## 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 resonsible 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.

# SPECIAL EDUCATION/EARLY INTERVENTION SUMMARY

(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 Mar 31, 2014

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 falling 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 ABOV	E ORGANIZA	IION.								
		DEMOG	RAPHICS								
1. REQUEST (X one)											
EFMP Registration/Enrollm Government Sponsored Tra Sponsorship  (*Provide documentation fo	No longe No longe Divorce/o	in EFMP Status:  Other (Explain):  longer requires IEP/IFSP services  longer qualifies as a dependent*  vorce/change in custody*  NAME (Last, First, Middle Initial)  c. CHILD/STUDENT CURRENT MAILING									
			T GENDER (X c		ADD	ADDRESS (Street, Apartment Number, City, State, ZIP Code, APO/FPO)					
MALE			FEMAI	.E							
f. FAMILY HOME E-MAIL ADDR											
3.a. SPONSOR RANK OR GRADE b. DESIGNATION/NEC/MOS/AFSC (Military only) c. INSTALLATION OF CURRENT ASSIGNMENT											
d. SPONSOR'S OFFICIAL E-MA	AIL ADDRESS		e. DUTY TE (Include A		NUMBER Country Code)	f. MOBILE N (Include Are	UMBER ea Code/Country Code)				
g. SPONSOR'S CURRENT UNI	T MAILING ADDRESS	h. STATUS (X	one)			d. BRANCH	OF SERVICE (Military only)				
		Member	Active Service uard/Reserve	Nation		Army	Air Force				
		Program		Ci	vilian	Navy	Marine Corps				
YES NO	SPONSOR? (X one. If No, explain ROLLED IN DEERS UNDER A SF		R THAN THE OI	NE LISTEI	O ABOVE? (X or	ne. If Yes, prov	ride 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. ACT	IVE DUTY SPOUSE'S NAME (Las	st, First, Middle In	c. BRANCH OF SERVICE				d. RANK/RATE				
VES NO Is your o	BIRTH TO AGE THREE ONLY child being evaluated for, or receiving the state of the st	ng, early interver									
6. FOR STUDENTS AGES 3	3 - 21 WHO ARE ELIGIBLE FO	OR ELEMENT	ARY AND SE	CONDAR	Y EDUCATIO	N:					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ur child being home-schooled? (X ign Item 7.)	one. If No, sign	Item 7 and take	Page 2 to	your child's sch	nool. If Yes, con	mplete the following				
-	ated services received in the last 3	years:									
d. Name/title home school progra	am, if known:						_				
7.a. SIGNATURE			b. PRINTED NAME (Last, First, Middle Initial)				c. DATE (YYYYMMDD)				
8. ADMINISTRATIVE REVIE	ire form by local i	military MTF or	STAMP								
a. SPONSOR SSN	SPONSOR SSN b. SPOUSE SSN (If dual military) c. SSN L				N USED IN DEERS (If different from sponsor's)						
d. FAMILY MEMBER PREFIX	e. MILITARY MTF OR OFFICE	RECEIVING CO	MPLETED FOR	M	f. DATE (YYY	YMMDD)					

