



3114-4 Randall Parkway, Wilmington NC 28403
www.oasisnc.org

Program Application

Your Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Child's Name: _____ Child's DOB ____ / ____ / ____

____ Male ____ Female Diagnosis: _____

Current School: _____ Current Grade: _____

Name of Psychologist: _____ Date of Testing: _____

Speech and Language: _____

Occupational Therapy: _____

Current Medications: _____

Allergies: _____

Special Diet: _____

Other Medical Considerations: _____

Name/Age of Siblings: _____

Emergency Contact Information

1. Name _____ Relationship _____

Phone _____

2. Name _____ Relationship _____

Phone _____

Heard of OASIS from and/or referred by: _____

Please indicate the types of behaviors your child currently displays:

Perseverates/Obsesses Inappropriate language Runs away/Wanders
 Tantrums Self-injurious behavior Aggressive towards others Other

Please indicate answers to these questions based on child during school hours:

- Child has 1:1 aide: all times academic learning lunch recess never
- Participates in inclusion: independently with support all time
 academic learning specials recess lunch never
- Communicates through: full sentences 2-3 words single words
 sign language gestures visuals assistive technology
- Attention span: typical short less active over active distracted easily
- Social interactions: independent needs subtle reminders
 requires modeling and prompting prefers to be alone
- Bathroom Skills: independent needs prompting occasional accidents
 currently training is not toilet trained
- Behavior Plan: Yes No, doesn't need one No, but would like one

Stress Triggers: _____

Special Interests: _____

Behavior Management Techniques: _____

Calming Activities: _____

Motivators: _____

Social Strengths: _____

Social Goals: _____

Communication Strengths: _____

Communication Goals: _____

Academic Strengths: _____

Academic Goals: _____

Behavioral Strengths: _____

Behavioral Goals: _____

Work/Reward System: _____

Please list any additional comments you would like to share about your child:

Program Applying for:

_____ **Southeastern Autism Academy** _____ **Ventures** _____ **Intersession**

Agreement and Waiver:

By signing this waiver, I accept full responsibility for my child during participation at OASIS NC. I will not hold OASIS NC, staff, volunteers, or other participants responsible for any accidents that occur while services are being provided. Enclosed is a non-refundable application fee of \$50.

Signature _____ **Date** _____