professional philosophy related to the support of people with disabilities and severe problem behavior (less than 150 words – please attach)