INSTRUCTIONS FOR COMPLETING DD FORM 2792-1, EXCEPTIONAL FAMILY MEMBER 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.a. Application Status (X one).
Initial Screening/Enrollment - First Exceptional Family Member (EFM) application for the family member noted.
Updated Information - Update to a previous EFM evaluation for the family member noted.
Request Disenrollment - Used to disenroll a child when he/she no longer requires special education or early intervention services, or when the child no longer qualifies as a dependent.

Item 1.b. Family Status. Place an "X" in the box if there are any other family members who have been identified as EFMs.

Items 2.a. - k. All items refer to sponsor. Self-explanatory.

Item 3. Answer Yes if both spouses are on active duty; otherwise answer No.
If Yes, complete Items 3.a. - c.

Item 4.a. Exceptional family member name. Enter name for the family member for whom this form will be completed.

Item 4.b. Relationship to sponsor. (Son, daughter, etc.)

Item 4.c. Date of birth. Self-explanatory.

Item 5. Self-explanatory.

Item 6. Is family member enrolled in DEERS? Military only. Self-explanatory.

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 and 2 are completed by parents. The remainder of this form is completed by school or early intervention staff.

Item 1.a. Release of information. Sponsor name. Self-explanatory. Completed by sponsor, spouse, or student who has reached the age of majority.

Item 1.b. Rank. Enter the sponsor's rank.

Item 1.c. Sponsor SSN. Enter the sponsor's social security number.

Item 1.d. Signature of sponsor, spouse, or student who has reached the age of majority. Self-explanatory. Sign and date before providing form to school or early intervention program.

Item 1.e. Date signed. Self-explanatory.

Items 2.a. - e. Child information. Self-explanatory. Completed by sponsor or spouse.

Items 3.a. - e. EIP/School information. Completed by EIP or school personnel. Mark (X) Yes or No for each item. If Yes is marked in Items 3.b. or c., remainder of form must be completed.

Items 4.a. - b. Eligibility criteria. Mark only one. (Codes in 4.a. are for Army coding only.)

Item 4.c. Identify the disability, if known. (For example, blindness, autism, PDD.)

Item 5. Severity. Mark only one.

Item 6. Provider/school official information. Self- explanatory.

EXCEPTIONAL FAMILY MEMBER SPECIAL EDUCATION/EARLY INTERVENTION SUMMARY

(Page 1 completed by service member or civilian employee.)
(Read Instructions before completing this form.)

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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, Executive Services Directorate (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.

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.

DEMOGRAPHICS

1.a. APPLICATION STATUS *(X one)*

- [ ] INITIAL SCREENING/ ENROLLMENT
- [ ] UPDATED INFORMATION
- [ ] REQUEST DISENROLLMENT

b. FAMILY STATUS

- [ ] ADDITIONAL FAMILY MEMBERS IDENTIFIED WITH SPECIAL NEEDS

2. IDENTIFICATION

a. SPONSOR NAME *(Last, First, Middle Initial)*	b. SSN	c. RANK OR GRADE
d. BRANCH OF SERVICE *(Military only)*	e. DESIGNATION/NEC/MOS/AFSC *(Military only)*	
f. HOME ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*	g. DUTY STATION ADDRESS	
	h. OFFICIAL E-MAIL ADDRESS	
i. HOME TELEPHONE NUMBER *(Include Area Code)* / j. FAX NUMBER *(Include Area Code)*	k. DUTY TELEPHONE NUMBER *(Include Area Code)* (1) COMMERCIAL	(2) DSN

3. ARE BOTH SPOUSES ON ACTIVE DUTY? *(X one. If Yes, answer a., b., and c. below) (Military only)*

- [ ] YES
- [ ] NO
- [ ] N/A

a. SPOUSE'S NAME *(Last, First, Middle Initial)*	b. RANK/RATE	c. SSN
4.a. EXCEPTIONAL FAMILY MEMBER NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP TO SPONSOR	c. DATE OF BIRTH *(YYYYMMDD)*

5. DOES FAMILY MEMBER RESIDE WITH SPONSOR *(X one)*

- [ ] YES
- [ ] NO IF NO, PROVIDE ADDRESS OF FAMILY MEMBER *(Include ZIP Code)* AND EXPLAIN WHY.

