

**DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS
GIFTED EDUCATION, SPECIAL NEEDS, 504-DISABILITY
QUESTIONNAIRE**

STUDENT'S NAME _____ GRADE _____ Male Female

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

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 113, 126, 2164 and 20 U.S.C. 921-932; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a.

PRINCIPAL PURPOSE: The information may be used within the Department of Defense (DoD) to determine what immunizations have been administered for purposes of determining enrollment eligibility and for use in preserving school health.

ROUTINES USE(S): The Department of Defense Education Activity (DoDEA) may release information without prior consent with the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. 552a(b). In addition, in accordance with 5 U.S.C. 552a(b)(3), information contained therein may be disclosed outside the DoD as a routine use pursuant to "Blanket Routine Uses," as published at <http://www.defenselink.mil/privacy/notice/osd>, for example, for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.

DISCLOSURE: Disclosure to the Agency 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.

All sponsors or parents must answer questions 1, 2, 3, 4 and sign the form.

1. Did your child receive any gifted education support? Yes No

2. Students in special education services are provided an Individual Educational Program, or IEP. Did your child have an active IEP at his/her previous school? Yes No
If so, do you have a copy of the IEP? Yes No

3. Did your child receive any specialized educational assessment or services? Yes No
If so, do you have copies of this documentation? Yes No

4. Did your child receive any specialized social or emotional assessment or services? Yes No
If so, do you have copies of this documentation? Yes No

If you answered yes to any section of questions 1-4, then you must answer questions 5-11.

To better understand the educational needs of your child, please complete this short questionnaire and return this document in person or via mail to your school's Principal.

5. My child was enrolled in a GIFTED EDUCATION / HONORS PROGRAM: Yes No
Previous enrollment at (Name of School and Location): _____
 Test Scores Available Test Scores Not Available

6. My child was enrolled in the Exceptional Family Member Program (EFMP): Yes No
Program evaluation at _____ for: Educational Needs Medical Needs

7. My child has been in SPECIAL EDUCATION and has an Individualized Education Program (IEP) for (Please provide IEP and other records to school.): Yes No
 Learning Impairment Physical Impairment Communication Impairment Emotional Impairment
 Developmental Delay Other Health Impaired Attention Deficit Disorder

8. My child received educational assistance or accommodations in a COMPENSATORY EDUCATION PROGRAM or 504 PLAN (non-special education assistance). Yes No
For: Reading Math Language Arts Social/Emotional/Behavioral Assistive Technology

9. My child speaks LIMITED OR NO ENGLISH: Yes No
 First language of Father: _____ Mother: _____
 Language(s) spoken by the child: _____
 Child's best language is: _____
 Number of year's child has attended English speaking schools: _____
 I give I do not give permission for the school to screen my child's English ability.

10. Did your child attend Sure Start or Head Start? Yes No
 If so, what are the dates? _____

11. The school SHOULD BE AWARE OF THE FOLLOWING:
 Consider special seating in the classroom: For vision For hearing
 Limited or no physical education due to: _____
 Counseling services or support should be considered.
 My child was retained in _____ grade.
 Other needs or comments: _____
 I prefer to discuss my child's needs privately with the school counselor. Please call me.

Please indicate in the table below what previous experiences your student has had in current and earlier years

Educational Programs or Services	Current	Previous	
Reading Improvement	<input type="checkbox"/>	<input type="checkbox"/>	
Remedial Math	<input type="checkbox"/>	<input type="checkbox"/>	
English as a Second Language	<input type="checkbox"/>	<input type="checkbox"/>	
Chapter 1 or Title 1	<input type="checkbox"/>	<input type="checkbox"/>	
Talented or Gifted Class	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Special Education Areas	Current	Previous	
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Visually Impaired	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Impaired	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	
Speech/Language Therapy	<input type="checkbox"/>	<input type="checkbox"/>	
Physically Disabled	<input type="checkbox"/>	<input type="checkbox"/>	
School Psychologist or Counselor	<input type="checkbox"/>	<input type="checkbox"/>	
Moderate-to-severe Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Severe-to-profound Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

_____ Sponsor's Signature

_____ Date