

MMI Activity Report for Technical Assistance

Definition of Technical Assistance: Technical Assistance provided by MMI faculty/staff in collaboration with other agencies or organizations on a range of issues, which may include program development, clinical services, collaboration, program evaluation, needs assessment, and policy & guidelines formulation. It may include administrative services, site visitation and review/advisory functions. Faculty or staff may serve on advisory boards, committees, workgroups, etc. to develop or review policies or practices. The technical assistance effort may be a one-time or on-going activity of brief or extended frequency.

The provision of technical assistance directly to individuals with developmental disabilities and their families should be recorded using the “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 _____

Intensity of TA (choose one): _____

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) | | | |

Primary Target Audience _____

Types & Numbers of Participants:

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

Participant Satisfaction: “I am satisfied with the training and/or technical assistance I have received.”

Was MMI the lead on this activity? Yes No

If yes, number surveyed for satisfaction _____ (breakdown the number surveyed below)

Strongly Agree	_____
Agree	_____
Disagree	_____
Strongly Disagree	_____

Recipient of TA/Collaborator (list all groups, agencies):

Not Applicable/No Collaborating Agencies

Topic of Technical Assistance:

List A (select one)

List B (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Women's / Reproductive / Perinatal Health | <input type="checkbox"/> Mental / Behavioral Health |
| <input type="checkbox"/> Early Childhood Health / Development (birth to school age) | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> School Age Children | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Adolescent | <input type="checkbox"/> Patient Safety |
| <input type="checkbox"/> CSHCN / Developmental Disabilities | <input type="checkbox"/> Respiratory Disease |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Vulnerable Populations |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Racial and Ethnic Diversity or Disparities |
| <input type="checkbox"/> Health Information Technology | <input type="checkbox"/> Other (describe) |

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

Primary

Secondary

Not Applicable/No Affiliated Project or Program

➤ Did this technical assistance 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.