

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/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 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.

- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
1. Gifted Education:
 - a. My child has been formally assessed for Gifted Education
 - b. My child was found eligible

 2. At Risk Services:
 - a. My child attends (or attended) Sure Start or Head Start
 - b. My child has received remedial reading services
 - c. My child has received remedial math services

 3. Individual Education Program (IEP):
 - a. My child been previously assessed
 - b. My child has an active IEP

 4. Exceptional Family Member Program (EFMP):
 - a. My child is eligible/enrolled in EFMP

 5. 504 Plan (non-special education assistance):
 - a. My child previously received educational assistance or accommodations in a 504 Plan
 - b. My child has a 504 Plan

Sponsor's Signature

Date (MMDDYYYY)