Contents

1.0   Source

https://mchb.hrsa.gov/sites/default/files/mchb/data-research/grant-information-system-2023.pdf

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2.0   TRAINEES Dataset

2.1   Trainee Profile (Short, Medium, and Long-term): Main record: Gender field

Before 2025	2025+
*Gender (per Federal Reporting requirements)	***Gender (per Federal Reporting requirements)**
Male	Cisgender Man
Female	Cisgender Woman
Non-binary	Non-binary
Transgender Man	Transgender Man
Transgender Woman	Transgender Woman
	Two-Spirit (response option to individuals who identify as American Indian or Alaska Native)
Other If "Other" is selected, activate the text field " Other Gender Description."	A Different Term Activate the description text field if "A Different Term" is selected.
Choose not to disclose/unrecorded	Choose not to disclose/unrecorded

Note: The field modifications were introduced to NIRS based on SOGI recommendations.

The field was implemented for centers LEND, DBP, LEAH, PPC, UCEDD/LEND, and UCEDD.
The field is required for Long and Medium-term trainee types.

2.2   Trainee Profile (Short, Medium, and Long-term): Main record: Sexual Orientation field

Before 2025	2025+
	*Sexual Orientation
	Lesbian or gay
	Straight, that is, not gay or lesbian
	Bisexual
	Two-Spirit (response option to individuals who identify as American Indian or Alaska Native)
	I use a different term [free-text]
	A Different Term Activate the description text field if "A Different Term" is selected.
	Choose not to disclose/unrecorded

Note: A new field was introduced to NIRS based on SOGI recommendations.

The field was implemented for centers LEND, DBP, LEAH, PPC, UCEDD/LEND, and UCEDD.
The field is required:

    A) for UCEDD-only and UCEDD/LEND centers;
    B) for Long and Medium-term trainee types.

The field is not required for LEND-only, DBP, PPC, or LEAH programs.

2.3   Trainee Profile (Short, Medium, and Long-term): Main record: First-Generation College Student field

Before 2025	2025+
	First-generation college student?
	Yes
	No
	Choose not to disclose/unrecorded

The field was implemented for centers LEND, DBP, LEAH, PPC, UCEDD/LEND, and UCEDD.

The field is required for Long and Medium-term trainee types.

2.4   Trainee Profile (Short, Medium, and Long-term): Annual record: Discipline field

Before 2025	2025+	New in 2025	Report to MCHB	Report to PPR
	Applied Behavior Analysis	2025	MCHB	TBD
Audiology	Audiology		MCHB	PPR
Biological Sciences	Biological Sciences		MCHB/ Map to **Other**	PPR
	Community Health Worker	2025	MCHB	TBD
	Community Member/Person with Lived Experience	2025	MCHB	TBD
Dentistry-Pediatric	Dentistry-Pediatric		MCHB	PPR
Dentistry – Other	Dentistry – Other		MCHB	PPR
	Dietetics	2025	MCHB	TBD
Disability Studies	Disability Studies	2025	MCHB	TBD
	Doula	2025	MCHB	TBD

Education/Special Education	Education/Special Education		MCHB	PPR
Education: Administration	Education: Administration		MCHB / Map to **Other**	PPR
Education: Early Intervention/Early Childhood	Education: Early Intervention/Early Childhood		MCHB/ Map to **Other**	PPR
Education: General Education	Education: General Education		MCHB/ Map to **Other**	PPR
Epidemiology	Epidemiology		MCHB/ Map to **Other**	PPR
Family Member/Community Member	Family Member/Community Member	2025	MCHB/ Map to **Family Member** option	PPR
Family/Parent/Youth Advocacy	Family/Parent/Youth Advocacy		MCHB/ Map to **Other**	PPR
Family Studies	Family Studies		MCHB/ Map to **Other**	PPR
Genetics/Genetic Counseling	Genetics/Genetic Counseling		MCHB	PPR
Gerontology	Gerontology		MCHB/ Map to **Other**	PPR
Health Administration	Health Administration		MCHB	PPR
Human Development/Child Development	Human Development/Child Development		MCHB/ Map to **Other**	PPR
Interdisciplinary	Interdisciplinary		MCHB/ Map to **Other**	PPR
Law	Law		MCHB/ Map to **Other**	PPR
Liberal Arts & Sciences, Humanities, & General Studies	Liberal Arts & Sciences, Humanities, & General Studies		MCHB/ Map to **Other**	PPR
Medicine-General	Medicine-General		MCHB	PPR
Medicine-Adolescent Medicine	Medicine-Adolescent Medicine		MCHB	PPR
	Medicine-Adult Providers	2025	MCHB	TBD