6. IS FAMILY MEMBER ENROLLED IN DEERS *(Military only) (X one)*

- [ ] YES
- [ ] NO IF YES, UNDER WHAT SSN: _____ FAMILY MEMBER PREFIX _____

SPECIAL EDUCATION/EARLY INTERVENTION SUMMARY

NOTE TO PERSONNEL 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. Please take care in completing the requested information. *(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, or student who has reached the age of majority)*

I hereby authorize the release of information on the DD Form 2792-1 and in the attached reports to personnel of the Military Departments. This information will be used only to evaluate and document my family member's need for early intervention or special education services for the purpose of assignment/coordination of my next assignment.

a. NAME OF SPONSOR	b. RANK	c. SSN	d. SIGNATURE OF SPONSOR, SPOUSE, OR STUDENT WHO HAS REACHED THE AGE OF MAJORITY	e. DATE *(YYYYMMDD)*

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

a. NAME OF CHILD *(Last, First, Middle Initial)*	b. CURRENT GRADE LEVEL *(If school age)*	c. DATE OF BIRTH *(YYYYMMDD)*	d. AGE *(Years/months)*	e. SEX *(X one)*
				☐ MALE ☐ FEMALE

3. EARLY INTERVENTION PROGRAM (EIP)/SCHOOL INFORMATION *(To be completed by representative of EIP or school)*

YES	NO	
		a. IS THE CHILD CURRENTLY BEING EVALUATED FOR SPECIAL EDUCATION OR EARLY INTERVENTION SERVICES?
		b. DOES THIS CHILD RECEIVE EARLY INTERVENTION SERVICES UNDER A CURRENT INDIVIDUALIZED FAMILY SERVICES PLAN (IFSP)? IF YES, DATE OF NEXT ANNUAL REVIEW: ATTACH CURRENT IFSP.
		c. DOES THIS CHILD RECEIVE SPECIAL EDUCATION SERVICES UNDER A CURRENT INDIVIDUALIZED EDUCATION PROGRAM (IEP)? IF YES, DATE OF NEXT ANNUAL REVIEW: ATTACH CURRENT IEP.
		d. IS THE CHILD RECEIVING SERVICES UNDER A SECTION 504 PLAN?
		e. IS THE CHILD BEING "HOME-SCHOOLED"? IF YES, SPECIFY PROGRAM, IF KNOWN:

IF YOU ANSWERED "YES" to questions 3.b. or 3.c., complete Items 4, 5, and 6. Sign and return to sponsor.
IF YOU ANSWERED "NO" to questions 3.a. through d., DO NOT complete Items 4 and 5, but complete Section 6. Sign and return to sponsor.

4. ELIGIBILITY CRITERIA *(Indicate the eligibility criteria under which the child is eligible for Early Intervention or Special Education.)*

a. IF THE CHILD IS FROM 3 TO 21 YEARS OF AGE:

- ☐ N07 AUTISTIC
- ☐ N01 DEAF
- ☐ N02 BLIND
- ☐ N13 DEAF/BLIND
- ☐ N11 VISUALLY IMPAIRED
- ☐ N03 HEARING IMPAIRED
- ☐ N14 PERVASIVE DEVELOPMENTAL
- ☐ N15 DEVELOPMENTAL DELAY
- ☐ N08 OTHER HEALTH IMPAIRED *(Specify)*
- ☐ N09 COMMUNICATION IMPAIRED
  - ☐ ARTICULATION
  - ☐ DYSFLUENCY
  - ☐ VOICE
  - ☐ LANGUAGE/PHONOLOGY
- ☐ N05 TRAUMATIC BRAIN INJURY
- ☐ N06 ORTHOPEDICALLY IMPAIRED
- ☐ N04 MENTAL RETARDATION
  - ☐ MILD/MODERATE
  - ☐ MODERATE/SEVERE
  - ☐ SEVERE/PROFOUND
- ☐ N12 SPECIFIC LEARNING DISABILITY
- ☐ N10 EMOTIONALLY IMPAIRED
- ☐ N16 BEHAVIORAL/CONDUCT DISORDER

b. IF THE CHILD IS FROM BIRTH TO 3 YEARS OLD:

- ☐ DEVELOPMENTAL DELAY
- ☐ HIGH PROBABILITY FOR DEVELOPMENTAL DELAY

c. DISABILITY *(Identify if known, e.g., blindness)*

5. SEVERITY OF THE DISABILITY

☐ MILD ☐ MODERATE ☐ SEVERE ☐ PROFOUND

6. PROVIDER/SCHOOL OFFICIAL INFORMATION

a.NA ME OF INDIVIDUAL COMPLETING THIS SECTION *(Last Name, First Name)*	b. TITLE	c. TELEPHONE NUMBER *(Include area code)*	d. FAX NUMBER *(Include area code)*

e.NA ME OF SCHOOL/EARLY INTERVENTION PROGRAM	f. ADDRESS *(Include ZIP Code)*
g. SCHOOL DISTRICT	

h. E-MAIL ADDRESS	i. SIGNATURE	j. DATE SIGNED *(YYYYMMDD)*