SPECIAL EDUCATION/EARLY INTERVENTION SUMMARY

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136; 20 U.S.C. 927; DoDI 1315.19: DoDI 1342.12; and E.O. 9397 (as amended).

PRINCIPAL PURPOSE(S): Information will be used by DoD personnel to evaluate and document the special education needs of family members. This information will enable: (1) Military assignment personnel to match the special education needs of family members against the availability of educational services, and (2) Civilian personnel officers to advise civilian employees about the availability of education services to meet the special education needs of their family members. The personally identifiable information collected on this form is covered by a number of system of records notices pertaining to Official Military Personnel Files, Exceptional Family Member or Special Needs files, Civilian Personnel Files, and DoD Education Activity files. The SORNs may be found at http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentNotices.aspx**.**

ROUTINE USE(S): DoD Blanket Routine Uses 1, 4, 6, 8, 9, 12, and 15 found at http://dpclo.defense.gov/Privacy/SORNSIndex/BlanketRoutineUses.aspx may apply.

DISCLOSURE: Voluntary for civilian employees and applicants for civilian employment; however, the information must be provided if you intend to enroll your child with special education needs in a school funded by the Department of Defense or a school in which DoD is responsible for paying the tuition for a space-required family member. Mandatory for military personnel**.** Failure or refusal to provide the information or providing false information may result in administrative sanctions or punishment under either Article 92 (dereliction of duty) or Article 107 (false official statement), Uniform Code of Military Justice. The Social Security Number of the sponsor (and sponsor's spouse if dual military) allows the DoD Education Activity and Service personnel offices to work together to ensure any special education needs of your dependent can be met at your next duty assignment. Dependent special education needs are annotated in the official military personnel files which are retrieved by name and Social Security Number.

INSTRUCTIONS

The DD Form 2792-1 is completed to identify a family member with special educational/early intervention needs.

DEMOGRAPHICS.

Items 1 - 7. Completed by sponsor or spouse.

Item 1. Request (X one):
- EFMP Registration/Enrollment 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 DEERS under another sponsor. Self-explanatory.

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

Item 5. Completed for children age birth to 3 who have or require an IFSP.

Item 6.a. - e. Completed for children ages 3 to 21 only who have or require an IEP. Children who have IEPs and are ages 3 to 5 should have the DD 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 2792-1.

Items 7.a. - c. Signature of sponsor or spouse who completed the form. Self-explanatory.

Items 8.a. - f. Administrative Review. Completed by EFMP responsible for screening or enrollment in the MTF.

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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 EFMP screening or enrollment.**

Items 1.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 2.a. - d. Child/Student Information. Completed by sponsor, spouse, or legal guardian. Self-explanatory.

Items 3.a. - d. EIS Information. Completed by EIS or school personnel. Mark (X) Yes or No for each item. Include additional information as noted.

Items 4.a. - f. School Information. Completed by school personnel at the public school the child attends or would attend. Mark (X) Yes or No for each item. Include additional information as noted.

Item 5. Completed by school personnel. Mark (X) eligibility category. Mark only one. (Codes are for Army coding only.)

Item 6. Completed by school personnel. Mark (X) all related services provided and indicate total time services are provided.

Item 7. Completed by EIS and school personnel. Self-explanatory.

Item 8. Completed by EIS provider/school official information completing form. Self-explanatory.

Yellow = Member Pink = School Red = EFMP Coordinator

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(Page 1, Items 1 - 7 to be completed by sponsor, parent or legal guardian.)
(Read Privacy Act Statement and Instructions before completing this form.)

