# **NIRS Trainee Form *–* FY 2016**

**For use by LEAHs, PPCs, and DBPs**

**\*Please complete all sections highlighted in yellow. If you have questions, call or email Meghan at meghans4@stanford.edu 650-724-9954.**

**MAIN RECORD**

**ID Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle**\_\_\_\_\_\_\_\_ **\*Last Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

# **Current Address**

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

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

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

**County of Origin**: 🗌 out of state 🗌 unknown

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

(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:** ( \_\_\_\_\_ ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

# **Permanent Address**

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

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

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

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

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

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

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

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

**\*Gender:** M F

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)**:**

* **White** refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.
* **Black or African American** refers to people having origins in any of the Black racial groups of Africa.
* **American Indian and Alaskan 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).
* **Native Hawaiian and Other Pacific Islander** refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
* **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

**\*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 at Admission:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please note:** If you are a resident, this would be “Stanford University

**\*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
* Unrecorded

**TRAINEE YEAR RECORD**

**\*Fiscal Year:** **2015**

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

* Non Degree
* Undergraduate
* Masters
* Doctoral
* Post Doctoral
* Other

**\*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)

* Audiology
* Biological Sciences
* Dentistry-Pediatric
* Dentistry-Other
* Disability Studies
* Education/Special Education
* Education: Administration
* Education: Early Intervention/Early Childhood
* Education: General Education
* Epidemiology
* Family Studies
* Family/Parent/Youth Advocacy
* Genetics/Genetics Counseling
* Gerontology
* Health Administration
* Human Development/Child Development
* Interdisciplinary
* Law
* Liberal Arts & Sciences, Humanities, & General Studies
* Medicine-Adolescent Medicine
* Medicine-Developmental-Behavioral Pediatrics
* Medicine-Neurodevelopmental Disabilities
* Medicine-Pediatric Pulmonology
* Medicine: General
* Medicine: Pediatric
* Mental and Behavioral Health
* Nursing
* Nursing-Family/Pediatric Nurse Practitioner
* Nursing-Midwife
* Nursing-Other
* Nutrition
* Occupational Therapy
* Pastoral
* Pharmacy
* Physical Therapy
* 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 Student
* Part-Time Student

***\*\*For Year Start Date, please only put the portion of time you are on DBP rotation/working directly with Dr. Feldman\*\****

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

**\*Year Completion Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_(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)

**\*Does the 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 may be captured in the Short Term Trainee “mini” dataset. Demographic information on the number of individuals trained through Short-term or Community Training programs is captured in the Activities dataset.**

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

Stipend $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition & Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*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
* AIDD
* OSEP

Other Funding

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

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

(Must complete Product entry form for each new product prior to attaching product to Trainee record.)

🌕 Existing (linkable) ­­­­­­­­­­

**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