

# Attachment E

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Research Network Questionnaire

Grantee Name \_\_\_\_\_

OMB Number: XXXX-NEW  
Expiration Date

**Public Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-XXXX. Public reporting burden for this collection of information is estimated to average \_\_\_\_ minutes per respondent annually, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-33, Rockville, Maryland, 20857.

**Combating Autism Act Initiative (CAAI)  
Autism Intervention Research Networks  
Data Collection Form**

**I. Conduct Research Leading To Evidence-Based Interventions for Children and Adolescents with ASD/DD**

In Table 1, please document your Network’s progress in developing and funding studies.

<b>Table 1: Activity</b>	<b>TOTAL NUMBER</b>
<b>Research Proposals Developed and Funded</b>	
Number of research proposals developed and/or funding sought	
Number of studies funded (note: can be currently in process)	
<b>Studies Completed</b>	
Number of studies completed	
<b>Sustainability of Projects</b>	
Number of studies with mixed CAAI funding and other funding	
Dollar amount of outside funding obtained as a consequence of the CAAI funds	

1. Please list the studies funded by CAAI funds.

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Grantee Name \_\_\_\_\_

In Table 2, please document your Network’s progress toward publishing findings.

*NOTE: If a study addresses more than one subject, please count it whenever appropriate in each of the boxes (the individual columns will not always add up to the total number).*

Table 2: Publications	Subject of Publication						
	TOTAL NUMBER	Reducing Barriers	Inter-vention	Network Activities and Functions	Measures/Tools	Guidelines	Other
Number of manuscripts in preparation							
Number of manuscripts submitted							
Number of manuscripts in press/accepted							
Number of manuscripts published							
Number of scientific conference presentations							

**II and III. Test and Validate Tools and Develop Evidence-Based Guidelines for Implementation of Interventions**

In Table 3 below, please document your Network’s progress in developing measures, tools, and guidelines.

Table 3: Measures, Tools, and Guidelines	TOTAL NUMBER	Developed, Tested, or Validated	Piloted Within the Network	Adopted Beyond the Network	Published
<b>Measures and Tools</b>					
Number of tools and measures					
<b>Guidelines for Interventions</b>					
Number of guidelines					

1. Please provide a list of the measures, tools, and guidelines developed.

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Grantee Name \_\_\_\_\_

**IV. Disseminate Information of Research, Guidelines, and Validated Tools for ASD/DD Interventions**

Please summarize your Network’s activities directed to disseminating information in Table 4 below.

<b>Table 4: Materials, Training Sessions, Outreach Sessions, Grand Rounds, Presentations, and Conferences</b>	<b>TOTAL NUMBER</b>	<b>Target: Health Professionals</b>	<b>Target: Families of Children With ASD and the Public</b>
<b>Materials Developed</b>			
Number of materials (e.g., studies/briefs, articles, or informational materials) developed			
Number of “hits” on Network Web sites			
<b>Training Sessions/Symposiums Conducted</b>			
Number of training sessions			
Number of individuals reached through training sessions			
<b>Outreach Sessions Conducted</b>			
Number of outreach sessions			
Number of individuals reached through outreach sessions			
<b>Grand Rounds, Presentations, Conferences</b>			
Total number of Grand Rounds (health professionals only)			N/A
<b>Individuals Engaged in Research</b>			
Number of health professionals engaged in research			
Number of families participating in research			

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Provide information below on the **8-10 most significant** technical assistance/collaborative activities in the past year in Table 5 below.

*COLLABORATION - mutual problem solving and collaboration on a range of issues, which may include program development, clinical services, collaboration, program evaluation, needs assessment, and policy & guidelines formulation. Collaborative partners might include State or local health agencies, and education or social-service agencies. The effort may be a one-time or ongoing activity of brief or extended frequency.*

<b>Table 5: List of Collaborations</b>			
<b>Collaborator Name</b>	<b>Intensity</b>	<b>Primary Target Audience</b>	<b>Nature of Collaboration</b>
	1. One-Time Brief (single contact)	1. Providers	
	2. One-Time Extended (multi-day contact provided one time)	2. Families	
	3. Ongoing Infrequent (3 or less contacts per year)	3. Individuals With Autism	
	4. Ongoing Frequent (more than 3 contacts per year)	a. Regional b. National	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**V. Reducing Barriers to ASD/DD Interventions**

Please detail your efforts to serve minority and underserved populations and to engage in family-centered activities in Table 6.

<b>Table 6: Reducing Barriers for Families and Underserved Populations</b>	<b>Number of Studies</b>
<b>Minority and Underserved Populations</b>	
Number of studies that are responsive to the cultural and linguistic needs of special populations	
Number of studies that support a broad representation of culturally distinct and underrepresented groups	
<b>Engage in Family-Centered Activities</b>	
Number of studies that are family-centered	

1. What is your Network’s Web site address?