OMB No. 0704-0411
OMB approval expires Jul 31, 2017

The public reporting burden for this collection of information is estimated to average 25 minutes per response, 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 the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0411). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

DEMOGRAPHICS

1. REQUEST *(X one)*

☐ EFMP Registration/Enrollment Update
☐ Government Sponsored Travel
*(*Provide documentation for change in status)*
☐ Change in EFMP Status:
  ☐ No longer requires IEP/IFSP services
  ☐ No longer qualifies as a dependent*
  ☐ Divorce/change in custody*
☐ Other *(Explain)*

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

a. CHILD/STUDENT NAME *(Last, First, Middle Initial)*	b. SPONSOR NAME *(Last, First, Middle Initial)*	c. CHILD/STUDENT CURRENT MAILING ADDRESS *(Street, Apartment Number, City, State, ZIP Code, APO/FPO)*
d. FAMILY MEMBER PREFIX	e. CHILD/STUDENT DATE OF BIRTH *(YYYYMMDD)*	f. CHILD/STUDENT GENDER *(X one)* ☐ MALE ☐ FEMALE
g. FAMILY HOME E-MAIL ADDRESS	h. HOME TELEPHONE NUMBER *(Include Area Code/Country Code)*	

3. a. SPONSOR RANK OR GRADE	b. INSTALLATION OF CURRENT ASSIGNMENT *(Include City, State, Country)*	
c. SPONSOR'S OFFICIAL E-MAIL ADDRESS	d. DUTY TELEPHONE NUMBER *(Include Area Code/Country Code)*	e. MOBILE NUMBER *(Include Area Code/Country Code)*

f. STATUS *(X one)*
☐ Regular Active Service Member ☐ Active Reserve ☐ Active Guard
☐ Reserves ☐ National Guard ☐ Civilian

g. BRANCH OF SERVICE *(Military only)*
☐ Army ☐ Navy ☐ Air Force
☐ Marine Corps ☐ Coast Guard

h. DOES CHILD RESIDE WITH SPONSOR? *(X one. If No, explain.)*
☐ YES ☐ NO

i. IS THE CHILD/STUDENT ENROLLED IN DEERS UNDER A SPONSOR OTHER THAN THE ONE LISTED ABOVE? *(X one. If Yes, provide name of sponsor:)*
☐ YES ☐ NO

4.a. ARE BOTH SPOUSES ON ACTIVE DUTY? *(Military only) (X one. If Yes, answer b. - d. below)*

☐ YES ☐ NO	b. ACTIVE DUTY SPOUSE'S NAME *(Last, First, Middle Initial)*	c. BRANCH OF SERVICE	d. RANK/RATE

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

6. FOR STUDENTS AGES 3 - 21 WHO ARE ELIGIBLE FOR ELEMENTARY AND SECONDARY EDUCATION *(Includes preschool-aged children)*:
☐ YES ☐ NO a. Is your child being home-schooled? *(X one. If No, sign Item 7 and take Page 3 to your child's school. If Yes, complete the following and sign Item 7.)*

b. Is your child being home-schooled part-time or full-time? *(X one)* ☐ Part-time ☐ Full-time

c. When did you start home-schooling? *(YYYYMMDD)* _____

d. Name/title home school program, if known: _____

e. List any special education-related services received in the last 3 years:

7. a. SIGNATURE	b. PRINTED NAME *(Last, First, Middle Initial)*	c. DATE *(YYYYMMDD)*

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

a. SPONSOR SSN	b. SPOUSE SSN *(If dual military)*	c. SSN USED IN DEERS *(If different from sponsor's)*	f. STAMP
d. MILITARY MTF OR OFFICE RECEIVING COMPLETED FORM		e. DATE *(YYYYMMDD)*	

If the child has an IEP/IFSP, please include a copy of their most current plan with the application

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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.)*

1. 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 registration or eligibility for other educationally related benefits.

