

ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM EDUCATIONAL SUMMARY

For use of this form, see AR 608-75; the proponent agency is OACSIM

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552A)

AUTHORITY: PL 95-561 (*Defense Dependents' Education Act of 1978*); PL 101-476 (*Individuals with Disabilities Education Act*); PL 102-119 (*Individuals with Disabilities Education Act Amendments of 1991*); DODI 1342.12 (*Provision of Early Intervention and Special Education Services to Eligible DoD Dependents in Overseas Areas*), March 12, 1996; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependents Schools Outside the United States*), August 28, 1986; 10 USC 3013; 20 USC 921 *et seq.* and 1400 *et seq.*

PRINCIPAL PURPOSE: To obtain information needed to evaluate and document the special education and medical needs of:

- (1) Family members of all soldiers.
- (2) Dependent children of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent travel is authorized at Government expense.

ROUTINE USES:

- (1) Information will be used by personnel of the military departments to evaluate and document the special education and medical needs of family members. This information will enable --
 - (a) Military assignment personnel to match the needs of family members against the availability of special education and medical services.
 - (b) Civilian personnel offices to determine the availability of special education and medically related services to meet the needs of dependent children of Department of the Army civilian employees.
- (2) Information will be used by Army Community Service in its Exceptional Family Member Outreach Program.

DISCLOSURE: The provision of requested information is mandatory. Failure to respond will preclude --

- (1) U.S. Total Army Personnel Command, U.S. Army Reserve Personnel Center, and Army National Guard Readiness Center from enrolling soldiers in the Exceptional Family Member Program (*EFMP*). Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand. A soldier's refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.
- (2) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with dependent children with special needs. Department of the Army civilian employees who refuse to provide information will be denied the privilege of having their dependent children transported to the duty assignment outside the United States at Government expense.

SECTION A - RELEASE OF INFORMATION

1. I release the information on the summary and in the attached reports to personnel of the military departments for the purpose of evaluating and documenting my family member's need for special education and medical services (*and for military personnel recommendations for my next assignment*).

2. SIGNATURE OF SPONSOR OR SPONSOR'S SPOUSE

3. DATE SIGNED

SECTION B - SPONSOR INFORMATION (*please print or type*)

4. NAME (*Last, First, Middle Initial*)

5. MILITARY DEPARTMENT AFFILIATION (*Specify if Civilian*)

6. RANK OR GRADE

7. PRIMARY MOS/BRANCH/CIVILIAN OCCUPATIONAL SERIES

8. SOCIAL SECURITY NUMBER

9. HOME ADDRESS (*Must be a 3-line address which includes street address or P.O. Box, and Zip Code*)

10. HOME PHONE (*Include Area Code*)

11. DUTY ADDRESS (*Must be a 3-line address which includes street address or P.O. Box, and Zip Code*)

12. DUTY PHONE

a. DSN

b. COMMERCIAL (*Include area code*)

13. PROJECTED LOCATION OF NEXT ASSIGNMENT (*If known*)

14. PROJECTED DATE OF NEXT ASSIGNMENT

SECTION C - FAMILY MEMBER INFORMATION *(please print or type)*

15. NAME <i>(Last, First, Middle Initial)</i>	16. SEX	17. DATE OF BIRTH <i>(DDMMYYYY)</i>	18. FAMILY MEMBER PREFIX
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SECTION D - EDUCATIONAL SUMMARY

TO BE COMPLETED BY EARLY INTERVENTION PROVIDER/SCHOOL PERSONNEL. This information is used by the Department of Defense in selecting a duty station, including overseas locations, for this child's military sponsor. Please provide complete and accurate information.

19. IS THIS STUDENT ELIGIBLE FOR EARLY INTERVENTION OR SPECIAL EDUCATION AS DESCRIBED IN INDIVIDUALS WITH DISABILITIES EDUCATION ACT? *(X one)*

a. If "NO," do not complete the remainder of this form. Sign in block at right and return form to sponsor	SIGNATURE	DATE SIGNED
b. If "YES," complete and sign items 19b thru 30, except for block 29.	SIGNATURE	DATE SIGNED

20. UNDER WHAT CRITERIA IS STUDENT ELIGIBLE FOR SPECIAL EDUCATION? *(May only select 20a, 20b, or 20c)*

a. Ages 3-21 *(X all that apply)*

(X)	CODE	(X)	CODE	(X)	CODE
	N07 Autistic		N04 Mentally Retarded		N06 Orthopedically Impaired
	N02 Blind		Mild to moderate		N08 Other Health Impaired
	N11 Visually Impaired		Moderate to severe <i>(trainable)</i>		N10 Seriously Emotionally Disturbed
	N01 Deaf		Severe to profound		N12 Specific Learning Disability
	N03 Hearing Impaired		N05 Traumatic brain injury		N09 Speech Impaired

b. Birth through age 2 *(infants and toddlers)*

N13 Developmental Delay
 N14 At Risk for Developmental Delay

c. If student is enrolled in the Department of Defense Dependents Schools *(DODDS)*, under which criteria are they qualified for special education?

