**NIRS Activity Form *–* FY 2025**

**\*Response Required**

**\*Program Type:**

* UCEDD
* LEND
* LEAH
* PPC
* DBP

**\*Fiscal Year: 2025**

**\*Core Function: Continuing Education/Community Training**

**\*Title of Activity:**

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

**Brief Activity Description** *(This field may be used to provide brief explanatory information (up to 50 words) on the activity being reported in this record, e.g., date, location, staff members involved, topic/s covered, what took place.)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Staff Involvement** *(List the first and last name of all staff members who were involved in conducting this activity.)*

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

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**\*Did the Activity actively advance health equity?**

* **Yes**
* **No**

**\*How activity advanced Health Equity in your program** (select all the apply; required if select “yes” to above question)

* Creating and supporting collaborating and partnerships with other health and non-health sectors that influence te well-being of individuals in order to advance health equity.
* Engaging persons with lived experience in active roles that influence program planning and implementation, with a focus on advancing health equity.
* Accounting for and addressing social and structural determinants of health to drive health equity in our program’s area of emphasis.
* Creating and supporting the infrastructure and capacity for equity by improving data collection capacity, promoting cultural responsiveness, and promoting policies and procedures that advance equity.
* Centering equity in data use and performance measurement, including disaggregating data across various demographic indicators and compiling and integrating diverse forms of quantitative and qualitative data.
* Providing services to individuals and communities with the greatest need in order to promote equity in a culturally responsive manner, specifically focused on those disproportionately impacted by health outcomes.
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*What equity topic(s) did the activity target (select all that apply; required if select “yes” to above question).

* Race/ethnicity
* Sex/gender/sexual orientation/gender identity
* Income/socioeconomic status
* Disability
* Age
* Language
* Geography – rural/urban
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*The primary target audience is** *(select one)***:**

* Local
* Title V
* Within 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

**\*Is it provided in person, distance, or mixed?** *(select one)*

* In person
* Distance
* Mixed

**\*Are continuing education credits offered?**

* Yes
* No

**\*Are certificates of completion or CEUs (or their equivalents) offered?** *(select “yes” for Continuing Education; select “no” for Community Training)*

* Yes
* No

**\*Type of Activity** *(Select one)*

* Advocacy
* Capacity Building
* Systemic Change

**\*Area of Emphasis (Check one)**

Areas listed in the DD Act:

* Quality Assurance Activities
* Child Care-Related Activities
* Employment-Related Activities
* Transportation-Related Activities
* Education & Early Intervention
* Health-Related Activities
* Housing-Related Activities
* Recreation-Related Activities

Areas not listed in the DD Act:

* Quality of Life Activities
* Other-Cultural Diversity
* Other, Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other-Assistive Technology
* Other-Leadership

**\*Types and Numbers of Participants** *(Supply number for all that apply)*

Trainees \_\_\_\_\_\_\_\_

Other Classroom Students \_\_\_\_\_\_\_\_

Professionals & Para-Professionals \_\_\_\_\_\_\_\_

Family Members/Caregivers \_\_\_\_\_\_\_\_

Adults with Disabilities \_\_\_\_\_\_\_\_

Children/Adolescents with Disabilities/SHCN \_\_\_\_\_\_\_\_

Legislators/Policymakers \_\_\_\_\_\_\_\_

Community/Local \_\_\_\_\_\_\_\_

State/National \_\_\_\_\_\_\_\_

Total \_\_\_\_\_\_\_\_

General Public/Community Members \_\_\_\_\_\_\_\_

Local/Community Partners \_\_\_\_\_\_\_\_

State/National Partners \_\_\_\_\_\_\_\_

TOTAL PARTICIPANTS: \_\_\_\_\_\_\_\_

**\*Did the activity provide training and workforce development through a Degree, Certification, or Formal Course?**

* **Yes**
* **No**

**\*Trainee type reached** (select all that apply, required if select “yes” in above question):

* Undergraduate
* Graduate
* Postgraduate
* Non-degree seeking
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Training Focus** (select all that apply, required if select “yes” in above question):

* Clinical care
* Care support (including allied health)
* Research
* Public health, non-research (for example, planning, leadership, etc.)
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Provide the number of participants in the activity for Continuing Education** (required if select “yes” in above question)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Did the activity provide training and workforce development through Continuing Education?**

