

Otsistakta Culture & Language Program

Program is located within the Norbert Hill Center
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	Autumn Webster (Cultural Community Outreach Advocate) Program Support Specialist awebste8@oneidanation.org 920-869-4377
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Program Overview

Otsistakta is a family-centered program designed to strengthen connections to the Oneida Culture & Language. The program provides families with tools, resources, and opportunities to build language use in the home while deepening cultural knowledge and practices. At the heart of Otsistakta is a seasonal curriculum that follows the natural flow of the year. Families will engage in learning that is grounded in traditional ceremonies, stories, and activities unique to each season. This approach reflects the cycles of Oneida life, encouraging participants to live the language in ways that are meaningful and practical.

- A. Create a safe, educational space and environment where our language is spoken and heard.
- B. Connecting Oneida community members to language and culture by bridging a pathway to encourage speakership in their homes.
- C. A safe learning space for parents, guardians and caregivers of children.
- D. Increase speakership for new learners.
- E. To bring language into the homes through parents and caregivers interacting with children.
- F. Give parents and caregivers the confidence to use the language.

Acceptance into this program is based on a first come first serve basis. If all spaces are filled, families will be put on waitlist for the next session.

All applicants will be subject to a background check.

APPLICATION MUST BE COMPLETE AND SUBMITTED IN ORDER TO BE CONSIDERED FOR ENROLLMENT BY OCTOBER 30, 2026. 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. Complete applications will be reviewed, and acceptance emails will go out during the week of November 2nd by the program.

Otsistakta Culture & Language Program

Application Parent Information

Parent #1:

Full name:	Last First M.I.	Date:	
Address:	Street address Apt/Unit #	Phone:	
	City State Zip Code	Email:	
Are you enrolled Oneida Nation?	Yes ☐ No ☐		
If not, are you a descendant?	Yes ☐ No ☐		
If not, are you enrolled in a different tribe?	Yes ☐ No ☐	If yes, what tribe?	

Parent #2

Full name:	Last First M.I.	Date:	
Address:	Street address Apt/Unit #	Phone:	
	City State Zip Code	Email:	
Are you enrolled Oneida Nation?	Yes ☐ No ☐		
If not, are you a descendant?	Yes ☐ No ☐		
If not, are you enrolled in a different tribe?	Yes ☐ No ☐	If yes, what tribe?	

Family Members

Please list all members in the household

Full name:	_____	Relationship:	_____
Birthdate:	_____	Phone:	_____
Address:	_____		

Full name:	_____	Relationship:	_____
Birthdate:	_____	Phone:	_____
Address:	_____		

Full name:	_____	Relationship:	_____
Birthdate:	_____	Phone:	_____
Address:	_____		

Full name:	_____	Relationship:	_____
Birthdate:	_____	Phone:	_____
Address:	_____		

Accommodations and Diverse Learning Needs Support

To help us provide a safe, positive, and enriching environment for your child/ren and family, please share any specific needs or accommodations they may require. All information provided remains strictly confidential.

Are there any learning adjustments, helpful reminders or specific ways our staff can adapt activities to better support your families engagement in the language program?

Are there any specific medical conditions, allergies, or physical accommodations our staff should be aware of?

Are there specific sensory triggers (e.g. loud noises, bright lights, certain textures) or behavioral strategies that help your family feel calm and successful?

Is there any additional information or specific routines that will help our team support your families transition into the program?

Previous Experience

What is your current proficiency level in Oneida culture and language? Beginner, intermediate, advanced?

In a brief statement, state your previous knowledge of culture and language

Personal Statement

In a brief statement, state your and your families' goals towards culture and language

If your family is accepted into the Culture & Language Program, are you willing to sign a Letter of Commitment on behalf of your family committing to the program for 8 full weeks? (circle one)

YES or NO

Application Acknowledgment 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
Signature:

Date:

Parent
Signature:

Date:
