



THE UNIVERSITY OF  
**MAINE**

Center for Community Inclusion  
and Disability Studies

*University Center for Excellence in Developmental Disabilities*

## NIRS FY16 Recurring Activity Form

Note: Use this form to report recurring activities (i.e., Weekly, bi-weekly, monthly, and quarterly meetings) where the information you initially reported on the full NIRS Activity Form FY16 remains the same.

Name of person filling out this form: \_\_\_\_\_

Other CCIDS Staff involved in this activity: \_\_\_\_\_

Original Title of Activity (please use exact wording of original activity previously reported):  
\_\_\_\_\_

### New Date/Duration of Activity: (MUST complete this section)

Enter the **Date** of this activity (mm/dd/yyyy): \_\_\_\_\_

Enter the **Duration** of this activity (report to the nearest full hour): \_\_\_\_\_

### If you disseminated CCIDS created products:

Please list the **name of each product** and the **number disseminated**. If this is a newly created product please attach a copy and send with this report.