# **NIRS Trainee Form *–* FY 2025**

**For use by LENDs and UCEDDs**

**\***Response Required

**MAIN RECORD**

**ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Middle** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Last Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  **Former Name**: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **\*Academic Degree/Credential Achieved:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Current Address** (Please remember to update when trainee exits your program)

**\*Address Line 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\***Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County of Origin**: 🗌 Other state 🗌 Unknown

(Because students often move to a location near the school they will be attending, we strongly recommend asking trainees to provide the name of the county *they relocated from to attend school*, rather than their current county of residence.)

## Primary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Secondary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_Use the format (999-999-9999)

# **Permanent Address**

# **Name of** **Permanent Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country:** **Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_Use the format (999-999-9999)

**Date of Birth:** \_\_\_ /\_\_\_ /\_\_\_\_\_\_\_

**\*First-generation college student**

First-generation college students are students who are enrolled in postsecondary education and whose parents do not have any post-secondary education experience.

* Yes
* No
* Choose not to disclose/unrecorded

Beginning with FY06 version of NIRS, race and ethnicity information is collected in a manner consistent with the US Census categories. Please provide both race and ethnicity information.

**\* Race** (check one)**:**

* **American Indian and 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** (check 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

**\*Gender (per Federal Reporting requirements):**

* Cisgender Male
* Cisgender Female
* Non-binary
* Transgender Man
* Transgender Woman
* Two-Spirit (Two-Spirit should only be presented as a response option to individuals who identify as American Indian or Alaska Native.)
* A different term Other Gender Description: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* Chose not to disclose/unknown

**\*Sexual Orientation**

Which of the following best represents how a trainee think of themselves?

* Lesbian or gay
* Straight, that is, not gay or lesbian
* Bisexual
* Two-Spirit (Two-Spirit should only be presented as a response option to individuals who identify as American Indian or Alaska Native.)
* A different term
* Choose not to disclose/unrecorded

**\*Primary Language**

**Do you speak a language other than English at home?**

* Yes, Spanish
* Yes, another language, please identify:
* No

**If yes how well do you speak English?**

* Very well
* Well
* Not well
* Not at all

**\*Position Setting of Trainee at Admission:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Position Title at Admission:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Personal relationship with Disabilities:**

**Is the trainee 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

**Annual Trainee Contact Update: Current Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Annual Trainee Contact Update: Current job position/title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRAINEE YEAR RECORD**

**\*Fiscal Year:** **2025**

**\*Academic Level** (Current enrollment status, not highest degree earned)

* Non Degree Seeking
* Undergraduate
* Masters
* Doctoral
* Post Doctoral
* Pre Doctoral

**\*Degree Program** (provide appropriate abbreviation, e.g BA, MA, PhD, DDS,PharmD,etc.)

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

**Position in Program** (fellow, resident, intern, grad student, etc)**:**

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

**\*Discipline:** (Check 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Current Contact Hours:** (for current reporting period only-Must be 9 or more) \_\_\_\_\_\_\_

**Enrollment Status:** (Check one)

* Full-Time
* Part-Time
* Not Enrolled

**Year Start Date**: \_\_\_\_\_ / \_\_\_\_\_(mm/yyyy; Pertains to training program only, not academic program)

**Year Completion Date:** \_\_\_\_\_ / \_\_\_\_\_\_(mm/yyyy; Pertains to training program only; if the completion date for this year is currently unknown, supply an estimate and update with exact date once known)

**Trainee Type** (note—these questions will be used to query trainees for Progress Report, Performance Measures and similar functions. If you will report a trainee as both a LEND and UCEDD trainee, answer Yes to both questions.)

Is this a LEND Trainee? 🌕Yes 🌕 No

Is this a UCEDD Preservice Prep or Continuing Education Trainee? 🌕 Yes 🌕No

**Does the LEND trainee have MCH support?** 🌕 Yes 🌕 No

**Upon completing their training, will the trainee qualify as a:** (Check one)

* Long-Term Trainee? (300+ hours upon completion of training)
* Intermediate Trainee? (40-299 hours upon completion of training)

Individuals whose entire training program is less than 40 hours are captured in the Short term Trainee dataset.
Undergraduate long-term trainees are generally not allowable. Please contact your project officer before enrolling undergraduate long-term trainees into your program. LEND programs should refer to the NOFO for exceptions.

**\***If trainee has MCHB support (“Yes” above), list MCHB support (i.e., stipend and/or or covered tuition/fees) for trainee:

**Support Amount** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Support Type:**

* Stipend
* Tuition
* Stipend & Tuition
* Other – Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Support Type

Check all categories to describe any program-related financial support that the trainee is currently receiving. (check all that apply)

Core Grant Funding

* MCH Core
* MCH Autism Supplement
* OIDD
* OSEP

Other Funding

* Clinical Fees
* Academic Department
* Internship
* Fellowship/Scholarship
* Other
* Not Applicable/None

**Product(s) Produced by the Student this year** (Required if applicable)

(Must complete Product entry form for each new product.)

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

**Presentation(s) by the Student this year:**

Presentation Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Venue:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OPTIONAL:**

**Type of Participation:** (Check all that apply)

* Didactic
* Clinical
* Research
* Practicum/Field Work
* Other – Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of the following training curricula is the trainee completing (independent of trainee’s funding source/s)? (Check all that apply)

* MCH LEND
* ADD
* OSEP
* Pediatric Residency
* Other – Please Specify: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* Not Applicable