

Office of the Mayor
Crossville, Tennessee

Proclamation



AUTISM AWARENESS MONTH
April 2019

WHEREAS, autism spectrum disorder refers to a broad range of conditions that vary from mild to severe, characterized by challenges with social skills, repetitive behaviors, speech and nonverbal communication; and

WHEREAS, Autism is a reality that affects millions of families every day, and while our nation has made progress in supporting those with ASD we are only beginning to understand the factors behind the challenges they face; and

WHEREAS, while there is no cure for autism, it is well documented that if individuals with autism receive early and intensive treatment, specifically Applied Behavior Analysis, they lead significantly improved lives; and

WHEREAS, individuals with autism often require a lifetime of specialized and community support services to ensure their health and safety and to support families' resilience as they manage the psychological and financial burdens autism can represent; and

WHEREAS, Crossville is committed to ensuring that people living with autism have access to lifelong care and services needed to pursue their full potential and happiness; and

WHEREAS, we recognize those with ASD who are achieving and breaking down barriers; and

WHEREAS, During Autism Awareness Month, we recommit to helping individuals on the autism spectrum reach their full potential; and

WHEREAS, Crossville is honored to take part in the annual observance of Autism Awareness Month and World Autism Awareness Day in the hopes that it will lead to a better understanding of the disorder;

NOW, THEREFORE, James Mayberry, do hereby recognize April 2019 as **AUTISM AWARENESS MONTH** and April 2, 2019, as **WORLD AUTISM AWARENESS DAY** in our City of Crossville to raise public awareness of autism and the myriad of issues surrounding autism, as well as to increase knowledge of the programs that have been and are being developed to support individuals with autism and their families.

*In witness whereof I have hereunto set my
hand and caused this seal to be affixed.*

ATTEST: _____

DATE: _____