

MMI Activity Report for Pre-Service Preparation (Trainees, Students, Grad Assistants, etc.)

Pre-Service Preparation: Any academic instruction, training, or supervision provided by MMI faculty or staff to any trainees, students, interns, post-docs at MMI or any other academic setting that advances professional practice, scholarship, or policy that advances an individual's academic or professional credentials.

Supervising professionals, para-professionals, or students who are providing direct services to individuals with developmental disabilities or their family members should be recoded using the "Other Direct-Model Service"

Program type UCEDD LEND
Date of Activity (or beginning date) ____/____/____ Duration (nearest full hour)____
Type of Activity _____ Was this training conducted outside of MMI? Yes No

Title of Activity:

Brief Description:

Staff Involvement: *(list all MMI staff involved in the 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 Students/Trainees/Interns, Post-docs, etc.:

- | | |
|---|--|
| _____ Adults with Disabilities | _____ Medicine-Developmental-Behavioral Pediatrics |
| _____ Audiology | _____ Medicine-General |
| _____ Biological Sciences | _____ Medicine-Neurodevelopmental Disabilities |
| _____ Children/Adolescents with Disabilities | _____ Medicine-Pediatric |
| _____ Dentistry-Other | _____ Medicine-Pediatric Pulmonology |
| _____ Dentistry-Pediatric | _____ Mental and Behavioral Health |
| _____ Disability Studies | _____ Nursing |
| _____ Education/Special Education | _____ Nursing-Family/Pediatric Nurse Practitioner |
| _____ Education: Administration | _____ Nursing-Midwife |
| _____ Education: Early Intervention/Early Childhood | _____ Nursing-Other |
| _____ Education: General Education | _____ Nutrition |
| _____ Epidemiology | _____ Occupational Therapy |
| _____ Family Members/Caregivers | _____ Other |
| _____ Family Studies | _____ Pastoral |
| _____ Family/Parent/Youth Advocacy | _____ Pharmacy |
| _____ General Public/Community Members | _____ Physical Therapy |
| _____ Genetics/Genetic Counseling | _____ Professionals & Para-professionals |
| _____ Gerontology | _____ Psychiatry |
| _____ Health Administration | _____ Psychology |
| _____ Human Development/Child Development | _____ Public Administration |
| _____ Interdisciplinary | _____ Public Health |
| _____ Law | _____ Rehabilitation |
| _____ Legislators/Policy-makers | _____ Respiratory Therapy |
| _____ Liberal Arts & Sciences, Humanities | _____ Social Work |
| _____ Medicine-Adolescent Medicine | _____ Speech-Language Pathology |

Participant Satisfaction: "I am satisfied with the knowledge and/or skills gained from the training."

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 _____

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


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.