THE UNIVERSITY OF
MAINE
Center for Community Inclusion and Disability Studies
University Center for Excellence in Developmental Disabilities

NIRS Activity Form FY16

Name of person filling out this form: _____

Other CCIDS Staff involved in this activity: _____

Title of Activity: _____

Brief Description of Activity (50 words or less):

Project Affiliation (you MUST pick at least one project):

Collaborative on Faith and Disability

Early Childhood Opportunities Scholars

Educare

MHSSCO

MRTQ Professional Development Network

NH/Maine LEND Program Collaborative

North East Advocates Together

Piscataquis Thriving in Place Collaborative

Preschool Expansion Project

Quality for ME

SEANET - UMaine EPSCoR Project

Secondary Analysis of Data on Early Care & Education Grant

Sibling Leadership Network - Maine Chapter

Summer Work for ME

UMaine CCIDS UCEDD Core Grant

Other-Please Specify: (use for projects not listed)

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

Enter the **Date** of this activity (mm/dd/yyyy) [end date not needed]: _____

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

Is this a recurring activity?(Recurring means an on-going activity, i.e. a weekly, bi-weekly, monthly or quarterly meeting):   Yes   No

Note: If this is a recurring activity you will complete this form the first time you report but will complete the NIRS Recurring Activity Form FY16 to report all future occurrences of this same activity.

Type of Activity (MUST select one):

Advocacy   Capacity Building   Systemic Change

If you disseminated products created by CCIDS:

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.

Core Function (MUST select one):

Continuing Education/Community Training (e.g., Presentations, conferences, guest lecture)

Technical Assistance (e.g., serving on a committee, consultation)

Performing Research or Evaluation

Information Dissemination (e.g., poster session, exhibits)

Interdisciplinary Pre-Service Preparation (Training Trainees)

If you selected Continuing Education/Community Training, please answer ALL of the following questions:

Primary Target Audience? (select one):

Local

State

Tribal

Another State

Regional

National

International

Training Method? (select one):

Presentation/Seminar

Workshop/Conference

Web-based Course

Audio Conference

Video Conference

In-Person or Live Course

Other- Please Specify: _____

How was it provided? (select one):

In Person   Distance   Mixed

Are certificates of completion or CEUs (or their equivalents) offered?

Yes   No

If you selected Technical Assistance as the core function, what is/was the intensity of TA? (select one):

One time brief (single)

One time extended (multi-day contact, provided one time)

On-going infrequent (3 or less contacts per year)

On-going frequent (more than 3 contacts per year)

If you selected Interdisciplinary Pre-Service Preparation (Training Trainees), indicate the discipline of the course/class being offered:

Disability Studies

Early Intervention

Interdisciplinary (i.e., LEND)

Universal Design

Other (i.e. Social Work, Child Development) - Please Specify:

_____

Area of Emphasis (MUST select one, preferably from the left-hand column):

Quality Assurance

Health-Related Activities

Transportation-Related Activities

Education & Early Intervention

Employment-Related Activities

Recreation-Related Activities

Child Care-Related Activities

Housing-Related Activities

Quality of Life Activities

Other-Assistive Technology

Other-Cultural Diversity

Other-Leadership

Other-Please Specify:

_____

Types & Numbers of Participants (DO NOT include yourself or other CCIDS staff):

Enter the **number** of **Participants** from the list below:

_____ CCIDS Trainees (DIS Studies, EChOS, LEND, and Universal Design students)

_____ Other University Students

_____ Professional & Para-Professionals

_____ Family Members/Caregivers

_____ Adults with Disabilities

_____ Children/Adolescents with Disabilities/SHCN

_____ Legislators/Policymakers

_____ General Public/Community Members

Was the Center the lead on this activity?

Yes   No   If no, who led the activity?

Evaluation

Were evaluations completed at the time of the training/TA/course?

Yes   No (explain below)

If yes, please attach the results or list the name of the person who may have them.

_____

If no, please explain why evaluations were not completed:

_____

If evaluations **were not** completed at the time of the training/TA/course, please include the participants' name and contact/email information or attach the participant list with contact information included so an evaluation can be sent to them.

_____

Please check here if you would prefer to send the evaluation link yourself. An email with the link to the evaluation will be sent to you to forward to the participants.

Agencies Collaborating on the Work of the Activity (check all that apply and provide the formal agency name):

State Title V Agency: _____

Other MCHB Funded or Related Program: _____

State Health Dept.: _____

Clinical Programs/Hospitals: _____

State Adolescent Health: _____

Other Health-Related Program: _____

Health Insurance/Managed Care Organization: _____

Medicaid: _____

Developmental Disabilities Council: _____

Protection & Advocacy Agency (P&A): _____

UCEDD (other than CCIDS): _____

Childcare/Early Childhood/Part C Infants & Toddlers: _____

Head Start/Early Head Start: _____

State/Local Special Education (3-21): _____

State/Local General Education: _____

Post Secondary Education (Community College/University): _____

Employment/Voc Rehab: _____

State/Local MR/DD Agency or Provider: _____

State/Local Social Services: _____

Aging Organization: _____

Health Agency - Public/Private: _____

Mental Health/Substance Abuse Agency: _____

Housing Agency/Provider: _____

Recreation Agency: _____

Transportation Agency: _____

Provider Organization: _____

Consumer/Advocacy Organization: _____

State/Local Coalition: _____

Legislative Body: _____

Justice/Legal Organization: _____

Community or Faith-Based Organization: _____

National Association: _____

Independent Research or Policy Organization: _____

Foundation: _____

Other: _____

Not Applicable