

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

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.

D R A F T

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 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. 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. 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.

SPECIAL EDUCATION/EARLY INTERVENTION SUMMARY

*(Page 1, Items 1 - 7 to be completed by sponsor, parent or legal guardian.)
(Read Instructions before completing this form.)*

OMB No. 0704-0411
OMB approval expires

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.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 3013, 5013, and 8013; 20 USC 921 - 932; and EO 9397.

PRINCIPAL PURPOSE(S): To obtain information needed to evaluate and document the special education needs of: (1) Family members of all service members and (2) Family members of civilian employees processing for an assignment to a location outside the United States where family member travel is authorized at Government expense. Documentation may also be used by the Managed Care Support Contractor to support your organization for further entitlement, i.e., the Extended Care Health Option (ECHO); and other Service-specific programs that require registration in the Exceptional Family Member Program (EFMP).

ROUTINE USE(S): None.

DISCLOSURE: Voluntary for civilian employees and applicants for civilian employment; failure to respond will preclude identification of educational needs and the successful processing of an application for family travel/command sponsorship.

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.

D R A F T

DEMOGRAPHICS

1. REQUEST *(X one)*

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

*(*Provide documentation for change in status)*

2.a. CHILD/STUDENT NAME <i>(Last, First, Middle Initial)</i>	b. SPONSOR NAME <i>(Last, First, Middle Initial)</i>	c. CHILD/STUDENT CURRENT MAILING ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code, APO/FPO)</i>
d. CHILD/STUDENT DATE OF BIRTH <i>(YYYYMMDD)</i>	e. CHILD/STUDENT GENDER <i>(X one)</i>	
<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE	
f. FAMILY HOME E-MAIL ADDRESS	g. HOME TELEPHONE NUMBER <i>(Include Area Code/Country Code)</i>	

3.a. SPONSOR RANK OR GRADE	b. DESIGNATION/NEC/MOS/AFSC <i>(Military only)</i>	c. INSTALLATION OF CURRENT ASSIGNMENT
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d. SPONSOR'S OFFICIAL E-MAIL ADDRESS	e. DUTY TELEPHONE NUMBER <i>(Include Area Code/Country Code)</i>	f. MOBILE NUMBER <i>(Include Area Code/Country Code)</i>
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g. SPONSOR'S CURRENT UNIT MAILING ADDRESS	h. STATUS <i>(X one)</i>		d. BRANCH OF SERVICE <i>(Military only)</i>
	<input type="checkbox"/> Regular Active Service Member	<input type="checkbox"/> Reservist	
	<input type="checkbox"/> Active Guard/Reserve Program (AGR)	<input type="checkbox"/> National Guard	<input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps
		<input type="checkbox"/> Civilian	

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, name of sponsor:)*

YES NO

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

<input type="checkbox"/> YES <input type="checkbox"/> NO	b. ACTIVE DUTY SPOUSE'S NAME <i>(Last, First, Middle Initial)</i>	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 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 <i>(Last, First, Middle Initial)</i>	c. DATE <i>(YYYYMMDD)</i>
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8. ADMINISTRATIVE REVIEW <i>(Completed after review of entire form by local military MTF or office receiving form)</i>			STAMP
a. SPONSOR SSN	b. SPOUSE SSN <i>(If dual military)</i>	c. SSN USED IN DEERS <i>(If different from sponsor's)</i>	
d. FAMILY MEMBER PREFIX	e. MILITARY MTF OR OFFICE RECEIVING COMPLETED FORM	f. DATE <i>(YYYYMMDD)</i>	

SPECIAL EDUCATION/EARLY INTERVENTION SUMMARY

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 <p align="center" style="font-size: 2em; font-weight: bold;">D R A F T</p>	c. RELATIONSHIP TO CHILD/STUDENT	d. DATE (YYYYMMDD)
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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) <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.)
		b. Does this child receive early intervention services under a current Individualized Family Services Plan (IFSP)?
<i>(If Yes, please attach current IFSP.)</i> Date of next annual review (YYYYMMDD): _____		
c. Basis for eligibility: <input type="checkbox"/> Developmental delay <input type="checkbox"/> 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)

<input type="checkbox"/> N07 Autism Spectrum Disorder: <input type="checkbox"/> Autism <input type="checkbox"/> PDD-NOS <input type="checkbox"/> Asperger's Syndrome	<input type="checkbox"/> N09 Communication Impaired: <input type="checkbox"/> Articulation <input type="checkbox"/> Dysfluency <input type="checkbox"/> Voice <input type="checkbox"/> Language/Phonology	<input type="checkbox"/> N12 Specific Learning Disability <input type="checkbox"/> N10 Emotionally Impaired <input type="checkbox"/> N16 Behavioral/Conduct Disorder <input type="checkbox"/> N04 Mental Retardation: <input type="checkbox"/> Mild/Moderate <input type="checkbox"/> Moderate/Severe <input type="checkbox"/> Severe/Profound
<input type="checkbox"/> N01 Deaf	<input type="checkbox"/> N05 Traumatic Brain Injury	<input type="checkbox"/> N08 Other Health Impaired (Specify)
<input type="checkbox"/> N02 Blind	<input type="checkbox"/> N03 Hearing Impaired	
<input type="checkbox"/> N13 Deaf/Blind	<input type="checkbox"/> N06 Orthopedically Impaired	
<input type="checkbox"/> N11 Visually 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
		per	

 R06 Special Transportation (Describe): _____

<input type="checkbox"/> R01 Counseling									
<input type="checkbox"/> R02 Occupational Therapy									
<input type="checkbox"/> R03 Physical Therapy									
<input type="checkbox"/> R04 Speech Therapy									
<input type="checkbox"/> R05 Intensive Behavioral Intervention (Such as ABA)									

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.	g. COMMENTS
		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. 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)