* Yes
* No

**\*Continuing Education Participant Type reached** (select all that apply,required if select “yes” in above question)

* Clinical care provider (for example, MD, MO, NP, PA, etc.)
* Care support provider (including allied health)
* Researcher
* Public health professional, non-researcher
* Community-based participant (for example, community outreach workee, family advocate, etc.)
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Provide the number of participations in the activity for Continuing Education** (required if select “yes” in above question) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Did the activity support the engagement with a Family Member AND/OR Other Person with Lived Experience?**

* Yes
* No

|  |  |  |
| --- | --- | --- |
| **\*Engagement Area** | **Number of engaged Family Members** | **Number of engaged Persons with Lived Experience** |
| **Program Development, Planning, and Evaluation** The planning, implementation, and/or evaluation of the program (for example, strategic planning, program planning, materials development, program activities, teaching, mentoring, measurement, etc.). |  |  |
| **Leadership Training** Within your program, family members are trained or mentored for leadership roles (for example, advisory committees, task forces, teaching, etc.). |  |  |
| **Active Leadership** Within your program, family members have leadership roles on advisory committees or task forces. |  |  |
| **Total** |  |  |

**Family engagement:** Family members include individuals in traditional or non-traditional family structures and may include biological, foster, or adoptive and/or siblings, spouses or partners, or members of an extended family. These family members have lived experience through their first-hand knowledge of navigation systems and services either on behalf of a family member or navigating systems and services either on behalf of a family member or the family as a whole (for example, parents of infants and toddlers, family members of children and youth with special health care needs, etc.). Family engagement refers to family members serving as representatives or leaders who build and strengthen programs and systems rather than being the direct recipient of services.

**Persons with Lived Experience:** Persons with Lived Experience refers to individuals with knowledge and experience on health or social issues relevant to a particular program that is gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people. Community-based organizations, for example, would not be included under this definition. For the purposes of this form, engagement of persons with lived experience is measured through two categories: “Family Engagement” and “Other Persons with Lived Experience”. Family members often navigate systems and services on behalf of individuals, so their lived experience is collected separately. Therefore, for data collection purposes, the term “Other Persons with Lived Experience” is used to delineate family engagement and avoid duplicated counts.

**\*Were the Persons with Lived Experience from any of he following population categories?** (select all that apply; required if the “yes” selected to the above question).

* Children Adolescents, and Young Adults (age 1-25)
* Children Adolescents, and Young Adults (age 1-25) with special health care needs
* Pregnant/postpartum persons
* Non-pregnant women (age 26+)
* Non-pregnant women (age 26+)
* Men (age 26+)
* Representatives from community of interest
* Self-advocates
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Customer Satisfaction**

*For OIDD reporting: Only 10% of participants need to be surveyed; a 40% response rate is expected in aggregate by core function EXCEPT for research/evaluation and developing/disseminating information.*

**\*Was the Center the lead on this activity?**

* Yes *(If Yes, please enter the survey results below.)*
* No

Total number surveyed \_\_\_\_\_\_

Supply total number responding:

Strongly Agree \_\_\_\_\_\_

Agree \_\_\_\_\_\_

Disagree \_\_\_\_\_\_

Strongly Disagree \_\_\_\_\_\_

Total Respondents \_\_\_\_\_\_

**\*Initial Outcome Measure**

*For recipients of regular, on-going trainings, percent reporting an increase in knowledge gained:*

* *in area of emphasis OR*
* *in training topic in area of emphasis*

Total number surveyed \_\_\_\_\_\_

Supply total number responding:

Strongly Agree \_\_\_\_\_\_

Agree \_\_\_\_\_\_

Disagree \_\_\_\_\_\_

Strongly Disagree \_\_\_\_\_\_

\*Total Number Responding \_\_\_\_\_\_

* Not Applicable

**\*Agencies Collaborating on the Work of the Activity**

* Not Applicable/No Collaborating Agency

**\*Primary Agency Collaborating on the Work of the Activity** *(Select one)*

* State Title V Agency
* Social Service Agency
* Other programs working with maternal and child health populations
* Clinical Programs/Hospitals
* State Health Dept.
* Local and state division of mental health
* Education MCHB Funded or Related Program
* State Adolescent Health
* Other Health-Related Program
* Health Insurance/Managed Care Organization
* Medicaid
* Developmental disability agencies
* Developmental Disabilities Council
* Protection & Advocacy Agency (P&A)
* Another UCEDD
* Child Care/Early Childhood/Part C Infants and 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 DD/DD Agency or Provider
* State/Local Social Services
* Aging Organization
* Health Agency - Public/Private
* Mental Health/Substance Abuse Agency
* Housing Agency/Provider
* Home Visiting
* Recreation Agency
* Transportation Agency
* Provider Organization
* Consumer/Advocacy Organization
* Family and/or Consumer Group
* State/Local Coalition
* Legislative Body
* Justice/Legal Organization
* Juvenile Justice
* Community or Faith-Based Organization
* National Association
* Professional Organizations/Associations
* Independent research or policy organization
* Foundation
* Tribal governments and organizations
* Federal Partners
* Other

