



OASIS Referral Form

Section 1: Student & Family Please Complete

Student Name: _____ Parent Name: _____

Phone #: _____ Email: _____

School attending: _____ Grade: _____

School counselor: _____

➤ The student (please check all that apply):

___ Has an IEP ___ Has a 504 ___ Has a safety plan ___ Needs NCAA Eligibility

Why do you think OASIS would be a good fit?

Student Signature

Parent Signature

Date

Section 2: Home Building Staff Please Complete

➤ What is the main reason for this referral?

___ Credit deficient ___ Social ___ Academic ___ Competitive sports

___ Physical Health ___ Mental Health ___ Behavior ___ Other

➤ Student intends to:

___ physically attend ___ work virtually ___ hybrid ___ not sure

➤ Is the student on a 504 or IEP? _____

Please note: If the student is on an IEP or 504 the assigned IS will be required to amend the IEP or 504 before the student transfers to OASIS

★ If the student is on an IEP or 504 please fill out Section 2A on page 2.

★ If the student is a Junior or Senior please fill out Section 2B on page 2.

Principal/Counselor Name

Principal/Counselor Signature

Date

Section 2A: If the student has a 504 or IEP

Describe in detail the interventions attempted to help the student's success in the traditional setting:

Date of IEP/504 team meeting: _____ Intervention Specialist Name: _____

Intervention Specialist Signature: _____ Date: _____

Section 2B: If the student is a Junior or Senior

What credits are left to graduate?

Which OST's are needed to graduate?