EARLY INTERVENTION / SPECIAL EDUCATION SUMMARY

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PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136; 20 U.S.C. 927; DoDI 1315.19: DoDI 1342.12

PRINCIPAL PURPOSE(S): Information will be used by DoD personnel to evaluate and document the early intervention/special education needs of family members. This information will enable: (1) sponsors to enroll into the Exceptional Family Member Program (EFMP), (2) military assignment personnel to match the early intervention/special education needs of family members against the availability of early intervention/special education services through the Family Member Travel Screening (FMTS) process, (3) EFMP Family Support staff to offer information on community support services, and (4) civilian personnel offices to advise civilian employees about the availability of education services to meet the early intervention/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 applicable SORNs and routine uses that apply can be found at: Air Force: F036 AF PC C: Military Personnel Records System at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569821/f036-af-pc-c/; F044 AF SG U: Special Needs and Educational and Developmental Intervention Services at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569875/f044-af-sg-u/; Army: A0600-8-104b AHRC - Official Military Personnel Record at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570054/a0600-8-104-ahrc/; A0608b CFSC, Personnel Affairs: Army Community Service Assistance Files at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/"
DHA: EDHA 07: Military Health Information System at: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570672/edha-07/
OSD/JS: DMDC 02 DoD: Defense Enrollment Eligibility Reporting Systems (DEERS) at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/627618/dmdc-02-dod/
DPR 34 DoD: Defense Civilian Personnel Data System at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570697/dpr-34-dod/
EDHA 16 DoD: Special Needs Program Management Information System (SNPMIS) Records at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570679/edha-16-dod/
DoDEA 29: DoDEA Non-DoD Schools Program at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570576/dodea-29/
DoDEA 26: Department of Defense Education Activity Educational Records at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570573/dodea-26/
Navy and Marine Corps: "M01070-6: Marine Corps Official Military Personnel Files at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570626/m01070-6/
M01754-6: Exceptional Family Member Program Records at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570631/m01754-6/
N01070-3: Navy Military Personnel Records System at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570310/n01070-3/
N01301-2: On-Line Distribution Information System (ODIS) at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570320/n01301-2/

DISCLOSURE: Voluntary for civilian employees and applicants for civilian employment. 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 DoD Identification (DoD ID) number of the sponsor (and sponsor's spouse if dual military) allows the Military Healthcare System and Service personnel offices to work together to ensure any early intervention/special education needs of your dependent can be met at your next duty assignment. Dependent early intervention/special education needs are annotated in the official military personnel files which are retrieved by name and DoD ID number.

INSTRUCTIONS FOR COMPLETING DD FORM 2792-1, EARLY INTERVENTION / SPECIAL EDUCATION SUMMARY

The DD Form 2792-1 is completed to identify a family member with early intervention / special education needs.

DEMOGRAPHICS.

Items 1 - 7. To be completed by sponsor, spouse, legal guardian, or student who has reached the age of majority.

Item 1 Request (X one):

- Exceptional Family Member Program (EFMP) Enrollment or 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 Defense Enrollment Eligibility Reporting System (DEERS) under another sponsor. Self-Explanatory.

Items 4a. - d. Self-explanatory.

Item 5. Completed for children age birth to 3.

Items 6.a. - c. Completed for children ages 3 to 21 only. Children who are ages 3 to 5 should have the DD Form 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 Form 2792-1. NOTE: For 6.c., students that are home-schooled are eligible to receive some form of special education services in the public school setting. Therefore they may have a private school service plan. Include a copy of the service plan as applicable.

Items 7.a. - d. Signature of sponsor, spouse, legal guardian, or student who has reached the age of majority and completed the form. Self-explanatory.

Items 8.a. - f. Administrative Review. Completed by EFMP Office or Family Member Travel Screening (FMTS) Office responsible for enrollment or screening. NOTE: For 8.c., if child is entered into DEERS under a DoD ID number other than what is provided in 8.a. and 8.b., list the additional ID in 8.c.

EARLY INTERVENTION / SPECIAL EDUCATION 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 family member travel screening or EFMP enrollment.**

Items 9.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 10.a. - d. Child / Student Information. Completed by sponsor, spouse, or legal guardian. Self-explanatory.

Items 11.a. - e. Early Intervention Summary (EIS) Information. Completed by EIS or school personnel. Mark (X) Yes or No for each item. Include additional information as noted.

Items 12.a. - f. School Information. Completed by school personnel at the school the child attends. Mark (X) Yes or No for each item. Include additional information as noted.

Item 13. Completed by school personnel. Mark (X) eligibility category. Mark only one.

Item 14. Completed by school personnel. Mark (X) all related services provided and indicate total time services are provided.

Items 15.a - c. Completed by EIS and school personnel. Self-explanatory.

Items 16.a - j. Completed by EIS provider / school official information completing the form. Self-explanatory.

