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.

SPECIAL EDUCATION/EARLY INTERVENTION SUMMARY

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.

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 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.																		
								I	DEMOG	RAP	HICS	;						
1. RE	QUES	T ()	(one)															
EFMP Registration/Enrollment Update Change in EFMP Status: Other (Explain)																		
G	Government Sponsored Travel								No longer	requi	es IEF	P/IFSP servi	ices					
									No longer	qualif	ies as	a dependen	nt*					
(*Provide documentation for change in status) Divorce										hange	in cus	tody*						
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) FEMALE								
- FAR	AII V LI	OME	E MAI	LADDRES	•													
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)			
										(noraa	37110a 00ac	уссанау	Codo)	(1110	7440 7 11 00	a 00d0/00t	anay codo)
f. STATUS (X one)																		
R	egular	Activ	e Servi	ce Member		Active Reserve			Active Gu	e Guard Army Navy Air Force						orce		
R	eserve	s				National Guard			Civilian			Marine Co	rps	С	oast Gua	rd		
h. DOE	S CHI	LD R	ESIDE	WITH SPO	NSOR'	(X one. If No,	explain	1.)										
Y	ES		NO															
i. IS TI	IE CHI	LD/S	TUDE	NT ENROLI	ED IN	DEERS UNDER	A SPC	ONSO	R OTHER	THAN	THE (ONE LISTEI	D ABOVE	? (X on	e. If Yes,	provide	name of sp	onsor:)
Y	ES		NO															
4.a. A	RE BO	отн	SPOL	JSES ON	ACTIV	E DUTY? (Milit	ary on	ly) (X	one. If Yes	s, ansı	ver b.	- d. below)						
Y	YES NO b. ACTIVE DUTY SPOUSE'S NAME (Last, Fi							irst, Middle	Middle Initial) c. BRANCH OF SEI					RVICE d. F		/RATE		
5. FO	R CHI	LDR	EN FF	ROM BIRT	н то	AGE THREE C	NLY:	:										
Y	ES		NO	Is your chil	d being	evaluated for, or to the requesting	receiv	ing, e	arly interve	ntion :	service	es on an Ind	lividualize	d Family	Service F	Plan (IFSI	P)? <i>(X one</i>	. <u>If No, sign</u>
6. FO	R STU	JDEI	NTS A			ARE ELIGIBI										es prescl	hool-aged o	children):
	ES		NO		child be	ing home-school									•	•	•	,
b. Is yo	our child	d bei	ng hom			ne or full-time? (X one)		Part-tim	е	F	-ull-time						
c. Whe	n did y	ou st	art hom	ne-schooling	j? (YY	YYMMDD)												
d. Nam	ne/title h	home	schoo	l program, i	known	:												
e. List any special education-related services received in the last 3 years:																		
7. a. SIGNATURE								b. F	b. PRINTED NAME (Last, First, Mid					dle Initial) c. D.			YYMMDD)	
8. ADMINISTRATIVE REVIEW (Completed after review of entire form by lo									m by local r	Local military MTF or office receiving form)						-	f. ST	AMP
a. SPONSOR SSN b. SPOUSE SSN (If dual milit							c. SSN USED IN DEERS (If differen					,			31			
						1		• • • • • • • • • • • • • • • • • • • •		-		(/			
-1 8407	IT A DV	NAT-	00.00	TIOT DES	-n/n:-	COMPLETES =	00.4					 1	- 51-	- 0000	(A 41 40 0)	_		
d. MIL	HARY	MTF	OK OF	-FICE REC	LIVING	COMPLETED F	ORM						e. DATI	Ξ (YYYY	MMDD)			

