

COMMITMENT AGREEMENT
Sponsored Funding for Positive Behavioral Support (PBS) Facilitator
Training, Mentoring, and Endorsement

PBS Facilitator Training is sponsored by a grant from the Virginia Department of Behavioral Health and Developmental Services (DBHDS)

Please read the following commitment and sign where indicated:

I commit to completing all Positive Behavior Support training, mentoring and endorsement requirements including:

- *Attending all full-day training sessions;*
- *Using approximately 7 additional working days to develop and implement a PBS plan and develop a person centered plan with people with disabilities using the information for my endorsement portfolio;*
- *Working with two teams supporting a person with disabilities who exhibits challenging behavior;*
- *Attending mentoring sessions (2-3 hours per meeting) between training sessions; and*
- *Submitting a portfolio for review by the endorsement board within 5 months following the end of training.*

I commit to completing all requirements to sit for the endorsement board within 1 year of the first day of the training sessions (November 14, 2012). I understand that a \$300 rebate will be returned to me or my sponsoring agency if I complete the endorsement process by December 2012. If I am not endorsed by that time, the \$300 will be forfeited.

Participant's Signature: _____ **Date:** _____

Please review the information below with your work place supervisor and have him/her sign where indicated. If you are self employed, review the material below and check the box that indicates you have read it.

I agree to support participation in the PBS training, mentoring, and endorsement by providing:

- *Time away from work to attend the training sessions;*
- *Approximately 7 additional working days to prepare a portfolio materials about the focus people (and other support as needed to ensure that a portfolio is submitted);*
- *Access to a team to support an individual who uses challenging behaviors; and*
- *A discussion on mentoring arrangements and payment for travel with this participant.*

Supervisor's Signature: _____ **Date** _____

Supervisor's Name (printed) _____

Supervisor's preferred contact (phone or email) _____

I am self employed and have reviewed the requirements and agree to them.

Please return this form with application materials to:

Molly Dellinger-Wray
Partnership for People with Disabilities
PO Box 843020
Richmond, VA 23284-3020
FAX:804/828-0042
Phone: 804/828-6926
e-mail: mdwray@vcu.edu