FRONTLINE SUPERVISOR TRAINING PROGRAM

Letter of Recommendation

Applicant Name:

Applicant Agency:

This letter of recommendation acknowledges that the applicant named above has my full support to participate in the 13-session, 8-month Frontline Supervisor Training Program. I understand this program includes a combination of in-person training dates, virtual sessions, and asynchronous learning modules completed through the College of Direct Support (CDS). **As their supervisor, I confirm that I will provide the resources, time, and technology necessary to successfully complete all course requirements, including:**

- Protected work time to attend all scheduled in-person and virtual training sessions in full
- Dedicated time during the work week to complete asynchronous CDS learning modules and assignments
- Access to a reliable computer or device, high speed internet, and any required platform access needed for virtual sessions and online coursework
- A quiet, appropriate workspace for participating in virtual sessions and completing coursework, when applicable
- Coverage of job duties as needed for the Frontline Supervisor to attend required sessions without conflict

I recommend this applicant for the following reasons:

Supervisor Name:

Supervisor Email:

Supervisor Signature:

Supervisor Phone Number: