

OASIS Commitment

Student Name _____ Grade _____ DOB _____ Age _____
Home School _____ Student Cell Phone _____
Guidance Counselor _____ Intervention Specialist _____
(if applicable)
Student Email _____
Parent Email _____
Parent _____ Parent _____
Primary Phone _____ Primary Phone _____
Secondary Phone _____ Secondary Phone _____
Address _____ Address _____

Attendance Commitment

It is assumed that the majority of OASIS's students will be in attendance all school days, from 8:00 a.m. until 12:00 p.m. If your attendance expectations are different, they are listed here:

If you are not to be physically present at OASIS, it is policy that you shall actively log on to the appropriate software system(s) for a minimum of 4 hours/day. You should also complete assignments on time and in accordance with all other policies of OASIS.

Behavior Commitment

OASIS is ours. The program works because its students & staff are committed to its success. To be part of the OASIS family, you must treat yourself, your peers, your instructors, and our animals☺ with kindness and respect.

By signing below, you are indicating your commitment to OASIS's behavior & attendance expectations. You are also acknowledging that you have reviewed the appropriate Olentangy Student Handbook and understand and agree to abide by all the information contained therein. You understand that any violation to the Student Code of Conduct may result in removal from OASIS.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Student Success Plan
To be completed by student and parent(s) together

1. Rate your recent academic performance. (circle your responses)
 - a. Average grades (A B, C D F)
 - b. Days absent from school (0-5 6-10 10 +)
 - c. Area(s) of academic strength (Science English Math Social Studies)
 - d. Area(s) of academic weakness (Science English Math Social Studies)

2. What types of support do you need to be successful? (circle any & all that apply to you)
 - a. Quiet area with few distractions
 - b. Music
 - c. Work breaks
 - c. Support from adults
 - d. Routine
 - e. other _____

3. List any medical conditions we should know about along with medications. Physical Disabilities or need for physical accommodations.

4. Circle the primary goal(s) you have for your academic/behavior performance:
 - a. graduate early
 - b. improve grades
 - c. take advanced courses
 - d. increase on task behavior
 - e. improve attendance
 - f. other _____

5. Circle strategies that are helpful to help you stay on track?
 - a. teacher redirection
 - b. short break/walks
 - c. one-on-one meeting
 - d. conference with parents/guardian
 - e. contract
 - f. other _____

6. Is there any other important information about you and/or your family that would help us serve you.