

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.

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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)

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

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)			
		<input type="checkbox"/> MALE	<input type="checkbox"/> 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)				g. BRANCH OF SERVICE (Military only)			
<input type="checkbox"/> Regular Active Service Member	<input type="checkbox"/> Active Reserve	<input type="checkbox"/> Active Guard	<input type="checkbox"/> Reserves	<input type="checkbox"/> National Guard	<input type="checkbox"/> Civilian	<input type="checkbox"/> Army	<input type="checkbox"/> Navy
				<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Air Force	

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
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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 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)
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8. ADMINISTRATIVE REVIEW (Completed after review of entire form by local military MTF or office receiving form)			f. STAMP
a. SPONSOR SSN	b. SPOUSE SSN (If dual military)	c. SSN USED IN DEERS (If different from sponsor's)	
d. MILITARY MTF OR OFFICE RECEIVING COMPLETED FORM		e. 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 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)
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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) <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
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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.)
<input type="checkbox"/>	<input type="checkbox"/>	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) _____
<input type="checkbox"/>	<input type="checkbox"/>	c. Basis for eligibility: <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Diagnosed physical or mental condition that has a high probability of resulting in a Developmental Delay
<input type="checkbox"/>	<input type="checkbox"/>	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.)
<input type="checkbox"/>	<input type="checkbox"/>	b. Is this student currently being evaluated for special education services? If Yes, what disability category? _____ (Skip to Item 8)
<input type="checkbox"/>	<input type="checkbox"/>	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.)
<input type="checkbox"/>	<input type="checkbox"/>	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) _____
<input type="checkbox"/>	<input type="checkbox"/>	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) _____
<input type="checkbox"/>	<input type="checkbox"/>	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)

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

<input type="checkbox"/> R01	Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> R06 Special Transportation (Describe)
<input type="checkbox"/> R02	Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> R03	Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> R04	Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> R07 Other (Describe):
<input type="checkbox"/> R05	Intensive Behavioral Intervention (Such as ABA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

YES	NO	a. Child exhibits high risk or dangerous behavior.	g. COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	b. Child is verbal (If No, answer c.-f. The student uses:)	
<input type="checkbox"/>	<input type="checkbox"/>	c. Signing (Specify language or system)	
<input type="checkbox"/>	<input type="checkbox"/>	d. Picture Exchange Communication System (PECS)	
<input type="checkbox"/>	<input type="checkbox"/>	e. Communication Device (Specify)	
<input type="checkbox"/>	<input type="checkbox"/>	f. Other (Specify)	

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)