

MMI Activity Report for Research or Evaluation Activities

Definition of Research or Evaluation Activities: Implementation of basic research, applied research of the general population, program evaluation, needs assessment, and analysis of public policy on issues impacting individuals with developmental disabilities.

Direct service or intervention components of research projects that include individuals with developmental disabilities or their families as subjects should be reported separately using the "Other Direct-Model Services" form.

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)

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) | | | |

Types & Numbers of Participants:

- | | |
|---|--|
| _____ Students/Trainees/Interns/Post-Docs | _____ Children/Adolescents with Disabilities |
| _____ Professionals & Para-professionals | _____ Legislators/Policy-makers |
| _____ Family Members/Caregivers | _____ General Public/Community Members |
| _____ Adults with Disabilities | |

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.