To be completed for ALL children over age 3; must be completed for children under 3 with an IFSP.												
SPECIAL EDUCATION/EARLY INTERVENTION 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.)												
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. SIGNA	TURE		b. PRINTED NAM	ΛE		STUDENT	CHILD/	<mark>d. DATE</mark> (YYY	E YMMDD)			
2. CHILD/STUDENT INFORMATION (To be completed by sponsor, spouse, or legal guardian)												
a. NAME	OF CHILD/STUDENT (Last, First, M.	liddle Initial)	b. CURRENT GR	ADE LEVEL	c. DATE OF	BIRTH (YYYYMMDD)	DER (X one)					
			(If school age)				FEN	//ALE	MALE			
3. EARL	Y INTERVENTION (EI) SERVIC	ES - FOR C	HILDREN UNDE	R 3 YEARS OF	F AGE (To be	completed by El represei	ntative)					
YES NO												
	a. Is the child currently being evalu	ated for early	intervention service	es? (If Yes, go dir	rectly to Item 8.))						
	b. Does this child receive early inte	rvention servi	ices under a current	Individualized Fa	amily Service Pl	an (IFSP)?						
	(If Yes, please attach current IFS	P.) Date of	next annual review	(YYYYMMDD)								
	or eligibility: Developmenta	· L		ysical or mental c	ondition that ha	s a high probability of res	sulting in a [Developm	iental Delay			
	e an identified disability? (If known, p											
	OOL INFORMATION - FOR STU	DENTS AG	ES 3 - 21 (To be d	completed by sch	ool representati	ve)						
YES NO		16										
	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 stu (If Yes, complete eligibility inform				the past 3 years	, did the parent decline s	pecial educ	ation ser	vices?			
	d. Does this child/student receive s				alized Education	n Program (IEP)? (If Ye	s, please at	ach a co	py of the			
	current IEP, and complete Items	5 and followi	ng.) Date of next an	nual review (YY	YYMMDD)							
	e. Were IEP services terminated by	the IEP tean	n within the last 2 ye	ears? (If Yes, sk	ip to Item 8.) Da	te of IEP termination (Y	YYYMMDD)					
	f. Was the IEP terminated at the re and following.)	<u> </u>				t from special education)	? (If Yes, o	complete	Items 5			
	BILITY CATEGORY FOR CHILL Autism Spectrum Disorder:		21 YEARS OF A Communication Imp			I/Conduct Disorder						
N07	Deaf		Articulation			I/Conduct Disorder Il Disability (Mental Retarda	ation):					
	Blind		Dysfluency	Mild								
	Deaf/Blind Visually Impaired		Voice Language/Phonolog	ogy Moderate Severe/Profound								
	Traumatic Brain Injury		Developmental Dela	N08 Other Health Impaired (Specify)								
	Hearing Impaired		Specific Learning Di	·								
	Orthopedically Impaired ATED SERVICES ON IEP (X box)		Emotionally Impaire		er of minutes of	hours that services are	nrovided)					
	CE: M = Minutes, H = Hours per W :		_		W	riours that services are p	orovided.)					
R01	Counseling		per	R06 Special Tr		Describe)						
R02 R03	4 ' ' '		per									
	Speech Therapy		per per	R07 Other (De	scribe):							
R05	Intensive Behavioral Intervention (Such as ABA)		per	<u> </u>								
7. BFH/	AVIOR/COMMUNICATION (X all	that annly an	nd explain in comme	ents section)								
YES NO]	anat apply an	a explain in eeliinie	g. COMMENTS	3							
	a. Child exhibits high risk or danger											
b. Child is verbal (If No, answer cf. The student uses:) c. Signing (Specify language or system)												
d. Picture Exchange Communication System (PECS)												
	e. Communication Device (Specify	<i>'</i>)										
8. PRO	f. Other (Specify) /IDER/SCHOOL INFORMATION	<u> </u>		<u>I</u>								
	OF EARLY INTERVENTION PROG	<u> </u>	HOOL			b. SCHOOL DISTR	ICT					

or reconstruction								
a. NAME OF EARLY INTERVENTION PROGRAM OR SCHOOL			SCHOOL DISTRICT					
c. CITY, STATE, COUNTRY	d. TELEP	HONE NUMBER (Include Area C	ode/	e. FAX NUMBER (Include Area Code/				
	Country	y Code)		Country Code)				
f. E-MAIL ADDRESS		g. NAME OF INDIVIDUAL COMPLETING THIS SECTION						
h. SIGNATURE		i. TITLE			j. DATE SIGNED			
					(YYYYMMDD)			