SPECIAL EDU	JCATION/EARL	Y IN LERVE	THON SU	MMARY							
NOTE TO EDUCATIONAL AUTHORITY COMPLETING It is important to the military and to the family that the family b is appreciated. (If applicable, attach a copy of the child's most re 504 Plan to this page.)	e assigned to a loca										
RELEASE OF INFORMATION (To be completed by spoil I hereby authorize the release of information on the DD Form evaluate and document my child/student's needs for educational related benefits.	2792-1, and the att	ached reports to	personnel of	the Military Departments.							
a. SIGNATURE OF SPONSOR, SPOUSE, OR STUDENT WHO HAS REACHED THE AGE OF MAJORITY	b. PRINTED NAM	E		c. RELATIONSHIP TO CHILD/ STUDENT		d. DATE (YYYYMMDD)					
2. CHILD/STUDENT INFORMATION (To be completed by s	sponsor or spouse)										
a. NAME OF CHILD/STUDENT (Last, First, Middle Initial)	b. CURRENT GRA (If school age)	ADE LEVEL	c. DATE O	F BIRTH (YYYYMMDD)	<del></del>	FEMALE MALE					
3. EARLY INTERVENTION (EI) SERVICES - FOR CHIL	DREN UNDER 3	YEARS OF AG	E (To be cor	npleted by El representa			1				
a. Is the child currently being evaluated for early inte	rvention services? (	If Yes, go directly	to Item 8.)								
b. Does this child receive early intervention services under a current Individualized Family Services Plan (IFSP)?											
(If Yes, please attach current IFSP.) Date of next annual review	(YYYYMMDD):		_								
c. Basis for eligibility: Developmental delay	High probability for	developmental d	elay								
d. Identified disability for diagnosis:											
4. SCHOOL INFORMATION - FOR STUDENTS AGES	3 - 21 (To be compl	eted by school re	presentative	)							
YES NO a. Is the student receiving services under a 504 plan	? (If Yes, please att	ach a copy of the	e current 504	plan.)							
b. Has this child ever been evaluated for, or been off	b. Has this child ever been evaluated for, or been offered, special education services by your school? (If No, skip to Item 8.)										
c. Is this student currently being evaluated for specia											
d. 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.)											
e. Does this child/student receive special education s current IEP, and complete Items 5 and following.)				Program (IEP)? (If Yes, p	please attac	h a copy o	f the				
f. Were IEP services terminated by the IEP team with				of IEP termination (VVV	YMMDD).						
g. Was the IEP terminated by the IEI team with				•		nplete Iten	1s 5				
and following.)				, .	(						
5. ELIGIBILITY CATEGORY FOR CHILDREN 3 TO 21											
·	munication Impaired ulation		N12 Specific Learning Disability N10 Emotionally Impaired								
	luency			ehavioral/Conduct Disorder							
Asperger's Syndrome Voice		N	I04 Mental F	ental Retardation:							
	juage/Phonology			ld/Moderate							
	matic Brain Injury ing Impaired			e/Severe Profound							
N11 Visually Impaired N06 Ortho		N		ealth Impaired (Specify)							
6. RELATED SERVICES ON IEP (X boxes next to related s					vided.)						
<b>SERVICE</b> : M = Minutes, H = Hours per W = Week, M = Month	Example: 20 M	/I per W									
R01 Counseling		per	R06 Special Transportation (Describe):								
R02 Occupational Therapy		per	D07	Other (Describe)							
R03 Physical Therapy R04 Speech Therapy		per	R07	7 Other (Describe):							
R05 Intensive Behavioral Intervention (Such as ABA)		per									
7. BEHAVIOR/COMMUNICATION (X all that apply and exp	olain in comments se										
YES NO		MENTS									
a. Child exhibits high risk or dangerous behavior.											
b. Child is verbal (If No, answer cf. The student use	es:)										
c. Signing (Specify language or system)											
d. Picture Exchange Communication System (PECS	)										
e. Communication Device (Specify)											
f. Other (Specify)											
8. PROVIDER/SCHOOL INFORMATION	N.			h ecucol pierrie	т						
a. NAME OF EARLY INTERVENTION PROGRAM OR SCHOOL	JL.			b. SCHOOL DISTRIC	1						
c. ADDRESS (Street, City, State, ZIP Code, APO/FPO)			d. TELEPHONE NUMBER (Include Area Cod Country Code)				de/				
e. FAX NUMBER (Include Area Code/ f. E-MAIL ADDRESS	<u> </u>		g. NAME OF INDIVIDUAL COMPLETING THIS SECT				ON				
Country Code)		: 777.5			i DAT	TE SIGNEI	n				
h. SIGNATURE		i. TITLE				YYMMDD					