Medicine-Developmental-Behavioral Pediatrics	Medicine-Developmental-Behavioral Pediatrics		MCHB	PPR
Medicine-Neurodevelopmental Disabilities	Medicine-Neurodevelopmental Disabilities		MCHB	PPR
Medicine-Pediatrics	Medicine-Pediatrics		MCHB	PPR
Medicine-Pediatric Pulmonology	Medicine-Pediatric Pulmonology		MCHB	PPR
	Medicine- Sleep	2025	MCHB	TBD
Medicine-Other	Medicine – Other		MCHB	PPR
Mental and Behavioral Health	Mental and Behavioral Health		MCHB/ Map to **Other**	PPR
Nursing-General	Nursing-General		MCHB/ Map to **Other**	PPR
Nursing-Family/Pediatric Nurse Practitioner	Nursing-Family/Pediatric Nurse Practitioner		MCHB	PPR
Nursing-Midwife	Nursing-Midwife		MCHB	PPR
Nursing-Other	Nursing-Other		MCHB	PPR
Nutrition	Nutrition		MCHB	PPR
Occupational Therapy	Occupational Therapy		MCHB	PPR
Pastoral	Pastoral		MCHB/ Map to **Other**	PPR
Pharmacy	Pharmacy		MCHB/ Map to **Other**	PPR
	Physician Assistant	2025	MCHB/ Map to **Other**	TBD
Physical Therapy	Physical Therapy		MCHB	PPR
Psychiatry	Psychiatry		MCHB	PPR
Psychology	Psychology		MCHB	PPR
Public Administration	Public Administration		MCHB/ Map to **Other**	PPR
Public Health	Public Health		MCHB	PPR
Rehabilitation	Rehabilitation		MCHB/ Map to **Other**	PPR

Respiratory Therapy	Respiratory Therapy		MCHB	PPR
	School Psychology/School Counseling	2025	MCHB	TBD
Person with a disability or special health care need	Person with a Disability or Special Health Care Need and/or Self-Advocate	2025	MCHB/ map to Self-Advocate/ Person with a Disability or Special Health Care Need	PPR
Social Work	Social Work		MCHB	PPR
Speech-Language Pathology	Speech-Language Pathology		MCHB	PPR
Other	Other (Specify)		MCHB	PPR

The field was implemented for centers LEND, DBP, LEAH, PPC, UCEDD/LEND, and UCEDD.
The field is required for Long and Medium-term trainee types.

2.5   Trainee Profile (Short, Medium, and Long-term): Annual record: Enrollment Status field

Before 2025	2025+
Enrolment Status	**Enrolment Status**
Part-time	Part-time
Full-time	Full-time
	Not Enrolled Trainees who are not enrolled in a formal degree program may include non-degree seeking students and post- graduate trainees who are completing a fellowship.

The new option "Not Enrolled" has been added for centers LEND, DBP, LEAH, PPC, UCEDD/LEND, and UCEDD.