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

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

a. NAME OF CHILD/STUDENT *(Last, First, Middle Initial)*	b. CURRENT GRADE LEVEL *(If school age)*	c. DATE OF BIRTH *(YYYYMMDD)*	d. GENDER *(X one)*
			☐ FEMALE ☐ MALE

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

YES	NO	
		a. Is the child currently being evaluated for early intervention services? *(If Yes, go directly to Item 8.)*
		b. Does this child receive early intervention services under a current Individualized Family Service Plan (IFSP)? *(If Yes, please attach current IFSP.)* Date of next annual review *(YYYYMMDD)* _____

c. Basis for eligibility: ☐ Developmental Delay ☐ Diagnosed physical or mental condition that has a high probability of resulting in a Developmental Delay
d. Is there an identified disability? *(If known, please specify)*:

4. SCHOOL INFORMATION - FOR STUDENTS AGES 3 - 21 *(To be completed by school representative)*

YES	NO	
		a. Has this child ever been evaluated for, or been offered, special education services by your school? *(If No, skip to Item 8.)*
		b. Is this student currently being evaluated for special education services? If Yes, what disability category? _____ *(Skip to Item 8)*
		c. 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 5 and proceed to Item 8.)*
		d. Does this child/student receive special education services under a current Individualized Education Program (IEP)? *(If Yes, please attach a copy of the current IEP, and complete Items 5 and following.)* Date of next annual review *(YYYYMMDD)* _____
		e. Were IEP services terminated by the IEP team within the last 2 years? *(If Yes, skip to Item 8.)* Date of IEP termination *(YYYYMMDD)* _____
		f. Was the IEP terminated at the request of the parents within the last year *(parents withdrew student from special education)*? *(If Yes, complete Items 5 and following.)*

5. ELIGIBILITY CATEGORY FOR CHILDREN 3 TO 21 YEARS OF AGE *(X only one)*

☐ N07	Autism Spectrum Disorder:	☐ N09	Communication Impaired:	☐ N16	Behavioral/Conduct Disorder
☐ N01	Deaf	☐	Articulation	☐ N04	Intellectual Disability *(Mental Retardation)*:
☐ N02	Blind	☐	Dysfluency	☐	Mild
☐ N13	Deaf/Blind	☐	Voice	☐	Moderate
☐ N11	Visually Impaired	☐	Language/Phonology	☐	Severe/Profound
☐ N05	Traumatic Brain Injury	☐ N15	Developmental Delay	☐ N08	Other Health Impaired *(Specify)*
☐ N03	Hearing Impaired	☐ N12	Specific Learning Disability		
☐ N06	Orthopedically Impaired	☐ N10	Emotionally Impaired		

6. RELATED SERVICES ON IEP *(X boxes next to related services and indicate total number of minutes or hours that services are provided.)*
SERVICE: M = Minutes, H = Hours per W = Week, M = Month *(Example:* 20 | M | per | W |

☐ R01	Counseling			per		☐ R06 Special Transportation *(Describe)*
☐ R02	Occupational Therapy			per		
☐ R03	Physical Therapy			per		
☐ R04	Speech Therapy			per		☐ R07 Other *(Describe)*:
☐ R05	Intensive Behavioral Intervention *(Such as ABA)*			per		

7. BEHAVIOR/COMMUNICATION *(X all that apply and explain in comments section.)*

YES	NO	
		a. Child exhibits high risk or dangerous behavior.
		b. Child is verbal *(If No, answer c.-f. The student uses:)*
		c. Signing *(Specify language or system)*
		d. Picture Exchange Communication System (PECS)
		e. Communication Device *(Specify)*
		f. Other *(Specify)*

g. COMMENTS

8. PROVIDER/SCHOOL INFORMATION

a. NAME OF EARLY INTERVENTION PROGRAM OR SCHOOL	b. SCHOOL DISTRICT

c. CITY, STATE, COUNTRY	d. TELEPHONE NUMBER *(Include Area Code/ Country Code)*	e. FAX NUMBER *(Include Area Code/ Country Code)*

f. E-MAIL ADDRESS	g. NAME OF INDIVIDUAL COMPLETING THIS SECTION

h. SIGNATURE	i. TITLE	j. DATE SIGNED *(YYYYMMDD)*

If the child has an IEP/IFSP, please include a copy of their most current plan along with the application.