

**2022 SAFE Consensus Conference  
Testimony Submission Form**

\* Indicates field required

**Personal Information**

- Name\*
- Email\*
- State (dropdown)\*
- Describe yourself\* – Check all that apply
  - Self-advocate / person with a developmental disability
  - Parent of a person with a developmental disability
  - Professional or trainee who provides CLINICAL CARE to people with developmental disabilities
  - Professional or trainee who conducts RESEARCH related to people with developmental disabilities
  - Other
    - Please describe:
- Are you affiliated with any of the following programs supported by the Maternal and Child Health Bureau (MCHB)? Please check all that apply. \*
  - Developmental-Behavioral Pediatrics Research Network (DBPNet)
  - Developmental-Behavioral Pediatrics (DBP) Training Program
  - Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) Training Programs
  - State Implementation Grants for Improving Services for Children and Youth with ASD (SIGs)
  - Healthy Weight Research Network for Children with ASD and Other Developmental Disabilities (HWRN)
  - Autism Longitudinal Data Project (ALDP)
  - Autism Transitions Research Project (ATRP)

- Autism Field-Initiated Innovative Research Studies Program (Autism FIRST)
  - Autism Secondary Data Analysis Research (Autism SDAR) Program
  - Autism Intervention Research Network on Physical Health (AIR-P)
  - Autism Intervention Research Network on Behavioral Health (AIR-B)
  - Not applicable
  - Other  
Please describe:
- Professional specialty areas, if applicable. Please check all that apply. \*
- Not applicable
  - Medicine
  - Nursing
  - Psychology
  - Social work
  - Behavior analysis
  - Counseling/mental health
  - Child life
  - Occupational therapy
  - Physical therapy
  - Speech-language pathology
  - Other  
Please describe:
- Are you currently in training for your professional area? (e.g., medical resident/fellow, graduate student/certificate program)? \*
- Yes
  - No
- Affiliation (if applicable)

### **Testimony Description**

- If invited, would you be willing to share your testimony and comments via a video recording to be played during the Consensus Conference and archived on the SAFE website? The submitter information you provided

(excluding email) will be publicly associated with your testimony. \* – Check Yes or No

- Yes
- No

### Special Requests

- Disability Accommodations: If you are invited to present at the live session, please list only those accommodations required by the presenter(s) to participate fully in the presentation.
  - [free text field]
  
- My testimony relates to the following topic(s) - please check all that apply:\*
  - Training staff and professionals** – What medical professionals need to know and do to support youth with neurodevelopmental disabilities
  - Environmental accommodations** – How to proactively make the medical setting more accommodating to youth with neurodevelopmental disabilities
  - Healthcare processes** – How scheduling, care delivery, and other processes can make medical settings more accessible for youth with neurodevelopmental disabilities
  - Advocacy** – What larger systems and policies must be addressed to advance health equity for youth with neurodevelopmental disabilities
  
- Testimony type: you can share your personal/professional experience and perspective through written testimony or video upload \*
  - Written testimony
  - Video testimony

### Upload Written Testimony (if you select the Written testimony option)

Please provide your personal/professional perspectives on how best to support youth with neurodevelopmental disabilities/differences in medical settings. What

are the most important things we can do to support access to quality care? How do you know?

You can type your testimony in the area below, OR you can attach a file with your testimony. Thank you!

- Your response must be limited to 500 words or less.
  - o [500-word free text field]
- or upload a text file with your testimony  
(Upload functionality)

### **Upload Video Testimony**

Please upload a video OR provide a link to your video.

Warning! Your file must be below 10MB and no longer than 3 min.

You can also upload your video file to YouTube or Vimeo and send us the URL link.

- Upload Your Video file  
(Upload functionality)
- or provide the URL to your video