



A Mentoring Program for Advanced Young Artists on the Autism Spectrum.

This new, 9 session program is based on the fact that many young people on the autism spectrum have a strong visual orientation. Expressing themselves in pictures, making original art becomes an important part of their communication, surpassing copying and imitation. The **See My Voice** program is for them.

In collaboration with the Lake Eustis Museum of Art (LEMA) in Eustis FL, accomplished artists and art educators assist in developing young, but already advanced talent toward growing and expanding. **See My Voice** focuses on the QUALITY of expression. *(In contrast to traditional art programs, which range from playful experience to technical and material aspects and even address the application for future job choices).*



If your young artist and you think he/she will be a good match for the program: please read attached information and return the ' Interest Form' along with photos or copies of artwork – in hardcopy or electronically. We will answer in detail.

Interest list closing: August 1, 2017



FUNDING PROVIDED BY
Irma J. and Orville
Parker Foundation

PALS UCF | Center for Autism
and Related Disabilities
UNIVERSITY OF CENTRAL FLORIDA



Interest form:

(return to your CARD coordinator by August 1)

Yes, I am an aspiring artist and I am interested in the new **SeeMyVoice** program.

The program will last 9 sessions, 1½ hours each at LEMA, and end with an exhibit at LEMA, Lake Eustis Museum of Art, 1 West Orange Ave., Eustis, FL 32726. Once registered, attendance is expected for the entire program. Space is limited.

Session Commitment:

September 9, 16, 23, 2017; 10:00am – 11:30am for ages 8-14, 11:30am – 1pm for ages 15-22

October 7, 14, 21, 2017; same time

November 4, 11, 18, 2017, same time

End of course exhibition December 2, 2017

A commitment fee of \$45 is due upon registration; the fee will be returned at completion of all sessions. Missed sessions will be deducted.

I am registered with CARD and I am ____ years old

My full name is _____,

I live in/at _____ (address)

I can be reached at _____ (cell, email)

I have transportation yes no

My parent, legal guardian is: _____

This person will also be available to provide transportation yes no

Parent/Legal guardian contact: _____ (cell, email)

Disclaimer: This program is not a traditional set of art lessons. Students will not learn how to draw or paint, they will not make arts and crafts projects. The program is not a respite opportunity. Special needs and unique behaviors must be disclosed prior to signing up and will be discussed.

Work samples must be attached together with the Interest Form in order for the young artist to be considered for the program. Samples need to be submitted in .jpg. or .pdf, photographed from original artwork; limited to 5 examples; the files must to have the artist's name in the filename.

The SeeMyVoice Team