



**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
<b>Academic Potential</b>					
<b>Reading</b>					
<b>Writing</b>					
<b>Math</b>					
<b>Science</b>					
<b>Motivation</b>					
<b>Attention</b>					
<b>Cooperation</b>					
<b>Respect for Authority</b>					
<b>Peer Relationships</b>					
<b>Speech &amp; Language</b>					

**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 diagnosed with autism that would benefit from small group instruction for academic, social, and/or communication skills. Children must be able to (1) communicate verbally, (2) participate in a small group, (3) be potty trained, 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](mailto:Erika.merriman@oasisnc.org)

Thank you ☺