

MMI Activity Report for Direct Clinical Services

Definition of Clinical Services: Specialized **clinical** services delivered with the intention to enhance the well-being and status of the recipient and **not for testing new practices** and may be integrated with training, research, and/or dissemination functions. Examples may include, but are not limited to: an autism screening and diagnostic clinic, or direct clinical services such as PT, OT, or SLP, etc.

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)

Name of Clinic: _____

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

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

Quality Assurance

Education & Early Intervention

Child Care

Health

Employment

Housing

Transportation

Recreation

Quality of Life

Assistive Technology

Cultural Diversity

Leadership

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.