EARLY INTERVENTION / SPECIAL EDUCATION SUMMARY

The military must work together to identify a family member who may need early intervention services. The DD Form 2792-1 is completed to identify a family member with early intervention / special education needs.

**DEMOGRAPHICS.** Items 1 - 7. To be completed by sponsor, spouse, legal guardian, or student who has reached the age of majority.

**Item 1.** Request (X one):
- Exceptional Family Member Program (EFMP) Enrollment or Update - first enrollment application for the family member or to update a previous evaluation for the family member.
- Government Sponsored Travel.
- Change in EFMP Status.

**Items 2.a. - h.** Child / Student Information. Self-explanatory.

**Items 3.a. - h.** Sponsor Information. Self-explanatory.

**Item 3.i.** Child / student enrolled in Defense Enrollment Eligibility Reporting System (DEERS) under another sponsor. Self-Explanatory.

**Items 4.a. - d.** Self-explanatory.

**Item 5.** Completed for children age birth to 3.

**Items 6.a. - c.** Completed for children ages 3 to 21 only. Children who are ages 3 to 5 should have the DD Form 2792-1 completed at the school the child would normally attend for kindergarten. High school graduates, students who have passed the G.E.D., and college students are not required to complete the DD Form 2792-1. NOTE: For 6.c., children that are homeschooled are eligible to receive some form of special education services in the public school setting. Therefore they may have a private school service plan. Include a copy of the service plan as applicable.

**Items 7.a. - d.** Signature of sponsor, spouse, legal guardian, or student who has reached the age of majority and completed the form. Self-explanatory.

**Items 8.a. - f.** Administrative Review. Completed by EFMP Office or Family Member Travel Screening (FMTS) Office responsible for enrollment or screening. NOTE: For 8.c., if child is entered into DEERS under a DoD ID number other than what is provided in 8.a. and 8.b., list the additional ID in 8.c.

**ITEMS FOR COMPLETING DD FORM 2792-1, EARLY INTERVENTION / SPECIAL EDUCATION SUMMARY.**

**DD Form 2792-1.** DD Form 2792-1 is completed by the parents and school or early intervention staff. Only this form should be provided to school or early intervention staff. Do not include medical information forms that may be used for family member travel screening or EFMP enrollment.

**Items 9.a. - d.** Sponsor Information. Signature of sponsor, spouse, legal guardian, or student who has reached the age of majority is REQUIRED to authorize the school to release information.


**Items 11.a. - e.** Early Intervention Summary (EIS) Information. Completed by EIS or school personnel. Mark (X) Yes or No for each item. Include additional information as noted.

**Items 12.a. - f.** School Information. Completed by school personnel at the school the child attends. Mark (X) Yes or No for each item. Include additional information as noted.

**Items 13.** Completed by school personnel. Mark (X) eligibility category. Mark only one.

**Items 14.** Completed by school personnel. Mark (X) all related services provided and indicate total time services are provided.

**Items 15.a - c.** Completed by EIS and school personnel. Self-explanatory.

**Items 16.a - j.** Completed by EIS provider / school official information completing the form. Self-explanatory.

**NOTE:** If child is under 5 years of age, is not enrolled in school, a home school program, or engaged with an Early Intervention Services program, and does not have any identified needs, the parents or guardians can fill out and sign page 2 of the DD Form 2792-1 and return it to the requesting office. The completion of Page 3 is not required in this case.
EARLY INTERVENTION / SPECIAL EDUCATION SUMMARY

1. REQUEST (Select One)
   - EFMP Enrollment or Update
   - Request for Government Sponsored Travel
   - Request Change in EFMP Status:
     - No longer requires IEP / IFSP
     - No longer qualifies as a dependent
     - Divorce / change in custody*
     - Family member deceased

2. CHILD / STUDENT INFORMATION (To be completed by sponsor, spouse, legal guardian, or student who has reached the age of majority.)