2.6   Standard Reports

Category	Report	Changes
All	Trainee Data Entry Errors	Add new checking for Trainee Main Record 2025 + -'First-generation college student? - Sexual Orientation
All	Trainee Survey Summary 2025+	New report-coming soon DBP LEAH LEND, UCEDD/LEND UCEDD-only PPC-medium Note: Each center type will have its report based on the survey questions.
All	Trainee Survey Narrative Summary 2025+	New report-coming soon
All	Trainees by Discipline, Gender, and Sexual Orientation 2025+	New Report- coming soon
All	Trainees by Discipline and Length of Study 2018+	Updated list of discipline
All	Trainees by Race, Ethnicity, and Discipline 2018+	Updated list of discipline
All	Trainees by Gender and Age	Updated Gender options
All	Trainee Gender Identity and Sexual Orientation 2018+	Updated report (Gender and Sexual Orientation options)
LEND, LEAH, PPC, DBP	Current Trainee Information 2018+	Updated report (new column First-generation college student, and updated the list of Disciplines)
LEND, LEAH, PPC, DBP	Former Trainee Information 2025+	New Report- coming soon

LEND, LEAH, PPC, DBP	Number of Trainees by Discipline And Current Contact Hour Ranges 2018+	Updated list of discipline
LEND, LEAH, PPC, DBP	Trainees by Support Status and Discipline 2018+	Updated list of discipline
LEND, LEAH, PPC, DBP	Short & Intermediate Trainee Info: MCH Collection 2025+	New Report- coming soon
LEND, LEAH, PPC, DBP	Training 10: Leadership (former PM 08) 2018+	Updated Report
LEND, LEAH, PPC, DBP	Training 06 (former PM09): Diversity of Long-Term Trainees	Updated report (add section Sexual Orientation, updated list of Gender)
LEND, LEAH, PPC, DBP	PPC Medium Term Trainee Survey Info	No changes
LEND, LEAH, PPC, DBP	Long Term Survey Info (2018+)	No changes

3.0   Former LONG-TERM Trainee Form/ Surveys

3.1   LEND-only & LEND/UCEDD Survey
https://www.aucd.org/nirs/db/survey/lend.cfm

Changes for Contact/ Background Information part:

Data fields	
*Name (*First/ Middle/ *Last)	
Previous/Maiden Name	
*Current Address (Address 1 and 2, City, Country, Zip)	
Phone	
Primary Email	
Secondary Email	
*What is name of your current place of employment:	
*What is name of your current job position/title:	

What year you graduate/complete the MCH Training Program? (auto-complete)	
Degree(s) earned while participating in the MCH Training Program (auto-complete)	
Permanent Contact Info (*relationship, *address 1, 2, *city, *zip, *country, phone)	
*Email address	New field
*Are you a first-generation college student?	New field/ pulls value from trainee main record
*Primary discipline while participating in the Training Program	New field
*Gender	
*Sexual Orientation	New field/ pulls value from trainee main record.
*Race	
*Ethnicity	

Changes for Survey part:

Survey Questions	Options	Comments
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)?	• Women or people who have given birth • Infants • Children • Adolescents and young adults • Fathers or other caregivers • Children and youth with special health care needs, including children with autism spectrum disorder or other developmental disabilities • None or unknown	Replace Yes/No answer with list of options
3. Does your current work relate to individuals with disabilities?	Yes/No	
*4. Do you currently work in a public health organization or agency (including Title V)?	DELETE	
*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	Replace Yes/No answer with list of options
*5 What best describes your current employment setting? (single select)	• Student • Elementary or secondary school or school system • Undergraduate or graduate-level institution • State health department, including Title V • Other government agency (e.g. Federal, 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	Text field	New question
~~7. Do you regularly work with other disciplines that work with an MCH population?~~	DELETE	
7. What is the number of individuals with developmental disabilities who are receiving direct services through activities in which you are involved?	KEEP – need for GPRA report	
~~*9 Have you done any of the following activities since completing your training program?~~	DELETE	
*8. Have you done any of the following leadership activities since completing your training program? (select all that apply)	• Academic • Clinical • Public health • Public policy • None or unknown	
*9. Have you participated or led any of the following interdisciplinary/interprofessional activities since completing your training program? (select all that apply)	• Sought input or information from other professions, disciplines, people with lived experience, or self- advocates to address a need in their work • Provided input or information to other professions or disciplines • Developed a shared vision, roles and responsibilities across disciplines • 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 and 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	
~~* 12. If you are currently in the fields of developmental disabilities, and are participating in leadership activities, please select in which of the following settings or capacities these activities occur:~~ ~~-Academic~~ ~~-Clinical~~ ~~-Public Health~~ ~~-Public Policy & Advocacy~~ ~~-None~~	DELETE	
* 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.	(text-area field)	
12. I would recommend the training program to others. (single-select)	3=completelyagree 2=mostlyagree 1=partiallyagree 0=disagree NoResponse	
13. Thinking about the professional skills needed by health care professionals in your own field, what suggestions for changing training curriculum would you recommend for our Training Program? (text area field)	(text-area field)	
Confidentiality Statement	text	

