

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY EDUCATIONAL PRE-SCREENING QUESTIONNAIRE

STUDENT'S NAME _____ GRADE _____ Male Female

Sponsor's Name _____ Phone: _____ / _____
Duty Home

Primary Email _____

Alternate Email _____ Country _____

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2164, 20 U.S.C. 921-932; and DoD Directive 1342.20

PRINCIPAL PURPOSE: The information will be used within the Department of Defense (DoD) Education Activity and DoD to determine Educational programs and interventions required to meet individual student needs. This includes programs identified for students receiving gifted education, English as a Second Language, special education, 504-disability or at risk services.

ROUTINES USE(S): In addition to the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, this record or information contained therein may be disclosed outside the DoD as a routine use pursuant to 5 USC 552a(b)(3) and the DoD "Blanket Routine Uses," described at the beginning of the Office of the Secretary, DoD/Joint Staff compilation of systems of records notices, located at: <http://www.defenselink.mil/privacy/notice/osd>.

DISCLOSURE: Disclosure to the DoD of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

To better understand the educational needs of your child please complete and return. Sponsors or parents are asked to answer all questions and sign the form.

1. Gifted Education:

Has your child been formally assessed for Gifted Education? Yes No
My child was found eligible for gifted education. Yes No N/A

2. English as a Second Language (ESL):

Does your child speak a language other than English in the home? Yes No
Is English your child's primary language? Yes No
Is there an adult who speaks a language other than English at home? Yes No
My child has received ESL services. Yes No

3. Additional Services:

Has your child received remedial reading instruction? Yes No
Has your child received remedial math instruction? Yes No

4. Special Education Individual Education Program (IEP):

Has your child been previously assessed for special education? Yes No
My child has an active IEP. Yes No

5. Exceptional Family Member Program (EFMP). **Check ONLY one box below:**

My child was screened and was enrolled in EFMP. Yes
My child was screened and did not require EFMP enrollment. Yes
I am active military but my child was not screened. Yes
I am a civilian sponsor. EFMP is not applicable. Yes

6. 504 Accommodation Plan (non-special education assistance):

My child previously received educational assistance or accommodations in a 504 Plan. Yes No
My child has a current 504 Plan. Yes No

Sponsor's Signature

Date (MMDDYYYY)