2a. CHILD / STUDENT NAME (Last, First, Middle Initial)

2b. SPONSOR NAME (Last, First, Middle Initial)

2c. CHILD / STUDENT CURRENT MAILING ADDRESS (Street, Apartment Number, City, State, ZIP Code, APO / FPO)

2d. FAMILY MEMBER PREFIX

2e. CHILD / STUDENT DATE OF BIRTH (YYYYMMDD)

2f. CHILD / STUDENT GENDER
   - Male
   - Female

2g. FAMILY HOME E-MAIL ADDRESS

2h. HOME TELEPHONE NUMBER (Include Country Code / Area Code)

3a. SPONSOR RANK OR GRADE

3b. INSTALLATION OF SPONSOR’S CURRENT ASSIGNMENT (Include City, State, Country)

3c. SPONSOR’S OFFICIAL E-MAIL ADDRESS

3d. DUTY TELEPHONE NUMBER (Include Country Code / Area Code)

3e. MOBILE NUMBER (Include Country Code / Area Code)

3f. STATUS (Select One)
   - Regular Active Service Member
   - Active Reserve
   - Active Guard
   - Reserves
   - National Guard
   - Civilian
   - Army
   - Navy
   - Air Force
   - Marine Corps
   - Coast Guard

3g. BRANCH OF SERVICE (Military Only)

3i. IS THE CHILD / STUDENT ENROLLED IN DEERS UNDER A SPONSOR OTHER THAN THE ONE LISTED ABOVE? (Select One. If Yes, provide name of sponsor)
   - Yes
   - No

4a. ARE BOTH SPOUSES ON ACTIVE DUTY? (Military Only. Select One. If Yes, Complete 4b.- 4d. below)
   - Yes
   - No

4b. ACTIVE DUTY SPOUSE’S NAME (Last, First, Middle Initial)

4c. BRANCH OF SERVICE

4d. RANK / RATE

5. FOR CHILDREN FROM BIRTH TO AGE THREE ONLY:
   - Is your child being evaluated for, or eligible for early intervention services on an Individualized Family Service Plan (IFSP)?
   - Select one. If No, sign Item 7 and return to the requesting office. If Yes, have early intervention professional complete page 3.
   - Yes
   - No

6. EDUCATION SERVICES FOR DEPENDENTS 3 YEARS AND OLDER:
6a. Is your child being home-schooled full-time or part-time? (Select one)
   - Yes, Part-Time
   - Yes, Full-Time
   - No
   - (If Yes, complete 6a(1) and 6a(2))

6a(1). When did you start home-schooling? (YYYYMMDD)

6a(2). Name of home school program/title of courses:

6b. Is your child being evaluated for, or receiving, special education services on an IEP?
   - Select one. If No, complete page 3.
   - Yes
   - No

6c. List any special education-related services received in the last 3 years: (include a copy of the service plan as applicable)

7. RELEASE OF INFORMATION (To be completed by sponsor, spouse, legal guardian, or student who has reached the age of majority) I hereby authorize the release of information on the DD Form 2792-1, and the attached reports to appropriate personnel of the Department of Defense. This information will be used to evaluate and document my child / student’s needs for educational services for the purpose of assignment coordination, EFMP enrollment, or eligibility for other educationally related benefits.

7a. SIGNATURE

7b. PRINTED NAME

7c. RELATIONSHIP TO CHILD / STUDENT

7d. DATE (YYYYMMDD)

8. ADMINISTRATIVE REVIEW (Completed after review of entire form by local MTF or office receiving form.)

8a. SPONSOR DoD ID #

8b. SPOUSE DoD ID # (If dual military)

8c. DoD ID # USED IN DEERS (If different from sponsor’s)

8d. MTF OR OFFICE RECEIVING COMPLETED FORM

8e. DATE (YYYYMMDD)

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EARLY INTERVENTION / SPECIAL EDUCATION SUMMARY

NOTE TO EDUCATIONAL AUTHORITY COMPLETING THIS FORM: It is important to the military and to the family that the service member be assigned to a location that can meet the child's educational needs. Your support in completing this form is appreciated. If applicable, attach a copy of the child's most recent active Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) to this page.