3.2   DBP Survey
https://www.aucd.org/nirs/db/survey/dbp.cfm

Changes for Contact/ Background Information part:

Data fields	
*Name (*First/ Middle/ *Last)	
Previous/Maiden Name	
*Current Address (Address 1 and 2, City, Country, Zip)	
Phone	
Primary Email	
Secondary Email	
What is name of your current place of employment:	
What is name of your current job position/title:	
Permanent Contact Info (*relationship, *address 1, 2, *city, *zip, *country, phone)	
*Email address	New field
*Are you a first-generation college student?	The new field pulls the value from the trainee's main record
*Primary discipline while participating in the Training Program	New field/ list of disciplines, single-select
*Gender	
*Race	
*Ethnicity	
*Training Completion Date	Auto-complete based on trainee records

Changes for Survey part:

Survey Questions	options	comments
1. Was English the primary language spoken in the home where you grew up?	Yes/ No	
2. Did you or your immediate family immigrate to the US from another country?	Yes/ No	
3. Do you consider yourself to have a disability or special health need?	Yes/ No	
4. What professional licenses/credentials do you presently hold?	Text area	

*5. 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)?	• Women or people who have given birth • Infants • Children • Adolescents and young adults • Fathers or other caregivers • Children and youth with special health care needs, including children with autism spectrum disorder or other developmental disabilities • None or unknown	Replace Yes/No answer with list of options
6. Does your current work relate to individuals with disabilities?		
*7. Do you currently work in a public health organization or agency (including Title V)?		
*8. 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	Replace the Yes/No answer with a list of options
*9. What best describes your 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. Federal, 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):	
10. *Zip code of employment setting selected	Text field	New question
~~10. Do you regularly work with other disciplines that work with an MCH population?~~	DELETE	
~~*11 Have you done any of the following activities since completing your training program?~~	DELETE	
~~* 12. If you checked any of the activities above, in which of the following settings or capacities would you say these activities occurred? (check all that apply)~~	DELETE	
*11. Have you done any of the following leadership activities since completing your training program? (select all that apply)	• Academic • Clinical • Public health • Public policy • None or unknown	
*12. Have you participated or led any of the following interdisciplinary/interprofessional activities since completing your training program? (select all that apply)	• Sought input or information from other professions, disciplines, people with lived experience, or self- advocates to address a need in their work • Provided input or information to other professions or disciplines • Developed a shared vision, roles and responsibilities across disciplines • 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 and 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	
13. 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. (text-area field)		
14. I would recommend the training program to others.	3=completely agree 2=mostly agree 1=partially agree 0=disagree No Response	
15. Thinking about the professional skills needed by health care professionals in your own field, what suggestions for changing training curriculum would you recommend for our Training Program?	(text area field)	
Confidentiality Statement	text	

3.3   LEAH Survey

https://www.aucd.org/nirs/db/survey/leah.cfm

Changes for Contact/ Background Information part:

