**Trainee Survey FY 2025 - UCEDD Trainees**

\* Response Required

**Contact / Background Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **\*First Name** |  | | |
| **Middle Name** |  | | |
| **\*Last Name** |  | | |
| **Previous/Maiden Name**:  (if applicable) |  | | |
| **Current Address** (where you would like to be contacted) | | | |
| **\*Address 1**: |  | | |
| **Address 2:** |  | | |
| **\*City** |  | | |
| **\*State** |  | | |
| **\*Zip** |  | | |
| **Phone**: (999-999-9999) |  |  |  |
| **Primary Email**: |  |  |  |
| **Secondary Email**: |  |  |  |

**What is the name of your current place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is the name of your current job position/title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permanent Contact Information** (someone at a different address who will know how to contact you in the future, i.e., parents)

|  |  |
| --- | --- |
| **\*Name of Contact**: |  |
| **Relationship**: |  |
| **\*Address 1**: |  |
| **Address 2:** |  |
| **\*City** |  |
| **\*County** |  |
| **\*Zip** |  |
| **\*Country** |  |
| **Phone**: (999-999-9999) |  |

**\*Are you a first-generation college student? (select one)**

* Yes
* No
* Choose not to disclose/unrecorded

**\*Primary discipline while participating in the Training Program (select one)**

* Applied Behavioral Analysis
* Audiology
* Biological Sciences
* Community Health Worker
* Community Member/Person with Lived Experience
* Dentistry-Other
* Dentistry – Pediatric
* Dietetics
* Disability Studies
* Doula
* Education: Administration
* Education: Early Intervention/Early Childhood
* Education: General Education
* Epidemiology
* Education/Special Education
* Family/ Parents/ Youth Advocacy
* Family Studies
* Family Member/Community Member
* Genetics/Genetic Counseling
* Gerontology
* Health Administration
* Human Development/Child Development
* Interdisciplinary
* Law
* Liberal Arts & Science, Humanities, and General Studies
* Medicine-General
* Medicine-Adolescent Medicine
* Medicine-Adult Providers
* Medicine-Developmental-Behavioral Pediatrics
* Nursing-General
* Medicine-Neurodevelopmental Disabilities
* Medicine – Other
* Medicine-Pediatric Pulmonology
* Medicine-Pediatrics
* Medicine-Sleep
* Mental and Behavioral Health
* Nursing-Family/Pediatric Nurse Practitioner
* Nursing-General
* Nursing-Midwife
* Nursing – Other
* Nutrition
* Occupational Therapy
* Pastoral
* Person with a disability or special health care need
* Physical Therapy
* Pharmacy
* Psychiatry
* Psychology
* Public Administration
* Public Health
* Rehabilitation
* Respiratory Therapy
* Social Work
* Speech-Language Pathology
* Other - Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Race***: (select one)

* **American Indian or Alaska Native** refer to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
  + Tribe: \_\_\_\_\_\_\_\_\_\_
* **Asian** refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g. Asian Indian).
* **Black or African American** refers to people having origins in any of the Black racial groups of Africa.
* **Native Hawaiian or Other Pacific Islander** refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
* **White** refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.
* **More than one** race includes individuals who identify with two or more racial designations.
* **Unrecorded** is included for individuals who are unable to identify with the categories.

***\*Ethnicity***: (select one)

*Hispanic* is an ethnic category for people whose origins are in the Spanish-speaking countries of Latin America or who identify with a Spanish-speaking culture. Individuals who are Hispanic may be of any race.

* **Hispanic**
* **Non-Hispanic**
* **Unrecorded** is included for individuals who are unable to identify with the categories

**Survey**

**Please answer the following questions as thoroughly as possible. When you have filled out the entire survey, return it to your Center/Program.**

**1. Are you a** (check all that apply):

* Person with a disability
* Person with a special health care need
* Parent of a person with a disability
* Parent of a person with a special health care need
* Family member of a person with a disability
* Family member of a person with a special health care need
* None
* Unrecorded

**\*2. Does your current work relate to Maternal and Child Health (MCH) populations ((i.e. women, infants and children, adolescents, and their families including fathers and children or young adults with special health care needs)?**(select all the apply)

* Women or people who have given birth
* Infants
* Children
* Adolescents
* Fathers or other caregivers
* Children and youth with special health care needs, including children with autism spectrum disorder and other developmental disabilities

**3. Does your current work relate to individuals with disabilities?**

* Yes
* No

**\*4. Does your current work support or serve populations that have been historically underserved or marginalized? (select all that apply)**

* Racially/ethnically diverse populations
* Indigenous populations
* LGBTQ+ populations
* Rural populations
* Children and youth with special health care needs
* People with disabilities
* People living in poverty
* People experiencing homelessness
* Military veterans
* None or unknown