**\*All Agencies Collaborating on the Work of the Activity** *(*Must check all that apply)

|  |  |  |
| --- | --- | --- |
| Agency Type (Check all that apply) | Number of Agencies | Name of Agency may be supplied in space provided |
| * State Title V Agency |  |  |
| * Social Service Agency |  |  |
| * Other programs working with maternal and child health populations |  |  |
| * Clinical Programs/Hospitals |  |  |
| * State Health Dept. |  |  |
| * Local and state division of mental health |  |  |
| * Education MCHB Funded or Related Program |  |  |
| * State Adolescent Health |  |  |
| * Other Health-Related Program |  |  |
| * Health Insurance/Managed Care Organization |  |  |
| * Medicaid |  |  |
| * Developmental disability agencies |  |  |
| * Developmental Disabilities Council |  |  |
| * Protection & Advocacy Agency (P&A) |  |  |
| * Another UCEDD |  |  |
| * Child Care/Early Childhood/Part C Infants and 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 DD/DD Agency or Provider |  |  |
| * State/Local Social Services |  |  |
| * Aging Organization |  |  |
| * Health Agency - Public/Private |  |  |
| * Mental Health/Substance Abuse Agency |  |  |
| * Housing Agency/Provider |  |  |
| * Home Visiting |  |  |
| * Recreation Agency |  |  |
| * Transportation Agency |  |  |
| * Provider Organization |  |  |
| * Consumer/Advocacy Organization |  |  |
| * Family and/or Consumer Group |  |  |
| * State/Local Coalition |  |  |
| * Legislative Body |  |  |
| * Justice/Legal Organization |  |  |
| * Juvenile Justice |  |  |
| * Community or Faith-Based Organization |  |  |
| * National Association |  |  |
| * Professional Organizations/Associations |  |  |
| * Independent research or policy organization |  |  |
| * Foundation |  |  |
| * Tribal governments and organizations |  |  |
| * Federal Partners |  |  |
| * Other |  |  |

**Note:** The number of active partnerships/collaborations should be an unduplicated count. For example, if a program had multiple types of partnerships/ collaborations with one Title V agency in the reporting period, the number of active Title V partnerships would be one. If a program had partnerships with two Title V agencies, the number of active Title V partnerships would be two.

**\*Continuing Education Subject Area** (select all that apply):

* Clinical Care Related (including medical home)
* Equity, Diversity, or Cultural Responsiveness Related
* Data, Research, Evaluation Methods
* Family Involvement
* Interdisciplinary Teaming
* Health Care Workforce Leadership
* Policy
* Systems Development/Improvement (including capacity building, planning, and financing)
* Emerging Issues
* None of the above

**\*Continuing Education/Training Topic Areas** (select all that apply):

* Early Childhood
* Newborn Screening
* Safe Sleep
* Developmental Health (including developmental screening)
* Adolescent Health
* Maternal Health
* Maternal Mortality
* Perinatal/Postpartum Care
* Breastfeeding
* Maternal Depression
* Children, Adolescents, and Young Adults with Special Health Care Needs
* Developmental Disabilities
* Mental/Behavioral Health
* Autism
* Substance Use Disorder(s)
* Clinical Care
* Sickle Cell Disease
* Heritable Disorders (excluding sickle cell)
* Epilepsy
* Fetal Alcohol Syndrome
* Oral Health
* Medical Home
* Health Care Transition
* Immunizations
* Injury Prevention
* Poison/Toxin Exposure
* Child Maltreatment
* Emergency Services for Children
* Emergency Preparedness
* Health Equity
* Social Determinants of Health
* Telehealth
* Preventive Services
* Obesity
* Health Insurance
* Nutrition
* Respiratory Health
* Life Course Approach
* None of the above

**AND Type-in:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Project Affiliation**

* Not Applicable/No Affiliated Project

Primary Affiliated Project – List Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Affiliated Project– List Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Duration** (Report to the nearest full hour): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Not Applicable

Date of Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(mm/dd/yyyy)*

* Recurring activity?

*(For on-going activities, you may just enter the date the activity began)*