Data fields	
*Name (*First/ Middle/ *Last)	
Previous/Maiden Name	
*Current Address (Address 1 and 2, City, Country, Zip)	
Phone	
Primary Email	

Secondary Email	
What is name of your current place of employment:	
What is name of your current job position/title:	
Permanent Contact Info (*relationship, *address 1, 2, *city, *zip, *country, phone)	
*Email address	New field
*Are you a first-generation college student?	New field/ pull value from trainee main record.
*Primary discipline while participating in the Training Program	New field List of discipline, single-select
*Gender	
*Race	
*Ethnicity	
*Training Completion Date	Auto-complete based on trainee records

Changes for Survey part:

Survey Questions	Options	Comments
*1. 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)?	• Women or people who have given birth • Infants • Children • Adolescents and young adults • Fathers or other caregivers • Children and youth with special health care needs, including children with autism spectrum disorder or other developmental disabilities • None or unknown	Replace the Yes/No answer with a list of options
2. Does your current work relate to individuals with disabilities?	Yes/ No	
~~*3. Do you currently work in a public health organization or agency (including Title V)?~~	DELETE	
*3. 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	Replace the Yes/No answer with a list of options

	• Children and youth with special health care needs • People with disabilities • People living in poverty • People experiencing homelessness • Military veterans • None or unknown	
*4. What best describes your 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. Federal, 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):	
*5. Zip code of employment setting selected	Text field	New question
6. Do you regularly work with other disciplines that work with an MCH population?	DELETE	
*7. Have you done any of the following activities since completing your training program?	DELETE	
* 8. If you checked any of the activities above, in which of the following settings or capacities would you say these activities occurred? (check all that apply)	DELETE	

*6. Have you done any of the following leadership activities since completing your training program? (select all that apply)	• Academic • Clinical • Public health • Public policy • None or unknown	
*7. Have you participated or led any of the following interdisciplinary/interprofessional activities since completing your training program? (select all that apply)	• Sought input or information from other professions, disciplines, people with lived experience, or self- advocates to address a need in their work • Provided input or information to other professions or disciplines • Developed a shared vision, roles and responsibilities across disciplines • 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 and 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	
8. 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.	(text-area field)	
9. I would recommend the training program to others.	3=completely agree 2=mostly agree 1=partially agree	

	0=disagree No Response	
10. Thinking about the professional skills needed by health care professionals in your own field, what suggestions for changing training curriculum would you recommend for our Training Program?	(text area field)	
Confidentiality Statement	keep	

3.4   PPC Survey

https://www.aucd.org/nirs/db/survey/ppc_long.cfm

Changes for Contact/ Background Information part:

Data fields	
*Name (*First/ Middle/ *Last)	
Previous/Maiden Name	
*Current Address (Address 1 and 2, City, Country, Zip)	
Phone	keep
Primary Email	keep
Secondary Email	keep
*What is name of your current place of employment:	keep
*What is name of your current job position/title:	keep
Permanent Contact Info (*relationship, *address 1, 2, *city, *zip, *country, phone)	keep
*Email address	New field
*Are you a first-generation college student?	New field/ pull value from trainee main record.
*Primary discipline while participating in the Training Program	New field List of discipline, single-select
*Gender	
*Race	
*Ethnicity	

Changes for Survey part:

