Santa Clara County Office of Education

Direct Support Professional
1290 Ridder Park Drive, MC 211
San Jose, CA 95131-2304

REGISTRATION FORM

DSP TRAINING/ CHALLENGE TEST

☐ New Registration ☐ Name Change

DSP Year 1: ☐ DSP Year 2: ☐

Class Date: _____

If you are registering for the Challenge Test, please check whether it's for Year 1 or Year 2.

CHALLENGE TEST: ☐ *Y1* ☐ *Y2*

Student/s MUST pass DSP-1 training *before* enrolling in DSP-2 training.

Time: _____ Instructor: _____

****NOTE: STUDENTS ENROLLING IN EVENING CLASS SHOULD BRING MEAL AND BEVERAGE****

REGISTRATION INFORMATION

Student Name(s): _____ _____

_____ _____

_____ _____

Name of Facility: _____ **Vendor Code:** _____

Phone Number: _____ **Fax Number:** _____

Address of Facility: _____

_____ **CA** _____
City State Zip Code

AUTHORIZATION INFORMATION

Administrator's Name: _____

Administrator's Signature: _____

Email Address: _____

Date Submitted: _____

Please fill out this form completely and fax back to: (408) 453-3671.
Incomplete forms will not be processed. Thank you.