

NIRS Trainee Form – FY 2013

For use by LEAHs, PPCs, and DBPs

***Response Required**

MAIN RECORD

ID Number: _____

*** First Name** _____ **MI** _____ ***Last Name** _____

Former Name: _____

***Academic Degree/Credential Achieved:** _____

***Current Address:** _____

County of Origin: _____ out of 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.)

Email Address: _____

Phone: (____) _____ - _____

Name of Permanent Contact: _____

Relationship of Permanent Contact: _____

Permanent Address: _____

Permanent Phone: (____) _____ - _____

Date of Birth: ____/____/____

***Gender:** M F

*** 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:** _____ (residents: Medical Center) _____

***Position Title at Admission:** _____ (choose level in residency program: PGY1,2,3) _____

***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: 2013

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, etc.)

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

***Discipline:** (Check one)

- | | |
|--|---|
| <input type="radio"/> Audiology | <input type="radio"/> Medicine-Pediatric Pulmonology |
| <input type="radio"/> Biological Sciences | <input type="radio"/> Medicine: General |
| <input type="radio"/> Dentistry-Pediatric | <input type="radio"/> Medicine: Pediatric |
| <input type="radio"/> Dentistry-Other | <input type="radio"/> Mental and Behavioral Health |
| <input type="radio"/> Disability Studies | <input type="radio"/> Nursing |
| <input type="radio"/> Education/Special Education | <input type="radio"/> Nursing-Family/Pediatric Nurse Practitioner |
| <input type="radio"/> Education: Administration | <input type="radio"/> Nursing-Midwife |
| <input type="radio"/> Education: Early Intervention/Early Childhood | <input type="radio"/> Nursing-Other |
| <input type="radio"/> Education: General Education | <input type="radio"/> Nutrition |
| <input type="radio"/> Epidemiology | <input type="radio"/> Occupational Therapy |
| <input type="radio"/> Family Studies | <input type="radio"/> Pastoral |
| <input type="radio"/> Family/Parent/Youth Advocacy | <input type="radio"/> Pharmacy |
| <input type="radio"/> Genetics/Genetics Counseling | <input type="radio"/> Physical Therapy |
| <input type="radio"/> Gerontology | <input type="radio"/> Psychiatry |
| <input type="radio"/> Health Administration | <input type="radio"/> Psychology |
| <input type="radio"/> Human Development/Child Development | <input type="radio"/> Public Administration |
| <input type="radio"/> Interdisciplinary | <input type="radio"/> Public Health |
| <input type="radio"/> Law | <input type="radio"/> Rehabilitation |
| <input type="radio"/> Liberal Arts & Sciences, Humanities, & General Studies | <input type="radio"/> Respiratory Therapy |
| <input type="radio"/> Medicine-Adolescent Medicine | <input type="radio"/> Social Work |
| <input type="radio"/> Medicine-Developmental-Behavioral Pediatrics | <input type="radio"/> Speech-Language Pathology |
| <input type="radio"/> Medicine-Neurodevelopmental Disabilities | |
| <input type="radio"/> 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

***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 trainee have MCH support?** Yes No

***Trainee Type** (These questions will be used to query trainees for Progress Report, Performance Measures and similar functions.)

***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.

***What MCH support did the trainee receive?** (Required if applicable. If trainee has MCH support (“yes” above), list MCH support (i.ee, stipend and/or covered tuition/fees) for trainees.

Stipend	\$ _____
Tuition & Fees	\$ _____
Total	\$ _____

***Support Type**

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

- | | |
|--|---|
| Core Grant Funding | Other Funding |
| <input type="checkbox"/> MCH Core | <input type="checkbox"/> Clinical Fees |
| <input type="checkbox"/> MCH Autism Supplement | <input type="checkbox"/> Academic Department |
| <input type="checkbox"/> ADD | <input type="checkbox"/> Internship |
| <input type="checkbox"/> OSEP | <input type="checkbox"/> Fellowship/Scholarship |
| | <input type="checkbox"/> Other |
| <input type="checkbox"/> None/Not Applicable | |

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

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

- 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)**

- LEND
- UCEDD
- OSEP
- Pediatric Residency
- Other – Please Specify: _____
- Not Applicable