



SCDDO Recognition Program Nomination Form

Who Would You Like To Nominate?

Name: Agency:

Is This Person A...

Targeted Case Manager (TCM)

Supervisor of Direct Support Professionals

Contact Information for Person Completing Form

Name: Agency:

Email: Contact Number:

Recognition Categories (Please select all that apply)

Professionalism - Maintains professional boundaries and consistently displays positive attitude.

Willingness to Collaborate - Works as a team member and openly engages other support team members.

Advocacy - Ensuring individual rights are not violated and pursues resources based on individual needs.

Robust Communication Skills - Ability to communicate with consumers and support team effectively and timely.

Ethical Behavior - Maintains integrity, is honest during interactions and responds as appropriate.

Ability to Manage Change - Remains effective in stressful situations, embraces the change and has strong problem-solving skills.

Consumer Engagement - Ability to build rapport with all individuals served, provide appropriate redirection and treat individuals with respect.

Self-Motivation - Takes initiative to be proactive in situations, works independently and remains solution driven.

Please provide a narrative explaining why you are nominating this person. Be sure to give details about each category selected above to assist in the selection process.

Submit