Mission Statement: The Georgia Academy for the Blind will provide quality education services to Georgia’s students with visual impairments and/or visual impairments in conjunction with other disabilities to prepare them to achieve their highest level of independence in transition to college and career readiness.

January 9: School starts back!

January 16: Martin Luther King Jr. Holiday

January 19-23: SCASB in Mississippi (Wrestling, Cheering and Fine Arts)

January 16: Application Deadline for Short Course Weekend due (ages 12-21)

January 31: “Drop in RPM” West Gwinnett County

February 7: “Drop in RPM” *Chatham County (location change from Dougherty)

February 16: Braille Challenge (Program for parent/guardians is being planned).

February 17-19: *Short Course Weekend Grooving and Moving. (Application attached).

February 20: Presidents’ Day Holiday

February 28: “Drop in RPM” East Gwinnett County

March 14: “Drop in RPM” Bibb County

March 27-31: Spring Break

March 28: “Drop in RPM” West Cobb County

April 6: High School Prom

April 27-30: Senior Trip

April 17: Easter Holiday

May 15: Mother’s Day Holiday

May 26: Last day of school and Graduation
A Holiday Greeting from our Superintendent, Dr. Cindy Gibson

As we break from school to ring out the old and in the new 2017, all of us at the Georgia Academy for the Blind want to thank all of you for your tremendous support for our school, staff, and special programs as our Holiday Musical. The joy is in the journey through minor and major transitions as we see students achieve their goals and build their potential. Truly our music department is highly regarded and has stayed on the road singing for local community partners as the Macon Kiwanis Club and our Department of Education family in Atlanta. Other programs that have a great influence on our students’ transition to the adult world of work are the Career Pathways, Work-Based Learning, and E3 (Explore, Engage, Employ). You have learned much about these programs through our weekly Panther Press.

Let me take this opportunity to invite all to participate in School Council, which is another vehicle to give input and receive first-hand knowledge of GAB happenings. On December 8, we welcomed two teachers to our council: Mr. Gene Collins and Dr. Cheryl Washington. A big thank you to Mrs. Amy Bardash who served as teacher representative for three years. New parent representatives on our council are Ms. Penny McGuire and Mrs. Katie Polmateer. Mr. Tommy Towery, Mrs. Rachel Towery and Ms. Debra Hase have agreed to remain on our council for another year. The Towerys have rotated off as our Council Chairpersons and Mrs. Katie Polmateer was elected as our new Chairperson. This was our second of four meetings for the year. These meetings are open to all parent/guardians. The School Council meetings will be announced to all via our newsletter. The agenda and minutes are always available to all interested parties by contacting Kelly Moorman at kmoorman@doe.k12.ga.us

Happy Holidays from all of us at GAB. We wish your families the very happiest and healthiest holiday break. We look forward to students’ return on Sunday afternoon, January 8 and Monday morning, January 9, 2017.

Cindy Gibson

Character Education

Word of the quarter: RESILIENCE The capacity to successfully manage high levels of change.

Word of the week: SELF CONFIDENCE Positive attitude about, and trust in one’s self; sense of security and self-assurance.

Confidence comes naturally with success, but success comes only to those who are confident.

Remaining

December:

Adria ~ 16th
Kiauna ~ 22nd
Shyann ~ 25th
Dani ~ 26th
Dalton ~ 26th
Blake ~ 29th
Jermaine ~ 29th

January:

Devoneta ~ 5th
Shakira ~ 10th
John ~ 14th
Johnny ~ 15th
TIS THE SEASON TO BE SURVEYED! Please take a few moments this holiday to take care of this!

Georgia Parent Survey is still underway and we need YOUR help! The data will be used as part of the calculation of the School Climate Star Rating. Survey responses are anonymous and will be submitted directly to the Georgia Department of Education for analysis. Simply copy the link below into your browser of your computer or Smartphone to take the survey. Our school district is STATE SCHOOLS, then you will be prompted to select Georgia Academy for the Blind.

http://apps.gadoe.org/schoolclimate/parents.nsf/Survey.xsp

After you complete the survey, please send a note with your child or email Sonya Milam at smilam@doe.k12.ga.us and he/she will receive a voucher for a FREE WENDY'S FROSTY!