**\*5. What is the trainee's current employment setting? (select one)**

* Student
* Elementary or secondary school or school system
* Undergraduate or graduate-level institution
* State health department, including Title V
* Other government agency (e.g., Federakm state, or local)
* Clinical health care setting (includes hospitals, health centers, and clinics)
* Community-based organization or non-profit
* Other private sector organization
* Not currently working or retired
* Other: please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*6. Zip code of employment setting selected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. What is the number of individuals with developmental disabilities who are receiving direct services through activities in which you are involved?** \_\_\_\_\_\_\_\_\_\_\_

**Leadership Activities**

**\*8. Has the trainee done any of the following activities since completing their training program? (select all the apply)**

* **Academic**, such as disseminating information on MCH issues e.g., peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care; conducted research or quality improvement on MCH issues; provided consultation or technical assistance in MCH areas; taught/mentored in MCH discipline or other MCH related field; served as a reviewer, e.g., for a journal, conference abstracts, grant, quality assurance process; procured grant and other funding in MCH areas; and/or conducted strategic or program evaluation.
* **Clinical**, such as participated as a group leader, initiator, key contributor or in a position of influence/authority on any of the following: committees of state, national, or local organizations; task forces; community boards; advocacy; research societies; professional societies; etc.; served in a leadership position in a clinical setting, e.g., director, senior therapist, team leader; taught/mentored in MCH discipline or other MCH related field; conducted research or quality improvement on MCH issues; disseminated information on MCH issues, e.g., peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care; searched as a reviewer, e.g., for a journal, conference abstracts, grant, quality assurance process.
* **Public Health**, such as provided consultation, technical assistance, or training in MCH areas; procured grant or other funding in MCH areas; conducted strategic planning or program evaluation; conducted research or quality improvement on MCH issues; and/or served as a reviewer, e.g., for a journal, conference abstracts, grant, quality assurance process.
* **Public Policy & Advocacy**, such as participate in public policy development activities at local, state, or national levels, e.g., participated in community engagement or coalition-building efforts, written policy or guidelines, influences MCH related legislation, provided education legislators; participated on any of the following as a group leader, initiator, or key contributor: committees of state, national, or local organizations; task forces; community boards; research societies; professional societies; etc.; presented or disseminated information on MCH public policy issues to a legislative body, key decision makers, foundations, or the general public, e.g., peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documented, standards of care, commentaries, and chapters.
* None or unknown

**\* 9. Have you participated or led any of the following interdisciplinary/interprofessional activities since completing your training program? (check all that apply):**

* Sought input or information from other professions, disciplines, people with lived experience, or self-advocates to address a need in your work.
* Provided input or information to other professions or disciplines.
* Developed a shared vision, roles and responsibilities within an interdisciplinary group.
* Utilized shared vision, roles or responsibilities to develop a coordinated, prioritized plan across disciplines to address a need in their work.
* Established decision-making procedures in an interdisciplinary group.
* Collaborated with various disciplines across agencies/entities.
* Advanced policies & programs that promote collaboration with other disciplines or professions.
* Engaged in clinical practice working in collaboration across disciplines and with the patient.
* None or Unknown

**\*10. Have you applied the knowledge and skills learned in the training program one time or more?**

* Yes
* No

**11. Please describe professional achievement(s) that you would attribute to the training program or anything else you’d like us to know about your career**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Evaluation of Training Program**

**12. I would recommend the training program to others.**

\_\_ 3 \_\_ 2 \_\_ 1 \_\_ 0 \_\_

(Completely agree) (Mostly agree) (Partially agree) (Disagree) No response

**Confidentiality Statement**

Thank you for agreeing to provide information that will enable your training program to track your training experience and follow up with you after the completion of your federally-funded training program. Your input is critical to our own improvement efforts and our compliance with Federal reporting requirements.

Please know that your participation in providing information is entirely voluntary. The information you provide will only be used for monitoring and improvement of the training program. Please also be assured that we take the confidentiality of your personal information very seriously. None of the information that you provide will be used to individually identify you to any outside agency, such as the Maternal Child Health Bureau (MCHB) or Administration on Intellectual and Developmental Disabilities (OIDD). Any information supplied to any other federal agencies or public will be done on an aggregate basis in such a way as to preclude the ability to identify any individual trainee.

If you have any questions, concerns, or need the survey in an alternate format, please contact the Director of the Center from which you received your training or email to nirs@aucd.org or 301-588-8252.

We very much appreciate your time and assistance in helping to document outcomes of the Training Program. We look forward to learning about your academic and professional development.