9. RELEASE OF INFORMATION (To be completed by sponsor, spouse, legal guardian, or student who has reached the age of majority) I hereby authorize the release of information on the DD Form 2792-1, and the attached reports to personnel of the Military Departments. This information will be used to evaluate and document my child/student’s needs for educational services for the purpose of assignment coordination, EFMP enrollment or eligibility for other educationally related benefits.

9a. PRINTED NAME
9b. SIGNATURE
9c. RELATIONSHIP TO CHILD / STUDENT
9d. DATE (YYYYMMDD)

10. CHILD / STUDENT INFORMATION (To be completed by sponsor, spouse, or legal guardian)

10a. NAME OF CHILD / STUDENT (Last, First, Middle Initial)
10b. CURRENT GRADE LEVEL (if school age)
10c. DATE OF BIRTH (YYYYMMDD)
10d. GENDER (Select one)

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11. EARLY INTERVENTION SERVICES (EIS) - FOR CHILDREN UNDER 3 YEARS OF AGE (To be completed by EIS representative)

YES NO

11a. Is the child currently being evaluated for early intervention services?
11b. Does this child receive early intervention services under a current Individualized Family Service Plan (IFSP)? (If Yes, please attach current IFSP)
11c. Has the child been found eligible but the family declined IFSP services?
11d. Basis for eligibility:

- Developmental Delay
- Diagnosed physical or mental condition that has a high probability of resulting in a Developmental Delay

11e. Is there an identified disability? (If known, please specify)

12. SCHOOL INFORMATION - FOR STUDENTS AGES 3 - 21 (To be completed by school representative - answer all questions)

YES NO

12a. Is this student currently being evaluated for special education services?
12b. Has the child been found eligible for special education services? (If Yes, complete Item 13.)
12c. If your school determined the student eligible for special education services within the past 3 years, did the parent decline special education services? (If Yes, complete eligibility information in Item 13 and proceed to Item 16)
12d. Does this child/student receive special education services under a current Individualized Education Program (IEP)?
12e. Were IEP services terminated by the IEP team due to ineligibility within the last 2 years? Date of IEP termination (YYYYMMDD)
12f. Was the IEP terminated at the request of the parents within the last year (parents withdrew student from special education)? (If Yes, complete Items 13 and following).

13. ELIGIBILITY CATEGORY FOR CHILDREN 3 TO 21 YEARS OF AGE (Select only one)

- Autism Spectrum Disorder
- Communication Impaired
- Deaf
- Blind
- Deaf / Blind
- Visually Impaired
- Traumatic Brain Injury
- Hearing Impaired
- Ortopedically Impaired

- N/A
- Behaviorial / Conduct Disorder
- Intellectual Disability
- Mild
- Moderate
- Severe / Profound
- Other Health Impaired (Specify)

14. RELATED SERVICES ON IEP (Select boxes next to related services and indicate total number of minutes or hours that services are provided.)

- Counseling
- Occupational Therapy
- Physical Therapy
- Speech Therapy

- Intensive Behavioral Intervention (such as ABA)

- N/A
- Special Transportation (Describe)

15. BEHAVIOR / COMMUNICATION (Select all that apply and specify in comments section)

YES NO

15a. Child exhibits high risk or dangerous behavior
15b. Child is verbal (If No, answer 15b(1)-15b(4) The student uses:)
15b(1). Signing
15b(2). Picture Exchange Communication System (PECS)
15b(3). Communication Device
15b(4). Other

15c. COMMENTS

16. PROVIDER / SCHOOL INFORMATION

16a. NAME OF EARLY INTERVENTION PROGRAM OR SCHOOL
16b. SCHOOL DISTRICT
16c. CITY, STATE, COUNTRY
16d. TELEPHONE NUMBER (Include Country Code / Area code)
16e. FAX NUMBER (Include Country Code / Area Code)
16f. E-MAIL ADDRESS
16g. NAME OF INDIVIDUAL COMPLETING THIS SECTION

16h. SIGNATURE
16i. TITLE
16j. DATE (YYYYMMDD)

DD FORM 2792-1, JAN 2021