

THE HOPE CENTER FOR AUTISM

FEBRUARY 2018 NEWSLETTER

STUDENT OF THE MONTH



Elisa is trying her best!

STUDENT OF THE MONTH

Remind your child to follow the BCT's every day!



Be safe



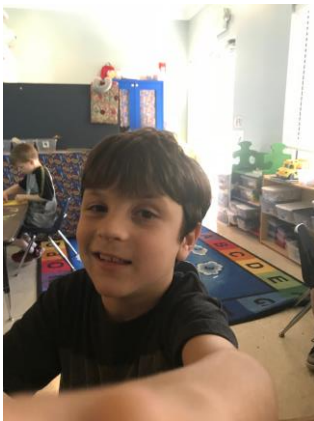
Communicate



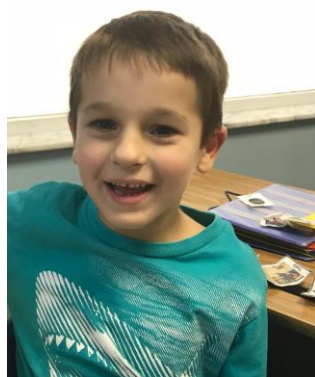
Try your Best!



Hadlee is communicating!



Kai is trying his best!



Trevor is trying his best!



Cadence is trying his best!

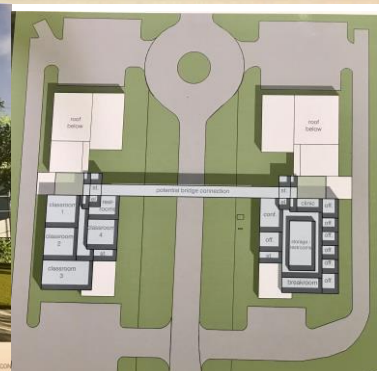
WE ARE MOVING....

On January 12, The Hope Center officially purchased property in Jensen Beach off Savannah Road at Braille Place in front of Helping People Succeed. The school will move this summer into modular while we actively pursue funding for the new building. Thank you to Jim Applegate, president of The Hope Center Board of Directors and the rest of the board for commitment to finding a larger facility for our school so we can continue to meet your child's needs now and in the future.



Center
County, Florida

GARCIA STROMBERG
GS studios



PLEASE WELCOME OUR NEWEST ADDITIONS TO THE HOPE CENTER

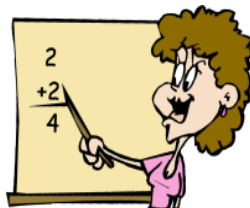


Ms. Katarina Suarez, SLPa. Katarina comes to The Hope Center from Okeechobee where she worked with students with autism and related disabilities implementing treatment plans, facilitating the development of pragmatic language skills, and developing communication systems for students with a variety of needs. Katarina will start on March 5. She is replacing Ms. Tabby who took a position closer to her home.



Mrs. Jodi Cooper, ESE Teacher

Jodi joins us from Felix Williams Elementary where she was a support facilitator educating students with varying needs within the general education classroom. Jodi has taught for seventeen years in the exceptional education field in a variety of settings including autism. She is a great addition to the Hope Center team.



We will have an Open House for parents of students in Ms. Katie and Ms. Jodi's class on Thursday February 22 at 2:00pm Please RSVP to your child's teacher:

jcooper@hopecenterforautism.org

kpitcher@hopecenterforautism.org

FUNDRAISING COMMITTEE

The Hope Center is establishing a fundraising committee that will assist in planning events to raise funds for our current school and the new building. We need people who are invested in the future of our school and community.

Please join us February 21 at 9:15 in the conference room at The Hope Center.

THANK YOU FOR PARTICIPATING IN THE GOT CHANGE CAMPAIGN
THE WINNER WILL BE ANNOUNCED NEXT WEEK



GOLF FOR HOPE

This is the biggest fundraiser of the year and pays for additional staff and supports that help your child progress. Please help us continue to provide the services your child benefits from each day.

Flyers and registration forms can be found at www.hopecenterforautism.org

PARTICIPANT REGISTRATION INFORMATION
 Please fill out this form and print name for the sponsor for sponsorship information. Please email your logo to info@hopecenterforautism.org.
 This information will be used as it appears in this section.

SPONSORSHIP OPPORTUNITIES - COMPANY NAME:
 I would like to support The Hope Center for Autism with a sponsorship:
 Hope Sponsorship (\$5,000) Wish Sponsorship (\$500) Help Sponsorship (\$250)
 Learning Sponsorship (\$2,500) Coexistence Sponsorship (\$1,500) Tee Sponsorship (\$100)

CREDIT CARD INFORMATION:
 NAME (as it appears on card): _____
 CARD TYPE: VISA MASTERCARD AMERICAN EXPRESS DISCOVER
 CARD #: _____ CVD: _____ EXPIRATION: _____
 ADDRESS: _____
 CITY, STATE, ZIP/POSS: _____
 AUTHORIZED SIGNATURE: _____
 I have received a check for my sponsorship, payable to The Hope Center for Autism.
 For other info: www.hopecenterforautism.org

BUYER INFORMATION:
 NAME: _____ HANDICAP: _____
 ADDRESS: _____
 PHONE: _____
 EMAIL: _____
 I prefer online
 via an individual player, and I have received a check for \$200 (Net) (Email)
 via post or a business and I have received a check for \$200 (Net) (Email)
 I added a lunch: \$25.00

