

MMI Activity Report for Information Dissemination

Definition of Information Dissemination: Distribution of knowledge-based information through MMI developed products and activities.

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)

Was the product produced by MMI? Yes No

If yes, title(s) of the MMI product(s) disseminated?

Number of copies of each title that was disseminated

Type of Activity

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)

Types & Numbers of Participants:

_____ Students/Trainees/Interns/Post-Docs

_____ Professionals & Para-professionals

_____ Family Members/Caregivers

_____ Adults with Disabilities

_____ Children/Adolescents with Disabilities

_____ Legislators/ Policymakers

_____ General Public/Community Members

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

Geographic scope _____

▶ Did this research/evaluation address ASD or a related disability? Yes No

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.