Gracewell RESIDENTIAL HOME

GRACEWELL HEALTHCARE CORPORATION

DIRECT SUPPORT PROFESSIONAL (DSP) SKILLS & EXPERIENCE CHECKLIST

Applicant Name: _____ Date: _____

Phone: _____ Email: _____

Instructions: For each skill, check the ONE box that best describes your current level.

E = Experienced / Comfortable	S = Some Experience	T = Need Training / Willing to Learn	N = No Experience

SKILL / EXPERIENCE	E	S	T	N
1. IDD & Person-Centered Support				
Supporting adults with intellectual/developmental disabilities (IDD)	☐	☐	☐	☐
Supporting adults with autism spectrum disorder	☐	☐	☐	☐
Supporting individuals with limited verbal or alternative communication	☐	☐	☐	☐
Following a Person-Centered Plan (PCP) and individualized support instructions	☐	☐	☐	☐
Promoting choice, dignity, privacy, self-determination, and independence	☐	☐	☐	☐
Maintaining professional boundaries and respecting individual rights	☐	☐	☐	☐
2. Activities of Daily Living (ADLs)				
Bathing/showering, grooming, oral hygiene, and dressing assistance	☐	☐	☐	☐
Toileting and incontinence care	☐	☐	☐	☐
Eating/feeding assistance and safe mealtime support	☐	☐	☐	☐
Mobility assistance, transfers, and positioning	☐	☐	☐	☐
Teaching/encouraging individuals to complete ADLs as independently as possible	☐	☐	☐	☐
3. Independent Living Skills				
Meal planning, grocery shopping, and meal preparation	☐	☐	☐	☐
Laundry, light housekeeping, and home/bedroom organization	☐	☐	☐	☐
Budgeting and basic money-management support	☐	☐	☐	☐
Supporting personal schedules, appointments, errands, and daily routines	☐	☐	☐	☐
Teaching or reinforcing daily living skills	☐	☐	☐	☐
4. Community Integration & Personal Support				
Accompanying individuals on community outings and recreational activities	☐	☐	☐	☐
Supporting hobbies, social activities, classes, volunteering, or employment	☐	☐	☐	☐
Helping individuals build community connections and natural supports	☐	☐	☐	☐
Supporting use of Metro, bus, MetroAccess/paratransit, or other transportation	☐	☐	☐	☐
Encouraging safety, choice, and independence in the community	☐	☐	☐	☐
5. Communication & Behavioral Support				
Communicating respectfully and effectively with individuals with IDD	☐	☐	☐	☐
Recognizing changes in mood, behavior, or functioning	☐	☐	☐	☐
Positive behavioral support, redirection, and de-escalation techniques	☐	☐	☐	☐
Following a Behavior Support Plan or other behavioral guidance	☐	☐	☐	☐
Communicating professionally with families/guardians and the support team	☐	☐	☐	☐
Trauma-informed and person-centered approaches	☐	☐	☐	☐
6. Health, Safety & Emergency Support				
CPR and First Aid	☐	☐	☐	☐
Infection prevention, hand hygiene, gloves, and other PPE	☐	☐	☐	☐
Recognizing/responding to emergencies, choking, falls, or seizures	☐	☐	☐	☐
Recognizing signs of illness or changes in condition and reporting promptly	☐	☐	☐	☐
Emergency/evacuation procedures	☐	☐	☐	☐
Recognizing and reporting abuse, neglect, exploitation, or other incidents	☐	☐	☐	☐
7. Medication & Health-Related Support				
Current Maryland CMT certification	☐	☐	☐	☐
Medication administration under appropriate authorization/delegation	☐	☐	☐	☐
Medication Administration Record (MAR) documentation	☐	☐	☐	☐
Medication reminders and observing/reporting medication concerns	☐	☐	☐	☐
Accompanying individuals to medical appointments and following health instructions	☐	☐	☐	☐
8. Documentation & DDA Service Delivery				

Completing DSP shift/progress notes accurately and on time	☐	☐	☐	☐
Documenting services and progress toward individual goals/outcomes	☐	☐	☐	☐
Completing incident reports	☐	☐	☐	☐
HIPAA, confidentiality, and protection of personal information	☐	☐	☐	☐
Electronic documentation systems and/or Electronic Visit Verification (EVV)	☐	☐	☐	☐
Following agency policies, procedures, and supervisory instructions	☐	☐	☐	☐
9. Transportation				
Valid driver's license and safe driving practices	☐	☐	☐	☐
Comfortable transporting individuals in the community	☐	☐	☐	☐
Assisting individuals entering/exiting vehicles safely	☐	☐	☐	☐
Familiarity with Maryland community transportation/resources	☐	☐	☐	☐
10. Residential & Community-Based Experience				
Community Living / Group Home services	☐	☐	☐	☐
Supported Living or Shared Living	☐	☐	☐	☐
Personal Supports or Respite services	☐	☐	☐	☐
One-to-one community-based support	☐	☐	☐	☐
Evening, weekend, or awake overnight support	☐	☐	☐	☐

CURRENT CREDENTIALS & AVAILABILITY

Current Maryland CMT: ☐ Yes ☐ No Expiration: _____	CPR/First Aid: ☐ Yes ☐ No Expiration: _____
Valid Driver's License: ☐ Yes ☐ No	Reliable Transportation: ☐ Yes ☐ No
Years of DSP/IDD Experience: _____	Comfortable transporting individuals: ☐ Yes ☐ No
Preferred Shifts: ☐ Day ☐ Evening ☐ Weekend ☐ Awake Overnight	Available for community-based services: ☐ Yes ☐ No
Other relevant certification/training: _____	_____

Tasks you are NOT comfortable performing:

_____

_____

Additional DSP / DDA / IDD experience you would like us to know about:

_____

_____

APPLICANT ATTESTATION

I certify that this checklist accurately reflects my current experience, training, and comfort level. I understand that self-reported experience does not replace any training, certification, competency assessment, delegation, or authorization required by Gracewell Healthcare Corporation or applicable Maryland DDA requirements.

Applicant Signature: _____ Date: _____