

ACTIVITIES FOR

Name _____

PROGRAM TYPE 1=LEND 2=UCEDD Choose one or both options	CORE FUNCTIONS Choose one core function	Is the UCEDD the Lead Agency? Y/N	BRIEF description of activity. Please provide a description or purpose of activity, subject and date of presentations, publications, handouts, staff involved etc. Please refrain from using acronyms for projects, conferences, and professional organizations.	Number Disseminated	Activity HOURS	ALL CONTACTS/PARTICIPANTS Please give the approximate # for each type of participant and discipline represented.		STUDENT DISCIPLINE CODE	AREAS OF EMPHASIS (Choose One)	TYPE OF ACTION (Choose One)	COLLABORATING AGENCIES (ALL that apply, Choose from the categories listed and provide agency name)	Evaluation Data Collected? Y/N If Yes, please attach a summary of the evaluation with the total number surveyed.
						TYPE	#					

CORE FUNCTIONS

- 1. Training Trainees (LT, IT)
- 2. Performing TA/Training
 - 2a. TA
 - 2b. Training
- 3. Performing Demonstration Services
*(Complete back of form for this CF)
- 4. Performing Research or Evaluation
- 5. Developing & Disseminating Info

CONTACTS/PARTICIPANTS

- (Choose all that apply)
- 1. Classroom Students
 - 2. Professionals & Paraprofessionals
 - 3. Family members/caregivers
 - 4. Adults with Disabilities
 - 5. Children & Adolescents with disabilities or SHCN
 - 6. Legislators/Policy makers
 - 7. General Public

AREAS OF EMPHASIS-Choose One

- 1. Quality Assurance
- 2. Health-related activities
- 3. Transportation-related activities
- 4. Education & Early Intervention
- 5. Employment-related activities
- 6. Recreation-related activities
- 7. Child Care related activities
- 8. Housing related activities
- 9. Quality of Life
- 10. Other-please specify or list

TYPE OF ACTION

- (Choose One)
- 1. Advocacy
 - 2. Capacity Building
 - 3. Systemic Change

COLLABORATING AGENCIES

- (Choose all that apply)
- 1. State Title V agencies
 - 2. Other MCHB Funded Program
 - 3. Other Health Related Program
 - 4. Developmental Disabilities Council
 - 5. Disability Law & Advocacy Center
 - 6. UCEDD
 - 7. Other (please list)

ACTIVITIES FOR

Month _____ / _____ year

Demonstration Services Detail: Please complete for each activity where this is the core function

Total # of contacts	Race							Ethnicity		Age (years)						
	White	Black/African American	Am. Indian/Alaskan Native	Asian	Native Hawaiian/other Pacific Islander	2 or more	Other	Hispanic	Non-Hispanic	0-2	3-5	6-11	12-17	18-21	22-54	55+

Discipline Codes

- | | |
|---|-------------------------------|
| 1. Audiology | 22. Pastoral |
| 2. Biological Sciences | 23. Pediatrics |
| 3. Dentistry/Pediatric Dentistry | 24. Physical Therapy |
| 4. Disability Studies | 25. Psychiatry |
| 5. Education/Administration | 26. Psychology |
| 6. Education/Early Intervention/Early Childhood | 27. Public Administration |
| 7. Education (General) | 28. Public Health |
| 8. Special Education | 29. Rehabilitation |
| 9. Family Advocate | 30. Social Work |
| 10. Genetic Counseling | 31. Speech-Language Pathology |
| 11. Health Administration | |
| 12. Human Dev. /Child Dev. | |
| 13. Interdisciplinary | |
| 14. Law | |
| 15. Liberal Arts/Humanities, General Studies | |
| 16. Medicine: General | |
| 17. Medicine: Pediatric | |
| 18. Mental & Behavioral Health | |
| 19. Nursing | |
| 20. Nutrition | |
| 21. Occupational Therapy | |