

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
EDUCATIONAL PRE-SCREENING QUESTIONNAIRE**

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  Male  Female

Sponsor's Name \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_  
Duty \_\_\_\_\_ Home \_\_\_\_\_

**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, 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/orsd>,

**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 this in a sealed envelope marked "confidential" to the school principal or protected mail attachment. Sponsors or parents are asked to answer all questions and sign the form.*

**1. Gifted Education:**

- a. Has your child been formally assessed for Gifted Education:  Yes  No
- b. My child was found eligible:  Yes  No

**2. At Risk Services:**

- Did your child attend Sure Start or Head Start?  Yes  No
- Has your child received remedial reading services?  Yes  No
- Has your child received remedial math services?  Yes  No

**3. Individual Education Program (IEP):**

- a. Has your child been previously assessed:  Yes  No
- b. My child has an active IEP:  Yes  No

**4. Exceptional Family Member Program (EFMP):**

My child is eligible/enrolled in EFMP  Yes  No

**5. My child previously received educational assistance or accommodations in a 504 Plan (non-special education assistance).**  Yes  No

My child has a 504 Plan:  Yes  No

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date (MMDDYYYY)