Language Program Application

Program is located within the Oneida Nation Turtle School

N7125 Seminary Rd, Oneida, WI. 54155 920-869-4445

Jessica Powless

(Interim Director Oneida Language Department) Immersion Program Administrator Jpowles3@oneidanation.org 920-869-4086 Jaisah Lee (Program Support Specialist) Jlee@oneidanation.org

This project is funded by grants and aims to increase the number of functional speakers within the Oneida community using Oneida language as the primary language for instruction and educational programming. This program aims to impact children within their prime age of language acquisition development. Three-year-olds are the target group for peak language acquisition and will be mainly served within this classroom. This is also the youngest age our funding requirements allow us to serve. This program has approximately 6-10 enrollment spaces available for interested applicants for the upcoming 2024-2025 school year. As a note, **the program accepts applications to be considered for enrollment for three-year-old children, however four and five-year-old applicants will be considered. Priority is given to three-year-old children who are 3 on or by 9/1/21. This initiative is in its fifth and final year of operations and now functions as an independent education program. This program is overseen and administered by the Oneida Language Department (OLD) and organized within the Oneida Nation School System (ONSS). The program's classroom is currently located within the language and culture area of the high school in the Norbert Hill Center.**

This program will be an Oneida Language and culture program, using the Oneida Language as the primary medium of instruction within the classroom setting. This is done to foster a designated and sacred learning environment for the language to live and grow within the minds of our community's children. The program will be a holistic culture-based curriculum, which includes cross-cultural concepts like math and science interwoven into activities and lessons that will be taught in this program, however, **the Oneida Language will be used to teach all concepts** using physical interaction, conversation, and communication. This classroom will consist of an Oneida language instructor, OLD Oneida Language Trainee staff, Oneida Language Program Support Specialists and Oneida Nation High School interns working together to teach and help the students. In this program, students will strive for language acquisition and learn indigenous educational concepts from a Haudenosaunee perspective. This program does not focus on western curriculum, ideologies or adhere to Western educational standards. The program's curriculum is based

1

around the Oneida ceremonial cycle, with classroom activities, lessons, and units supporting this target learning phase.

Acceptance into this program is based on the following four (4) criteria:

- Your answers to each question within the application and questionnaire section of this application using a scoring criteria set by the program committee.
- Your responses and completion of the Parent/Family Interview
- Your child's interactions, responses, and completion of the student interview
- The submission of a recently completed developmental screening by the BIE Early Intervention program (the Oneida Language Program is a specialized educational program that may or may not be able to accommodate students with specific needs and may or may not have the skills necessary to support students with certain needs)

○ Applications with highest average scores after review by the program staff will be offered enrollment into the program.

○ Please Contact RoseMarie Navarro Redhail to set up a screening at rredhai1@oneidanation.org or 920-490-3880

ALL FOUR APPLICATION REQUIREMENTS MUST BE COMPLETE AND SUBMITTED IN ORDER TO BE CONSIDERED FOR ENROLLMENT BY <u>FRIDAY OCTOBER 18TH.</u> FORMS

SUBMITTED AFTER THE DEADLINE WILL NOT BE ACCEPTED. You can email the completed forms to Jpowles3@oneidanation.org or if you would like to drop off the forms in person. You can also bring completed forms with you to the parent interview or student screening. Please see the applicant checklist for all due dates and more information on each of these application requirements.

Complete applications will be reviewed, and acceptance letters will go out during the week of October 21st by the program. Parents/Guardians/families who are accepted into the program will be notified via mail or email that same week, of October 21st. Accepted applicants will need to fill out additional enrollment paperwork if offered acceptance into the program.

	cant (Child) Information e Tehatiw∧nákhwa? Language Nest	Immer	sion Prog	ram	
Child's First Name (please print) Child's Oneida Name and meaning (if applicable) Please check if applicable: If the child does not have an Oneida name, will you be obtaining one?		M.I. Gender o Female o Male		Child's Last Name (please print) D.O.B. // (month) (day) (year)	
	's Clan: (include clans from other nations if applicable)		Native na ther tribes):	mes of Child: (native names	
name name	epted into the program, do you appr (or another native name) with them or English name?) Yes, I approve of teaching staff using No, I do not approve of teaching staff native name) regularly.	n regul a g my ch	arly in cla ild's Oneid	ss? (in place of their legal da Name regularly.	
-	answered no above, do you prefer th	nat staf	f use the c	child's English/legal name or	
0	er native name from another tribe? Please use my child's English or Leg Please use my native name from and Other: (Please explain)				

