



To the Parent:

Please complete the top section of this form and send it directly to a teacher who knows the applicant well. It is understood that the information will *remain confidential*.

Student's Name _____ **Student's Current Grade:** _____

Parent's Signature _____ **Date** _____

Teacher's Name _____

To the Teacher:

The above named student has applied to a program offered at OASIS NC. Please provide a brief assessment of the student. Your evaluation will be given full consideration and will be kept confidential. Thank you for your time and effort in completing this form.

	Unable to Rate	Needs Improvement	Average	Above Average	Outstanding
Academic Potential					
Reading					
Writing					
Math					
Science					
Motivation					
Attention					
Cooperation					
Respect for Authority					
Peer Relationships					
Speech & Language					

Please comment on the student's areas of strength: _____

Please comment on the student's challenges: _____

Please comment on the student's behavioral characteristics related to the classroom and others: _____

OASIS NC offers a structured environment for children that would benefit from small group instruction for academic, and/or social skills. Children must be able to (1) communicate verbally, (2) participate in a small group, (3) use the bathroom independently, and (4) have no aggressive, self-injurious, or destructive behaviors. Do you believe this candidate meets those requirements?

_____ **Definitely** _____ **Possibly** _____ **With Reservations** _____ **Not Currently**

***Please explain reservations** _____

Teacher's Name _____ **Position** _____

How long have you known the applicant? _____ **School** _____

Signature

Date

After completion, please return this form directly to:

OASIS NC
3114 Randall Parkway, Suite 4
Wilmington, NC 28403

You may also email a copy of this form to: Erika.merriman@oasisnc.org

Thank you ☺