NOTE: If child is under 5 years of age, is not enrolled in school, a home school program, or engaged with an Early Intervention Services program, and does not have any identified needs, the parents or guardians can fill out and sign page 2 of the DD Form 2792-1 and return it to the requesting office. The completion of Page 3 is not required in this case.

EARLY INTERVENTION / SPECIAL EDUCATION SUMMARY

(Page 2, Items 1 - 7 to be completed by sponsor, parent, or legal guardian. Read Privacy Act Statement and Instructions before completing the form.)

DEMOGRAPHICS

1. REQUEST *(Select One)*

☐ EFMP Enrollment or Update

☐ Request for Government Sponsored Travel

☐ Request Change in EFMP Status:

☐ No longer requires IEP / IFSP

☐ No longer qualifies as a dependent

☐ Divorce / change in custody*

☐ Family member deceased

*(*Provide documentation to change status)*

2. CHILD / STUDENT INFORMATION *(To be completed by sponsor, spouse, legal guardian, or student who has reached the age of majority.)*

2a. CHILD / STUDENT NAME *(Last, First, Middle Initial)*	**2b. SPONSOR NAME** *(Last, First, Middle Initial)*	**2c. CHILD / STUDENT CURRENT MAILING ADDRESS** *(Street, Apartment Number, City,State, ZIP Code, APO / FPO)*
2d. FAMILY MEMBER PREFIX	**2e. CHILD / STUDENT DATE OF BIRTH** *(YYYYMMDD)*	**2f. CHILD / STUDENT GENDER** *(Select one)* ☐ Male ☐ Female
2g. FAMILY HOME E-MAIL ADDRESS	**2h. HOME TELEPHONE NUMBER** *(Include Country Code / Area Code)*	

3a. SPONSOR RANK OR GRADE	**3b. INSTALLATION OF SPONSOR'S CURRENT ASSIGNMENT** *(Include City, State, Country)*	
3c. SPONSOR'S OFFICIAL E-MAIL ADDRESS	**3d. DUTY TELEPHONE NUMBER** *(Include Country Code / Area Code)*	**3e. MOBILE NUMBER** *(Include Country Code / Area Code)*

3f. STATUS *(Select One)*

☐ Regular Active Service Member ☐ Active Reserve ☐ Active Guard

☐ Reserves ☐ National Guard ☐ Civilian

3g. BRANCH OF SERVICE *(Military Only)*

☐ Army ☐ Navy ☐ Air Force

☐ Marine Corps ☐ Coast Guard

3h. DOES CHILD RESIDE WITH SPONSOR? *(Select One. If No, Explain.)*

☐ Yes ☐ No _____

3i. IS THE CHILD / STUDENT ENROLLED IN DEERS UNDER A SPONSOR OTHER THAN THE ONE LISTED ABOVE? *(Select One. If Yes, provide name of sponsor)*

☐ Yes ☐ No _____

4a. ARE BOTH SPOUSES ON ACTIVE DUTY? *(Military Only. Select One. If Yes, Complete 4b.- 4d. below)* ☐ Yes ☐ No

4b. ACTIVE DUTY SPOUSE'S NAME *(Last, First, Middle Initial)*	**4c. BRANCH OF SERVICE**	**4d. RANK / RATE**

5. FOR CHILDREN FROM BIRTH TO AGE THREE ONLY:

☐ Yes ☐ No Is your child being evaluated for, or eligible for early intervention services on an Individualized Family Service Plan (IFSP)? *(Select one. If No, sign Item 7 and return to the requesting office. If Yes, have early intervention professional complete page 3.)*

6. EDUCATION SERVICES FOR DEPENDENTS 3 YEARS AND OLDER:

6a. Is your child being home-schooled full-time or part-time? *(Select one)* ☐ Yes, Part-Time ☐ Yes, Full-Time ☐ No *(If Yes, complete 6a(1) and 6a(2))*

6a(1). When did you start home-schooling? *(YYYYMMDD)* _____

6a(2). Name of home school program/title of courses: _____

6b. Is your child being evaluated for, or receiving, special education services on an IEP? ☐ Yes ☐ No
If Yes, have the child's school (or primary care provider if school is not in session) complete page 3.

6c. List any special education-related services received in the last 3 years: *(include a copy of the service plan as applicable)* _____

7. 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 appropriate personnel of the Department of Defense. This information will be used to evaluate and document my child / student's needs for educational services for the purpose of assignment coordination, EFMP enrollment, or eligibility for other educationally related benefits.

7a. SIGNATURE	**7b. PRINTED NAME**	**7c. RELATIONSHIP TO CHILD / STUDENT**	**7d. DATE** *(YYYYMMDD)*

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

8a. SPONSOR DoD ID #	**8b. SPOUSE DoD ID #** *(If dual military)*	**8c. DoD ID # USED IN DEERS** *(If different from sponsor's)*	**8f. STAMP**
8d. MTF OR OFFICE RECEIVING COMPLETED FORM		**8e. DATE** *(YYYYMMDD)*	

EARLY INTERVENTION / SPECIAL EDUCATION 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.)*

9. 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 enrollment or eligibility for other educationally related benefits.

