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.

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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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OMB approval expires
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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)*

☐ EFMP Registration/Enrollment Update
☐ Government Sponsored Travel and/or Command Sponsorship
*(*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.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. CHILD/STUDENT DATE OF BIRTH *(YYYYMMDD)*

e. CHILD/STUDENT GENDER *(X one)*
☐ MALE ☐ FEMALE

f. FAMILY HOME E-MAIL ADDRESS

g. HOME TELEPHONE NUMBER *(Include Area Code/Country Code)*

3.a. SPONSOR RANK OR GRADE

b. DESIGNATION/NEC/MOS/AFSC *(Military only)*

c. INSTALLATION OF CURRENT ASSIGNMENT

d. SPONSOR'S OFFICIAL E-MAIL ADDRESS

e. DUTY TELEPHONE NUMBER *(Include Area Code/Country Code)*

f. MOBILE NUMBER *(Include Area Code/Country Code)*

g. SPONSOR'S CURRENT UNIT MAILING ADDRESS

h. STATUS *(X one)*
☐ Regular Active Service Member
☐ Active Guard/Reserve Program (AGR)
☐ Reservist
☐ National Guard
☐ Civilian

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

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)*
☐ 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 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 *(Last, First, Middle Initial)*

c. DATE *(YYYYMMDD)*

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

STAMP

a. SPONSOR SSN

b. SPOUSE SSN *(If dual military)*

c. SSN USED IN DEERS *(If different from sponsor's)*

d. FAMILY MEMBER PREFIX

e. MILITARY MTF OR OFFICE RECEIVING COMPLETED FORM

f. DATE *(YYYYMMDD)*

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NOTE TO EDUCATIONAL AUTHORITY COMPLETING THIS FORM:
It is important to the military and to the family that the family 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) or Section 504 Plan to this page.)*

1. RELEASE OF INFORMATION *(To be completed by sponsor, spouse, 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 OF SPONSOR, SPOUSE, OR STUDENT WHO HAS REACHED THE AGE OF MAJORITY	b. PRINTED NAME	c. RELATIONSHIP TO CHILD/ STUDENT	d. DATE *(YYYYMMDD)*

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

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 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 delay

d. Identified disability for diagnosis: _____

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

YES	NO	
		a. Is the student receiving services under a 504 plan? *(If Yes, please attach a copy of the current 504 plan.)*
		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 special education services? *(If Yes, skip to Item 8.)*
		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 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)*: _____
		f. Were IEP services terminated by the IEP team within the last 2 years? *(If Yes, skip to Item 8.)* Date of IEP termination *(YYYYMMDD)*: _____
		g. 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:		N12	Specific Learning Disability
		Autism			Articulation		N10	Emotionally Impaired
		PDD-NOS			Dysfluency		N16	Behavioral/Conduct Disorder
		Asperger's Syndrome			Voice		N04	Mental Retardation:
	N01	Deaf			Language/Phonology			Mild/Moderate
	N02	Blind		N05	Traumatic Brain Injury			Moderate/Severe
	N13	Deaf/Blind		N03	Hearing Impaired			Severe/Profound
	N11	Visually Impaired		N06	Orthopedically Impaired		N08	Other Health Impaired *(Specify)*

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	
	R02	Occupational Therapy			per	
	R03	Physical Therapy			per	
	R04	Speech Therapy			per	
	R05	Intensive Behavioral Intervention *(Such as ABA)*			per	

☐ R06 Special Transportation *(Describe)*:

☐ R07 Other *(Describe)*:

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. ADDRESS *(Street, City, State,ZIP Code, APO/FPO)*	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)*