



OLENTANGY ACADEMY: SUPPORTING INDIVIDUALIZED SUCCESS

OASIS Candidate Referral Form

(To be completed by student & family)

Student Name _____ Parent Name _____

Best phone # for contact _____

Best email for contact _____

School attending _____ Grade _____ School Counselor _____

Student explanation of why he/she wants to transition to OASIS:

_____ Student Signature _____ Parent Signature

(To be completed by Principal or School Counselor)

List prior interventions attempted to help support student's success in the typical setting:

1. _____
2. _____
3. _____
4. _____
5. _____

_____ *Principal or School Counselor Signature* _____ *Date*

If the student is on an IEP, please have the IS sign and verify that the IEP Team has met to discuss the transition to OASIS, and agrees that this is the appropriate option to facilitate this student's maximum learning:

_____ (IS Name) _____ (IS Signature)

_____ (Date) _____ (Date of IEP Team Meeting)