



Office for People With
Developmental Disabilities



Direct Support Professional Core Competencies

INTERVIEW TOOL

FOR DSP EVALUATION BY

SELF-ADVOCATES, FAMILY, ADVOCATES

Interview Tool for DSP Evaluation by Self-Advocate/Family/Advocate

INSTRUCTIONS FOR SUPERVISORS/INTERVIEWERS

The guidance below is designed to equip a supervisor or manager to conduct a DSP evaluation interview with a self-advocate, family member or advocate. This tool should be used when the DSP works in a setting where a supervisor is not present. This tool can serve as the required evaluation form, instead of the initial or annual Core Competency evaluation tool.

The interview may be completed by telephone or in person and a suggested script is below. Read each of the seven Core Competency goals to the interviewee and ask one or more of the suggested questions. You may develop questions of your own, because the questions should be tailored to the person. More example tasks can be found on the complete Core Competency document that can help with creating questions.

Ask the person if the DSP “Exceeds,” “Meets,” or “Does not Meet” the competency goals. “Making Progress” may be selected, ONLY if it is an initial evaluation of someone who is in their first three months of employment or within the provider organization’s probationary period as a DSP. In Goals 6 and 7, the goal area and questions may not apply. In those cases, you can check “Not Applicable.” If the interviewee says there is need for improvement, ask for examples of what could be done differently to improve and include those in the comments.

Direct Support Professional Name _____

Agency Name _____ Check, if Self-Directed Services _____

Relationship of the person answering the questions to the person served _____

Supervisor/interviewer Name _____ Interview Date _____

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HOW TO BEGIN THE SURVEY WITH THE INTERVIEWEE (Suggested script)

Hello _____. My name is _____ and I work for _____. In order to make sure that you (or your family member) are receiving the best quality supports, we are conducting a brief survey about your direct support professional, _____, and the supports he/she provides. We are doing this because all direct support professionals have to be evaluated on their work performance after a few months and then every year. I will take notes on this so your DSP can understand what they are doing well and where they can improve. There are seven areas I need to ask about. Is now a convenient time for me to ask you these questions?

INTERVIEW Begins: State the goal highlighted below and then go on to the questions.

Goal #1 – Putting People First - The DSP is expected to get to know you (the person served) and support what you want and need.

Suggested Questions

1. How does the DSP help you to make decisions (For example: What to eat, what to wear, where to go/do and with whom)?
2. How well does the DSP know you? (For example: Do they know what to do when you are upset? Do they know what makes you happy?)
3. Does the DSP help you learn new things?
4. If you use any equipment, does the DSP know how to manage that equipment so you are comfortable?
5. If you receive help with eating, how well does your DSP assist you?

Exceeds

Meets

Making Progress
(For initial evaluation only)

Does not Meet

Comments: (Optional)

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Goal #2 – Building and Maintaining Positive Relationships - The DSP should help you to see your own personal strengths and their value.

Suggested Questions

1. How has the DSP helped you to get along with your neighbors and other people in your life?
2. How has the DSP helped you to learn about people in your community or activities you could do? (For example: Religious groups, singing groups, volunteering someplace)
3. How does the DSP help you to have friends, or a boyfriend or girlfriend?

Exceeds	Meets	Making Progress (For initial evaluation only)	Does not Meet
_____	_____	_____	_____

Comments: (Optional)

Goal #3 – Demonstrates Professionalism - The DSP is expected to be professional and ethical and trustworthy.

Suggested Questions

1. Does the DSP regularly meet time and attendance expectations?
2. Do you trust the DSP?
3. Does the DSP speak with you respectfully?
4. Does the DSP give you full attention, asking your permission first if they have to use their phone for a personal emergency or leave to use the bathroom?
5. Does the DSP listen to you and answer you? Does the DSP help you to do the things you want to do based upon your plan?
6. Is the DSP respectful of your relationship with your family?
7. Does the DSP respect your privacy? Are you comfortable with how they help you with personal hygiene tasks? Are they gentle and respectful?
8. Is the DSP respectful of cultural and/or religious practices in your life and your family's life?

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9. Do you feel comfortable sharing information with your DSP that you may not want to share with others?

Exceeds	Meets	Making Progress (For initial evaluation only)	Does not Meet
_____	_____	_____	_____

Comments: (Optional)

Goal #4 – Supporting Good health - The DSP should support healthy living practices, such as diet and exercise, stress reduction and emotional support, as well as doctor and dentist visits.

Suggested Questions

1. Do you feel the DSP would help you if someone was hurting you in any way?
2. How does the DSP help you to be healthy; for example, helping with exercise, healthy food choices, doctor and dentist appointments and reducing stress?
3. Does the DSP help you learn about things that are good for your health?

Exceeds	Meets	Making Progress (For initial evaluation only)	Does not Meet
_____	_____	_____	_____

Comments: (Optional)

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Goal #5 – Supports Safety - The DSP is expected to know and safely support you if there is a crisis situation. The DSP is familiar with all safety measures and procedures to be taken in all areas and when traveling.

Suggested Questions:

1. How does the DSP help you to be safe? For example:
 - a. In your home: fire safety, locking doors, safety hazards such as overloading electrical outlets, cooking;
 - b. In your community: crossing streets, meeting strangers, using transportation, using the internet, calling 911, when to see your doctor or go to the emergency room; and
 - c. Knowing your allergy and medical conditions and the appropriate actions to take to support your safety
 - d. Ensuring you are not neglected or abused in any way.

Exceeds **Meets** **Making Progress** **Does not Meet**
(For initial evaluation only)

Comments: (Optional)

Goal #6 – Having a Home - The DSP is expected to support you to have a comfortable, neat and clean place to live.

Suggested Questions

1. How does the DSP support you to take care of your home (For example: Teaching you how to do laundry, do chores, checking locks on doors, changing lightbulbs, knowing whom to call for repairs and other problems and changing batteries in smoke and carbon monoxide detectors).
2. How does the DSP help you to learn health and safety issues in the way you keep your home (For example: Access to exits—windows and doors, expired food, proper food storage, overloading electrical outlets).

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3. How does the DSP help you to make the place where you live into your own home (For example: Selecting personal pictures to display or other items that you like, enjoying comfortable furniture, matching the colors of your sheets etc.)

Exceeds	Meets	Making Progress (For initial evaluation only)	Does not Meet	Not Applicable
_____	_____	_____	_____	_____

Comments: (Optional)

Goal #7 – Being Active in Community - The DSP is expected to encourage and support you to take part in activities outside of your home.

Suggested Questions

1. How does your DSP support you to learn about your community so you may choose what you would like to do?
2. How does the DSP support you to learn about different job opportunities and volunteer work in your community?
3. How does the DSP support you to get a job or volunteer position, have friends, or join clubs or other organizations?
4. Does the DSP help you with handling your buying things and handling your money?

Exceeds	Meets	Making Progress (For initial evaluation only)	Does not Meet	Not Applicable
_____	_____	_____	_____	_____

Comments: (Optional)

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FINAL QUESTION

Are there any other comments or suggestions you want to share about what your DSP does very well for you, and what things you wish he/she could help you with more?

Signature of Person Completing the Form (If conducted in person)

Reviewer's Signature

Date Completed

Date Signed