



ASGO Autism Art Application



If interested in being considered for participation in the Autism Art Program, please complete this form in its entirety to the ASGO Office either via fax at 407-855-5129, email at dlorman@asgo.org or mail to ASGO 1650 Sand Lake Road Suite 240 Orlando, FL 32809. For more information, please contact ASGO at 407-855-0235

Name of Individual with autism: _____

Date of Birth: _____ Email Address: _____

Mother/Guardian: _____ Father/Guardian: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Please initial by each statement below acknowledging that you have read over and agree with the statements, that the individual with autism meets each of the conditions and is willing to participate as required:

- ___ Is 22 years or older and/or (NOTE: Can be younger if graduated H.S. already)
- ___ Graduated H.S. with a standard or special diploma prior to 6/30/2018
- ___ Able to Follow Simple Directions (with visual supports if necessary)
- ___ Has the ability to Make Informed Choices (choice board is fine)
- ___ Exhibits Manageable behaviors with reinforcers if necessary
- ___ Able to participate appropriately with peers, teacher, materials, etc.
- ___ Can be easily directed with gestures or minimal physical prompting
- ___ Has a desire to be part of this program
- ___ Will be accompanied by an adult/guardian at all times
- ___ Understands that only completed and "show quality" art pieces will be included in the Gallery Show/Art Festival. Those not "show quality" will be sent home for gifting/selling by artist family/friends
- ___ Understands that the individual must arrive on time to art class – late arrivals disrupt the flow of the class/other artists. Continuous tardiness can lead to removal from the program.
- ___ Understands that the individual must participate in an interview for consideration (parent can accompany)
- ___ Final selections will be based on application and interview conducted by the Art Director and ASGO Rep.
- ___ No known allergies or allergies listed as follows: _____

I, the undersigned, assume all risks and hazards of the conduct of the program. In case of the unlikely event the individual with autism should be injured during the art session, I do hereby waive all claims or legal actions, financial, or otherwise against the Autism Society of Greater Orlando (ASGO), Anna DeLuca, Autism Art Director, any volunteer or staff member connected with the program and hold them harmless of indemnification. In absence of a signature, participation in the program shall constitute acceptance of the conditions set forth in the release. I grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose.

ASGO and Anna DeLuca, Art Director are not responsible for items brought from home. For the safety of the individual with autism, please ensure that the individual is prepared for activities. Please make sure that he/she wears clothing that is appropriate for art activities.

I understand that the individual with autism may be dismissed from participation for continued behavior problems including but not limited to not listening, not following directions, or are a danger to him/herself or others.

Signature of Potential Student

Signature or Parent/Guardian

Date