

## MMI Activity Report for Demonstration Services and Consults

**Definition of Demonstration Services or Consults:** MMI Services or consultation to other agencies that field test promising or exemplary practices and may be integrated with training, research, and/or dissemination functions.

**Program type**  UCEDD  LEND

Date of Activity (or beginning date) \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration (nearest full hour)\_\_\_\_ Recurring Activity?  Yes  No

**Title of Activity:**

**Brief Description:**

**Staff Involvement:** (list all MMI staff involved in the activity)

**Total Number of Consults, Contacts, or Services** \_\_\_\_\_

**Number of unduplicated individuals served** \_\_\_\_\_

**Race of individuals served** (enter number of each race)

\_\_\_\_\_ White                      \_\_\_\_\_ Black or African American                      \_\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_ Asian                      \_\_\_\_\_ Native Hawaiian or Other Pacific Islander                      \_\_\_\_\_ More than one race  
\_\_\_\_\_ Unrecorded

**Ethnicity of individuals served** (enter number of each ethnic group)

\_\_\_\_\_ Hispanic                      \_\_\_\_\_ Non-Hispanic                      \_\_\_\_\_ Unrecorded

**Number of Individuals Served in Each Age Group**

\_\_\_\_\_ 0 - 2 years                      \_\_\_\_\_ 3 - 5 years                      \_\_\_\_\_ 6 - 11 years                      \_\_\_\_\_ 12 - 17 years  
\_\_\_\_\_ 18 - 21 years                      \_\_\_\_\_ 22 - 54 years                      \_\_\_\_\_ 55 years or older

**Type of Activity** \_\_\_\_\_

**Area of Emphasis from the DD Act (choose one):**

- |   |   |   |                                     |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Quality Assurance      | <input type="checkbox"/> Education & Early Intervention | <input type="checkbox"/> Child Care         | <input type="checkbox"/> Health     |
| <input type="checkbox"/> Employment             | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Transportation     | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Quality of Life        | <input type="checkbox"/> Assistive Technology           | <input type="checkbox"/> Cultural Diversity | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Other (Please Specify) |   |   |                                     |

**Names of Agencies Collaborating on the Work of the Activity (list all agencies):**

Not Applicable/No Collaborating Agencies

**Affiliated MMI Projects/Programs** *(grant or contract funded):*

Primary

Secondary

Not Applicable/No Affiliated Project or Program

 Did this training address **ASD or a related disability?**  Yes  No

Geographic scope \_\_\_\_\_

Name of person completing this form \_\_\_\_\_ MMI Department \_\_\_\_\_

You may also save this form on your computer by giving each record a unique name. This is recommended if you will be repeating this same activity in the future.

Click the SUBMIT button to send this record directly to Paula Swanson.