Survey Questions	Options	Comments

1. What professional licenses/credentials do you presently hold?	text	
*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)?	• Women or people who have given birth • Infants • Children • Adolescents and young adults • Fathers or other caregivers • Children and youth with special health care needs, including children with autism spectrum disorder or other developmental disabilities • None or unknown	Replace the Yes/No answer with a list of options
3. Does your current work relate to individuals with disabilities?		
*4. Do you currently work in a public health organization or agency (including Title V)?	DELETE	
*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	Replace the Yes/No answer with a list of options
*5. What best describes your 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. Federal, 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	Text field	New question
7. Do you regularly work with other disciplines that work with an MCH population?	DELETE	
*8 Have you done any of the following activities since completing your training program?	DELETE	
* 9. If you checked any of the activities above, in which of the following settings or capacities would you say these activities occurred? (check all that apply)	DELETE	
*7. Have you done any of the following leadership activities since completing your training program? (select all that apply)	• Academic • Clinical • Public health • Public policy • None or unknown	
*8. Have you participated or led any of the following interdisciplinary/interprofessional activities since completing your training program? (select all that apply)	• Sought input or information from other professions, disciplines, people with lived experience, or self-advocates to address a need in their work • Provided input or information to other professions or disciplines • Developed a shared vision, roles and responsibilities across disciplines • 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 and 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	
9. 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.	(text-area field)	
10. I would recommend the training program to others.	3=completelyagree 2=mostlyagree 1=partiallyagree 0=disagree NoResponse	
11. Thinking about the professional skills needed by health care professionals in your own field, what suggestions for changing training curriculum would you recommend for our Training Program?	(text area field)	
Confidentiality Statement	keep	

3.5   UCEDD-only Survey

https://www.aucd.org/nirs/db/survey/ucedd.cfm

Changes for Contact/ Background Information part:

Data fields	

*Name (*First/ Middle/ *Last)	
Previous/Maiden Name	
*Current Address (Address 1 and 2, City, Country, Zip)	
Phone	
Primary Email	
Secondary Email	
*What is name of your current place of employment:	
*What is name of your current job position/title:	
Permanent Contact Info (*relationship, *address 1, 2, *city, *zip, *country, phone)	keep
*Email address	New field
*Are you a first-generation college student?	New field/ Pull value from trainee main record.
*Primary discipline while participating in the Training Program	New field List of discipline, single-select
*Gender	
*Sexual Orientation	New field/ Pull value from trainee main record.
*Race	
*Ethnicity	

Changes for Survey part:

Survey Questions	options	comments
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)?	- Women or people who have given birth - Infants - Children - Adolescents and young adults - Fathers or other caregivers - Children and youth with special health care needs, including children with autism spectrum disorder or other - developmental disabilities - None or unknown	Replace the Yes/No answer with a list of options
3. Does your current work relate to individuals with disabilities?		
*4. Do you currently work in a public health organization or agency (including Title V)?	DELETE	
*5. 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	Replace the Yes/No answer with a list of options
*6. What best describes your 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. Federal, 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):	
*7. Zip code of employment setting selected	Text field	New question
8. What is the number of individuals with developmental disabilities who are receiving direct services through activities in which you are involved?	KEEP-need for GPRA report	
~~*8 Have you done any of the following activities since completing your training program?~~	DELETE	
~~* 9. If you checked any of the activities above, in which of the following settings or capacities would you say these activities occurred? (check all that apply)~~	DELETE	
*9. Have you done any of the following leadership activities since completing their training program? (select all that apply)	• Academic • Clinical • Public health • Public policy None or unknown	
* 11. Have you applied the knowledge and skills learned in the training program one time or more?	Yes/ No	
12. 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.	(text-area field)	
13. I would recommend the training program to others.	3=completely agree 2=mostly agree 1=partially agree 0=disagree No Response	
Confidentiality Statement	text	

3.6   Annual Survey

https://www.aucd.org/nirs/db/update/trainee_survey.cfm?trainee_id=140570

Data fields	
*Name (*First/ Middle/ *Last)	
Previous/Maiden Name	
*Current Address (Address 1 and 2, City, Country, Zip)	
Phone	
Primary Email	
Secondary Email	
Permanent Contact Info (*relationship, *address 1, 2, *city, *zip, *country, phone)	
*Email address	New field
*Are you a first-generation college student?	New field/ Pull value from trainee main record.
*Primary discipline while participating in the Training Program	New field List of discipline, single-select
*Gender	
*Sexual Orientation	New field/ Pull value from trainee main record.
*Race	
*Ethnicity	
1. What is your current place of employment:	
2. What is your current job position/title:	
Confidentiality Statement	text