ADDITIONAL PLAYERS:
 PLAYER 2, NAME: _____ HANDICAP: _____
 PLAYER 3, NAME: _____ HANDICAP: _____
 PLAYER 4, NAME: _____ HANDICAP: _____


ADDITIONAL LUNCH:
 NAME: _____ EMAIL: _____
 NAME: _____ EMAIL: _____

PLEASE MAIL OR FAX THIS FORM. DEADLINE FOR ENTRY IS FRIDAY, APRIL 13, 2018
 5965 SE Helen Street, Stuart, FL 34984 | Phone: 772-226-2288 | Fax: 772-475-7229
 For registration, payment or more information go to: <http://www.hopecenterforautism.org>

FEBRUARY 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6	7	8	9	10
11	12	13	14 Happy Valentine's Day	15	16	17
18	19 No School - President's Day	20	21	22	23	24
25	26	27	28			

MARCH 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2 Read across America 	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
SPRING BREAK – NO SCHOOL						
18	19	20	21	22	23	24 The Rabbit's Revenge – Clay Shoot Fundraiser OK Corral Gun Club
25	26 Report Cards go home	27	28	29	30 No School	31

HOPE PARENT CONNECTION GROUP – PLEASE RETURN TO TEACHER

We would like to offer a parent group to allow parents to get to know each other, provide helpful information and guest speakers, discuss events and needs of the school. Please let us know what days and times would be best for you to attend.

Child's Name _____ **Parent's Name** _____

I am not interested in attending. I will need childcare if I attend.

I am available on the following days:

Monday Tuesday Wednesday Thursday Friday

Mornings 8:00-10:00 Lunch time 11:00-1:00

Afternoons 3:00-5:00 Evenings 5:00-7:00

I am interested in learning more about:

IEP meetings and my child's rights

Educational standards

Report cards, grading, testing

Medication and medical concerns

Local organizations and supports

Navigating the community supports

Increasing my child's communication


Behavior supports

Other ideas:

Best way to communicate:

Email Remind Home note Phone

COMMUNITY EVENTS


 **COALITION FOR INDEPENDENT LIVING OPTIONS, INC.**
"Promoting Independence for People with Disabilities"

Please Join Us for An


Exceptional Student Education (ESE) FORUM

Third Monday of Every Month
 January 15, February 19th,
 March 19th, April 16th, May 21st
 6 to 7:30 p.m.


Golden Gate Center for Enrichment
 3225 SE Dixie Hwy, Stuart, FL 34997





Parents are invited to come ask school related questions regarding their children, aged 3-22, who have or are suspected of having a disability. Questions can be about anything from how students are identified for ESE services to writing or implementing plans such as: Individual Education Plans (IEP), 504 Plans, Behavior Intervention Plans, Health Care Plans, and/or Crisis Plans.



An experienced special education advocate, ESE professional, and/or other specialists will be available to answer your questions.



For more information and/or to register for the ESE Forum, please contact Shannon Pretorius at spretorius@cilo.org or 772-485-9225. You can also register online at <http://goldengatecentermc.org>.

 Presented in collaboration with the 

4th Annual Sporting Clays Challenge "The Rabbit's Revenge"

presented by
 Jupiter Light Masonic Lodge #340, The Hope Center for Autism, Pro-Tech Fire Sprinklers, Inc. and Winterling Lighting, Inc.

For more information, you may Contact Mark Murray @ 772-215-1010, George Winterling @ 561-762-5800, or Joanne Sweazey @ 772-334-3288

  Winterling Lighting Inc. 

MARCH 24, 2018
OK CORRAL GUN CLUB
 9449 NE 48th Street, Okeechobee, FL
 Sign-In Time - 7:30 a.m.

Course will have fifteen stations. Shooters to be setup into four person squads. Each Shooter will need to bring 100 shotgun shells (12 or 20 ga.), #7 1/2 and 8 shot - 3 dram- 1 1/8 oz. max. load, eye and ear protection. Ammunition will be available for sale at the club and gun rentals (limited availability).
 Pistol shooting range available upon request.



\$150 per shooter
 Includes breakfast, lunch, and one cart per team.

Awards given to:
 1st, 2nd, 3rd Place Teams and Individual Men and Women's HOA

All proceeds to benefit Jupiter Light Masonic Lodge #340, Tequesta - Juno Beach - Palm Beach Gardens - Palm Beach County Schools District Police Departments, and The Hope Center for Autism

STATION SPONSORS @ \$200.00 each (Sponsors to provide logo for sign)

For information on CORPORATE SPONSORSHIPS (full tax deduction) please see reverse side of flyer

Make checks payable to Jupiter Light Masonic Lodge #340 and mail with completed form to:
 c/o Pro-Tech Fire Sprinklers, Inc., 9105 SE Bridge Rd, Hobe Sound, FL 33455
 Please complete form below and mail with check by March 10, 2018

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Company Name: _____ Contact/Phone: _____
 Participants:
 Name 1: _____ Phone #: _____ Email: _____
 Name 2: _____ Phone #: _____ Email: _____
 Name 3: _____ Phone #: _____ Email: _____
 Name 4: _____ Phone #: _____ Email: _____

STATION SPONSOR: _____ # OF SIGNS TOTAL AMOUNT OF CHECK: \$ _____