Criterion A
 Criterion B
 Criterion C
 Criterion D
 Criterion E

21. PRESENT LEVEL OF PERFORMANCE *(X appropriate column to indicate student's present level in each area)*

CODE		(1) No Data	(2) Normal	(3) Mild Delay	(4) Moderate Delay	(5) Severe Delay
Q01	a. Self-Help					
Q02	b. Gross Motor					
Q03	c. Fine Motor					
Q04	d. Social					
Q05	e. Cognitive					
Q06	f. Expressive Language					
Q07	g. Receptive Language					

h. Reading and Math Grade Levels *(Use the following codes to indicate reading and math grade levels)*

O - kindergarten 9 - 9th grade A - 10th grade B - 11th grade C - 12th grade W - preschool
 Y - no formal education Z - unknown

Reading Grade Level
 Math Grade Level

22. SERVICES REQUIRED AND LISTED ON INDIVIDUALIZED EDUCATION PROGRAM *(IEP)* *(X and complete, as applicable, all services currently received)*

CODE		(X)	(1) Duration of Contact <i>(Minutes)</i>	(2) Frequency of Contact <i>(D, W, M, Q, Y)</i>	(3) Select Highest Level of Intensity		
					Monitoring	Consult	Direct
S01	a. Audiology						
S02	b. Counseling						
S03	c. Occupational Therapy						
S04	d. Psychological Services						
S05	e. Physical Therapy						
S06	f. Therapeutic Recreation						
S07	g. School Health Services						
S08	h. Social Work Services						
S09	i. Speech Therapy						

23. SERVICES REQUIRED AND LISTED ON INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) (X and complete as applicable, all services currently received)

CODE	(X)	(1) Duration of Contact (Minutes)	(2) Frequency of Contact (D, W, M, Q, Y)	(3) Select Highest Level of Intensity		
				Monitoring	Consult	Direct
F10	a. Family Training/Counseling					
F11	b. Special Instruction					
F12	c. Speech Language Pathology					
F03	d. Occupational Therapy					
F05	e. Physical Therapy					
F04	f. Psychological Services					
F13	g. Service Coordination					
F14	h. Diagnostic Medical Services					
F07	i. Health Services					
F15	j. Vision Services					
F08	k. Social Work Services					
F16	l. Assistive Technology					
F17	m. Transportation					

24. Special Transportation Wheelchair School Bus Attendant

25. Does student require wheelchair accessibility in school building? YES NO

26. Percentage of student's time spent in special education classes or resource room: _____%

27. Does student require residential treatment in order to benefit from educational program? YES NO

28. STUDENT'S SPECIAL EDUCATION SERVICE DELIVERY SYSTEM CODE (Please enter one of the following)

- A - Self-contained residential placement B - Self-contained residential placement in special school
 C - Self-contained class in a community public school D - Special education setting for 60 percent or more of the time
 E - Pull-out program or resource room program F - Co-teaching or inclusion model
 G - Classroom teaching with technical assistance by service provider
 H - Progress monitored by service provider

29. OTHER COMMENTS

SECTION E - ACKNOWLEDGEMENTS

30. SPONSOR OR SPONSOR'S SPOUSE:

The above information has been reviewed and found to be accurate and complete.

a. SIGNATURE

b. DATE SIGNED

31. SCHOOL PERSONNEL

a. TYPED OR PRINTED NAME *(Last, First, MI)*

b. TITLE

c. TELEPHONE *(Include area code)*

d. NAME OF SCHOOL

e. ADDRESS *(Include Zip Code)*

f. SCHOOL DISTRICT

g. SIGNATURE

h. DATE SIGNED

31. FOR USE BY MEDICAL COMMAND AND ASSIGNMENT PERSONNEL ONLY

32. FOR USE IN THE EFMP CODING PROCESS:

a. Special medical needs that need to be coordinated with overseas command YES NO

b. Disenrollment code *(If applicable, please enter one of the following)*

D - Death E - Educational Condition No Longer Exists M - Medical Condition No Longer Exists
 N - No Longer Meets Requirements S - Separation/Retirement V - Divorce

c. NAME OF CODER *(Last, First, Middle Initial)*

d. MEDICAL TREATMENT FACILITY CODE