LANGUAGE EXPERIENC	E/EDUCATIONAL BACKGROUND				
Does the student have an Language? • Yes • No	ny prior experience in the Oneida	lf yes, please explain:			
LANGUAGE EXPERIENC	E/EDUCATIONAL BACKGROUND (CONT	(INUED)			
Does the student have an o Yes o No	ny prior experience in Oneida Culture ?	lf yes, please explain:			
FAMILY INFORMATION					
Please list any siblings programs?	who have at any point participated in pa	ast immersion			
Name:	Year(s) attended:				

First Name		M.I.		Last Name	
Relat	ionship to Child:	Gend	er	Primary Adult Phone number	
0	Parent	0	Female	Cell:	
0	Stepparent	0	Male		
0	Guardian			Home:	
0	Grandparent				
0	Foster Parent			Work:	
0	Other:				
Mailiı	ng Address:				
Emai	l Address:				

First Name	M.I.	Last Name		
Relationship to Child:	Gender	Primary Adult Phone number		
 Parent Stepparent Guardian Grandparent Foster Parent Other: 	 Female Male 	Cell: Home: Work:		
Mailing Address: Email Address:	·	ļ		

PARENT/GUARDIAN/FAMILY QUESTIONNAIRE (PLEASE FILL OUT COMPLETELY)

All responses will be scored based on the selection criteria established by the *Language Program*. Acceptance will be based on your answers in this application and questionnaire and the number of total applications received. Priority is given to families with three-yearold children. (Attach a separate paper if more space is needed)

Why do you feel the Oneida Language is important?

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How do you see the future of the Oneida Language within the Oneida Community?

Why do you want your child in the Oneida Language Program?

If your child is accepted into the program, what will you do to support your child's **4**learning in this Oneida Language program? (both in and outside of the home and school)

If your child is accepted into the program, what will you do to support your own language learning to help foster a language environment for your child? (both in and outside the **5** home and school)

Questions, Comments, Concerns, Notes: (please include anything else you would like to **6** add within this section here)

If your child is accepted into the Language Program, are you willing to sign a Letter of Commitment on behalf of your child and family committing to the program for 1 full school year? (circle one)

YES

NO

Application and Questionnaire Acknowledgement Signature

PLEASE READ BEFORE SIGNING

I certify that all the above information is true and correct. I understand that all information in this application will be held in strict confidence within the program. I also understand that all information given will be included to determine acceptance into the program. I will submit additional information if needed. Providing false information will result in nonacceptance.

PARENT/GUARDIAN SIGNATURE:	DATE:
	///
Program Acknowledgement Signature	

PLEASE READ BEFORE SIGNING

I understand that this Oneida Language program will utilize the Oneida Language as the main medium of instruction and basis for ALL interactions with students. I will adhere to the No-English policy within the classroom or during the program's school day if my child is admitted into the program. I understand this Oneida Language program uses an Oneida ceremonially cultural curriculum that is based on indigenous practices. I understand that assessments given to students will be based on indigenous methods, research, and practices. I understand that this is not a Western educational program and does not utilize a western educational curriculum. I understand that there is limited enrollment available in the program, and that priority is given to 3-year-old children.

I agree to fill out and submit this **program application and questionnaire** by the required due date. I will complete a **parent/family interview and language program child screening**. If accepted, I will sign and review the program's **letter of commitment** with the program's instructor and adhere to the program's **parent involvement requirements**. If accepted, I will complete and return any additional forms including transportation, medical forms, etc by the required due dates. Providing false information will result in non-acceptance or disenrollment from the **Language Program**.

RENT/GUARDIAN SIGNATURE:		DATE:		
		/	_/	
FOR OFFICE USE ONLY:		1		
Selection Criteria Scores (total point average)				
/50				