A second quick survey we need all parents/guardians to complete following your child’s ASPIRE IEP. If you have had your IEP this year and have not yet completed the survey, you can do so here:

http://tinyurl.com/ASPparent16-17

Under district, you will be taken directly to Georgia Academy for the Blind. When it asks about ASPIRE activities at home, it is referring to any time you discuss school and their goals beyond school, have your child make choices, and/or have your child speak for him/herself. Let Sonya Milam know if you need any assistance with either of these surveys.
Georgia Academy for the Blind

Grooving and Moving

Short Course Weekend
February 17-19, 2017
Students with Visual Impairments

GAB Student Application

Application Deadline: January 16, 2017
(All applications subject to approval)

- ALL INFO MUST BE FULLY COMPLETED AND LEGIBLE OR APPLICATION WILL NOT BE CONSIDERED FOR ACCEPTANCE.
- Students must have a documented vision loss that impacts their learning.
- Students must be Georgia residents and enrolled in school.
- Students must display independent living skills appropriate to their age.
- Students must have the physical, mental, and behavioral capabilities to benefit from the programs offered.
- Students ages 12-21 may attend.

For questions or more information, contact:

Dawn Day (478) 751-6083 x 1114 mday@doe.k12.ga.us

Return application to Brittany Jackson in the school office or mail/fax to:
Georgia Academy for the Blind
Attn: Brittany Jackson
Short Course Weekend 2895 Vineville Avenue
Macon, GA 31204

FAX Number: 866.237.5968
Personal Information (Please type or print clearly)

Date of Application: ________________

Student Name: _____________________________________________

Student Date of Birth: _____________________ Age: ___________ Grade: ___________

Student’s Eye Condition: _______________________________________

Does your child read Braille? _____ Yes _____ No

Has your child had an eye examination by his/her optometrist or ophthalmologist within the past year? _____ Yes _____ No

Please Circle One: Parent/Guardian/Caregiver

Name: ____________________________________________

Address: _________________________________________

Email Address: ______________________________________*(REQUIRED)

Home Phone: (____) _______________Cell Phone: (____) ______________

Work Phone: (____) ______________

Emergency Information

Emergency Contact, other than parent or guardian, who will be available to pick up your child if you are not available during the weekend.

Name: _____________________

Relationship to student: _______Home Phone: (____) _______ Cell Phone: (____) _______

Work Phone: (____) _________
Child’s Swimming Ability

- None
- Beginner
- Intermediate
- Advanced

Self-Help & Personal Habits

Can the student complete the following activities independently?

(Respond Yes or No for each skill listed below).

- Dress
- Bathe
- Eat
- Toilet

Mobility of Child: (Respond Yes or No for each skill listed below).

Does your child:

- Walk Unassisted
- Use a Walker
- Use Crutches
- Use a Wheelchair
- Use a white cane for mobility

Allergies:

- Hay Fever
- Penicillin
- Drugs
- Insect Bites
- Poison Ivy
- Asthma
- Food
- Other

Medications

Does your child take medication(s)?

- Yes (If so, please provide information below)
- No

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 NOTE: Please be certain the GAB Health Clinic has all of your child’s current medications.
Also, if your child becomes seriously ill or injured to the point that waiting for a parent to arrive is medically inadvisable, he/she will be transported by ambulance to the nearest hospital at the parent’s expense.

**Health History:** Share any health history that may result in specialized care or emergency care or emergency condition:

_____________________________________________________.

**CONSENT:** I give consent for my child/student to spend the weekend of February 17-19, 2017 at the GAB Short Course Weekend and certify that he/she is physically fit to attend all activities.

_____________________________________________________.

**Signature**          **Date**