9a. PRINTED NAME	9b. SIGNATURE	9c. RELATIONSHIP TO CHILD / STUDENT	9d. DATE *(YYYYMMDD)*

10. CHILD / STUDENT INFORMATION *(To be completed by sponsor, spouse, or legal guardian)*

10a. NAME OF CHILD / STUDENT *(Last, First, Middle Initial)*	10b. CURRENT GRADE LEVEL *(if school age)*	10c. DATE OF BIRTH *(YYYYMMDD)*	10d. GENDER *(Select one)* ☐ Male ☐ Female

11. EARLY INTERVENTION SERVICES (EIS) - FOR CHILDREN UNDER 3 YEARS OF AGE *(To be completed by EIS representative)*

YES NO

☐ ☐ 11a. Is the child currently being evaluated for early intervention services?

☐ ☐ 11b. 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)* _____

☐ ☐ 11c. Has the child been found eligible but the family declined IFSP services?

11d. Basis for eligibility: ☐ Developmental Delay ☐ Diagnosed physical or mental condition that has a high probability of resulting in a Developmental Delay

11e. Is there an identified disability? *(If known, please specify)* _____

12. SCHOOL INFORMATION - FOR STUDENTS AGES 3 - 21 *(To be completed by school representative - answer all questions)*

YES NO

☐ ☐ 12a. Is this student currently being evaluated for special education services?

☐ ☐ 12b. Has the child been found eligible for special education services? *(If Yes, complete Item 13.)*

☐ ☐ 12c. 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 13 and proceed to Item 16)*

☐ ☐ 12d. Does this child / student receive special education services under a current Individualized Education Program (IEP)? Date of next annual review *(YYYYMMDD)* _____ *(If Yes, complete Items 13 and following and attach a copy of the current IEP.)*

☐ ☐ 12e. Were IEP services terminated by the IEP team due to ineligibility within the last 2 years? Date of IEP termination *(YYYYMMDD)* _____

☐ ☐ 12f. Was the IEP terminated at the request of the parents within the last year (parents withdrew student from special education)? *(If Yes, complete Items 13 and following).* Date of IEP termination *(YYYYMMDD)* _____

13. ELIGIBILITY CATEGORY FOR CHILDREN 3 TO 21 YEARS OF AGE *(Select only one)* ☐ N/A

☐ Autism Spectrum Disorder	☐ Communication Impaired	☐ Behavioral / Conduct Disorder
☐ Deaf	☐ Articulation	☐ Intellectual Disability
☐ Blind	☐ Dysfluency	☐ Mild
☐ Deaf / Blind	☐ Voice	☐ Moderate
☐ Visually Impaired	☐ Language / Phonology	☐ Severe / Profound
☐ Traumatic Brain Injury	☐ Developmental Delay	☐ Other Health Impaired *(Specify)*
☐ Hearing Impaired	☐ Specific Learning Disability	
☐ Orthopedically Impaired	☐ Emotionally Impaired	

14. RELATED SERVICES ON IEP *(Select boxes next to related services and indicate total number of minutes or hours that services are provided.)* ☐ N/A

SERVICE: M = Minutes, H = Hours per W = Week, M = Month (Example: 20 M per W)

☐ Counseling			per	
☐ Occupational Therapy			per	
☐ Physical Therapy			per	
☐ Speech Therapy			per	
☐ Intensive Behavioral Intervention (such as ABA)			per	

☐ Special Transportation *(Describe)* _____

☐ Other *(Describe)* _____

15. BEHAVIOR / COMMUNICATION *(Select all that apply and specify in comments section)*

YES NO

☐ ☐ 15a. Child exhibits high risk or dangerous behavior

☐ ☐ 15b. Child is verbal *(If No, answer 15b(1)-15b(4) The student uses:)*

☐ ☐ 15b(1). Signing

☐ ☐ 15b(2). Picture Exchange Communication System (PECS)

☐ ☐ 15b(3). Communication Device

☐ ☐ 15b(4). Other

15c. COMMENTS

16. PROVIDER / SCHOOL INFORMATION

16a. NAME OF EARLY INTERVENTION PROGRAM OR SCHOOL	16b. SCHOOL DISTRICT

16c. CITY, STATE, COUNTRY	16d. TELEPHONE NUMBER *(Include Country Code / Area code)*	16e. FAX NUMBER *(Include Country Code / Area Code)*

16f. E-MAIL ADDRESS	16g. NAME OF INDIVIDUAL COMPLETING THIS SECTION

16h. SIGNATURE	16i. TITLE	16j. DATE *(YYYYMMDD)*