

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 (SSN) 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://privacy.defense.gov/notices>.

ROUTINE USE(S): The DoD "Blanket Routine Uses" found at http://privacy.defense.gov/blanket_uses.shtml 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. 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 noted 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 exceptional family member (EFM) application for the family member or to update a previous EFM evaluation for the family member.
- Government sponsored travel and/or Command Sponsorship.
- Change in EFMP Status.

Items 2.a. - g. Child/Student Information. Self-explanatory.

Items 3.a. - j. Sponsor Information. Self-explanatory.

Item 3.k. Is family member enrolled in DEERS? Military only. Self-explanatory.

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

Item 5. Completed for children age birth to 3 only. Self-explanatory.

Item 6. Completed for children ages 3 to 21 only. Self-explanatory.

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

Items 8.a. - f. Administrative Review. Completed by EFMP/Special Needs Office 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. Completed by sponsor or spouse. Self-explanatory.

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

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

Items 4.a. - g. School Information. Completed by school personnel. 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 EIP and school personnel. Self-explanatory.

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

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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.)*

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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, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (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)*

<input type="checkbox"/> EFMP Registration/Enrollment Update	<input type="checkbox"/> Change in EFMP Status:	<input type="checkbox"/> Other <i>(Explain):</i>
<input type="checkbox"/> Government Sponsored Travel and/or Command Sponsorship	<input type="checkbox"/> No longer requires IEP/IFSP services	
	<input type="checkbox"/> No longer qualifies as a dependent*	
<i>(*Provide documentation for change in status)</i>	<input type="checkbox"/> Divorce/change in custody*	

2.a. CHILD/STUDENT NAME <i>(Last, First, Middle Initial)</i>	b. SPONSOR NAME <i>(Last, First, Middle Initial)</i>	c. CHILD/STUDENT CURRENT MAILING ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code, APO/FPO)</i>
d. CHILD/STUDENT DATE OF BIRTH <i>(YYYYMMDD)</i>	e. CHILD/STUDENT GENDER <i>(X one)</i>	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
f. FAMILY HOME E-MAIL ADDRESS		g. HOME TELEPHONE NUMBER <i>(Include Area Code/Country Code)</i>

3.a. SPONSOR RANK OR GRADE	b. DESIGNATION/NEC/MOS/AFSC <i>(Military only)</i>	c. INSTALLATION OF CURRENT ASSIGNMENT
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d. SPONSOR'S OFFICIAL E-MAIL ADDRESS	e. DUTY TELEPHONE NUMBER <i>(Include Area Code/Country Code)</i>	f. MOBILE NUMBER <i>(Include Area Code/Country Code)</i>
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g. SPONSOR'S CURRENT UNIT MAILING ADDRESS	h. STATUS <i>(X one)</i>		d. BRANCH OF SERVICE <i>(Military only)</i>	
	<input type="checkbox"/> Regular Active Service Member	<input type="checkbox"/> Reservist	<input type="checkbox"/> Army	<input type="checkbox"/> Air Force
	<input type="checkbox"/> Active Guard/Reserve Program (AGR)	<input type="checkbox"/> National Guard	<input type="checkbox"/> Navy	<input type="checkbox"/> Marine Corps
		<input type="checkbox"/> Civilian		

j. DOES CHILD RESIDE WITH SPONSOR? *(X one. If No, explain.)*

YES NO

k. 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)*

<input type="checkbox"/> YES <input type="checkbox"/> NO	b. ACTIVE DUTY SPOUSE'S NAME <i>(Last, First, Middle Initial)</i>	c. BRANCH OF SERVICE	d. RANK/RATE
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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 2.)*

6. FOR STUDENTS AGES 3 - 21 WHO ARE ELIGIBLE FOR ELEMENTARY AND SECONDARY EDUCATION:

YES NO **a.** Is your child being home-schooled? *(X one. If No, sign Item 7 and take Page 2 to your child's school. If Yes, complete the following and sign Item 7.)*

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

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

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

7.a. SIGNATURE	b. PRINTED NAME <i>(Last, First, Middle Initial)</i>	c. DATE <i>(YYYYMMDD)</i>
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8. ADMINISTRATIVE REVIEW <i>(Completed after review of entire form by local military MTF or office receiving form)</i>			STAMP
a. SPONSOR SSN	b. SPOUSE SSN <i>(If dual military)</i>	c. SSN USED IN DEERS <i>(If different from sponsor's)</i>	
d. FAMILY MEMBER PREFIX	e. MILITARY MTF OR OFFICE RECEIVING COMPLETED FORM	f. DATE <i>(YYYYMMDD)</i>	

