



# WOOD COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

## DSP of the Month Nomination Form

Each month we will be highlighting a Direct Support Professional (DSP) who provides stellar support to the individuals that we serve. **The DSP can be an independent provider or an agency staff member.** Please complete your nomination below and send to [provider@woodcountydd.org](mailto:provider@woodcountydd.org) with the subject: DSP Nomination. Share as much information about the DSP as possible, including a few pictures if possible. The chosen DSP will receive a gift and be featured on our agency social media platforms.

Name of DSP: \_\_\_\_\_

Independent Provider ☐ Agency Staff ☐ Agency Name \_\_\_\_\_

Who does the DSP work with? \_\_\_\_\_

Name of person making nomination: \_\_\_\_\_

Explain why this person should be chosen for recognition (Cite specific examples when possible)

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