## 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](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](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.
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.)

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)

- EFMP Registration/Enrollment Update
- Change in EFMP Status: Other (Explain)
- Government Sponsored Travel
- No longer requires IEP/IFSP services
- No longer qualifies as a dependent
- Divorce/change in custody

(*Provide documentation for change in status)

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)

- MALE
- 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)

- Regular Active Service Member
- Active Reserve
- Active Guard
- Reserves
- National Guard
- Army
- Navy
- Air Force
- Civilian
- Marine Corps
- Coast Guard

4. a. ARE BOTH SPOUSES ON ACTIVE DUTY? (Military only) (X one. If Yes, answer b. - d. below)

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:

a. Is your child being home-schooled? (X one. If No, sign Item 7 and return to the requesting office. If Yes, have early intervention professional complete Page 3.)

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:

6. FOR STUDENTS AGES 3 - 21 WHO ARE ELIGIBLE FOR ELEMENTARY AND SECONDARY EDUCATION (Includes preschool-aged children):

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)

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

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)

f. STAMP

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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.

b. PRINTED NAME

c. RELATIONSHIP TO CHILD/STUDENT

d. DATE (YYYYMMDD)

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

b. CURRENT GRADE LEVEL (If school age)

c. DATE OF BIRTH (YYYYMMDD)

d. GENDER (X one)

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, directly to Item 8.)

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))

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

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.)

b. Is this student currently being evaluated for special education services? If Yes, what disability category? (Skip to Item 8)

   (If Yes, complete eligibility information in Item 5 and proceed to Item 8.)

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.)

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)

   (If Yes, please attach current IEP, and complete Items 5 and following.)

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)

   (If Yes, go directly to Item 8.)

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)

   N01 Deaf
   N02 Blind
   N11 Visually Impaired
   N12 Hearing Impaired
   N12 Orthopedically Impaired
   N02 Deaf/Blind
   N01 Blind
   N10 Emotionally Impaired
   N03 Traumatic Brain Injury
   N05 Other Health Impaired
   N04 Intellectual Disability (Mental Retardation):
   N05 Developmental Delay
   N10 Special Transportation (Describe)
   N06 Speech Therapy
   N07 Autism Spectrum Disorder:
   N09 Communication Impaired:
   N12 Specific Learning Disability
   N16 Behavioral/Conduct Disorder
   N13 Dysfluency
   N15 Language/Phonology
   N12 Moderate
   N10 Severe/Profound
   N10 Other (Specify):
   N10 Emotionally Impaired
   N10 Other Health Impaired (Specify)
   N07 Special Transportation (Describe)
   N02 Occupational Therapy
   N01 Articulation
   N10 Special Transportation (Describe)
   N03 Physical Therapy
   N09 Communication Impaired:
   N10 Intensive Behavioral Intervention
   N05 Speech Therapy
   N05 Motor Impairment
   N10 Other (Specify): (Specify)
   N02 Speech Therapy

6. RELATED SERVICES ON IEP (X boxes next to related services and indicate total number of minutes or hours that services are provided.)

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

   R01 Counseling
   R02 Occupational Therapy
   R03 Physical Therapy
   R04 Speech Therapy
   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)

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)

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