

Dear Students and Families,

I hope this letter finds you in great spirits as the school year begins! My name is Nicole Romolini, and I will be your child's Autistic Support at Kirkbride this year! My goal is to provide each student with the tools they need to thrive in school. I will work with students and families to provide an appropriate educational program that fosters success!

This will be my 8th year teaching in an Autistic Support Classroom at Kirkbride! I am passionate about teaching and learning and feel that with the right support, any student can achieve success.

My philosophy for learning is that each child is unique and learns differently. One of my jobs as a teacher is to help students discover their individuality and work with them to maximize it. I look forward to contributing to their educational experience positively and productively!

Finally, one of my most important goals this year is to keep the lines of communication open with you. I am always available to speak with you to address any questions or concerns you may have throughout the school year. The best way to contact me is through Class Dojo. I will create a classroom and send that code home with your child during the first week of school. I can also be contacted by email or by calling (215) 400-7980. Attached is an informational packet for the start of school. I have also included a questionnaire to complete, which will help me get to know you more! Providing some information specifically about your child will go a long way toward creating a positive relationship throughout the school year! Please return pages 4 - 9 with your classroom supplies during the first week of school.

I am truly looking forward to a fun-filled, educational year and getting to know you and your child this fall, and I look forward to meeting you soon! Let's have a great year together!

Sincerely,

Nicole Romolini, M.Ed

Autistic Support Teacher, 3-5

ndispigno@philasd.org

WELCOME BACK!!! 2023 - 2024

Autistic Support Guide for Parents/Guardians

Teacher: Mrs. Romolini

Class Assistants:

Classroom: 108

Kirkbride phone number: (215) 400-7980

Parents and Families Welcome to the new school year! We are excited to start a fun and successful school year! This guide has been created to assist and clarify any questions you may have about the Autistic Support Program at Kirkbride School.

School Hours: 9:00 am-3:39 pm (Please drop off students before 8:30 am but not before 8:15 am)

Dropping off your child: Please walk your child directly to the 7th Street entrance. A classroom assistant or teacher will be there to escort your child to his or her classroom.

In the event of lateness: Please sign in at the front desk, pick up a late slip, and walk your child to the classroom.

Breakfast: Breakfast will be served in the classroom every day. If your child prefers specific breakfast items, please have them eat at home. Snacks are welcome.

Lunch: Lunch will be served in the cafeteria daily. If your child prefers a specific lunch, please send it to school with them. WE CAN NOT REFRIGERATE OR HEAT UP LUNCHES.

Pick-up procedures: If you pick up your child daily, please discuss a pick-up routine with your child's teacher. Pick-up should be before 3:39 p.m. Students who take the bus will be packing up for the bus at approximately 3:00 p.m. The School District provides transportation services. I will send the bus numbers, and pick-up and drop-off times, but any other questions regarding transportation should be directed to 215-400-4350.

Visiting your child's classroom: Parents and guardians are welcome to visit their child's classroom at any time. If you wish to visit your child's classroom during the school day, please stop by the main office first.

Absences:

When your child is absent, please let the teacher know the date and reason for the absence. You may:

1. Call the school and leave a message at (215) 400-7980
2. Write a note.
3. See your child's teacher in person.

*Please send in a doctor's note if your child has an appointment.

Communication with your child's teacher:

1. You may call the school (215) 400-7980, and leave a message for your child's teacher. They will call you back at their earliest convenience.
2. You may email your child's teacher (ndispigno@philasd.org).
3. You may set up a conference with your child's teacher.
4. I will also use Class Dojo to communicate general information about assemblies, dress-down days, etc.

We encourage communication and partnership between parents and teachers. We look forward to hearing from you throughout the school year with any questions, concerns, or updates you may have!

Autistic Support Classroom Supplies List

All of the items listed can be found at your local dollar stores, Five Below, or Walmart

- 1 sturdy book bag or backpack
- 1 insulated lunch bag (if bringing your lunch)
- 4 **PLASTIC** two-pocket folders (1 red, 1 yellow, 1 blue, 1 green)
- 4 glue sticks
- 1 pack of construction paper
- 1 pack of colored markers
- 1 pack of crayons
- 1 pack of dry-erase markers
- A set of sturdy headphones with a 3.5 mm jack (no Bluetooth only headphones please)
- 2 bottles of Hand Sanitizer (Please no soap bottles)
- 4 Lysol or Clorox Wipes
- 4 paper towel rolls
- 4 boxes of tissues
- Refillable water bottle used daily (Plastic only)
- Individual snacks for your child in their lunch bag

**Please try your best to get everything on this list. We will be using these items for the ENTIRE year. For any questions/concerns contact Mrs. Romolini*

PREFERENCE ASSESSMENT FORM

Child's Name: _____

Completed By: _____

Date: _____

Prior to beginning the pairing process, it is important to identify ALL of your child's motivators or reinforcers. Many children have very specific reinforcers and may engage with them in certain ways.

Please provide as much detail as possible.

Please indicate your child's preferences below. Please **provide specifics** if possible (e.g., what kind, brand, type, etc.). **Cross off (X) if child strongly dislikes (i.e., is aversive).**

What are your child's preferences (likes and dislikes)?

Puzzles:	Games: 9
Musical Instruments:	Play Dough:
Action Figures:	Notes:
Other:	

Sensory Preferences: (be sure to include likes AND dislikes)

Auditory (sounds):
Visual (light, colors):
Tactile (contact, textures):
Kinesthetic (movement):
Olfactory (smells):
Gustatory (tastes):

What are your child's entertainment preferences?

Movies:	TV:	Animation/Cartoons:
Music:	Video Games:	Board Games/Other:
List some of your child's favorite videos/TV shows/performers:		

Circle (O) if child likes. Cross off (X) if child strongly dislikes. Please provide specifics, if possible (e.g., what kind, brand, type, etc.)

What activity does your child prefer when using the computer?

CD ROM Games:	Internet Sites:
List your child's favorite CD ROM Games:	
List your child's favorite Internet Sites:	

Things:

- Balloons
- Blocks
- Chalk/crayons
- "Dress Up" Materials
- Dolls/Figurines
- Funny Glasses
- Jewelry
- Koosh Balls
- Lighted Toys
- Liquid Timers
- Machines
- Marbles
- Noisy Cars/Vehicles

- Other toys:
- Puppets
 - Shiny/Sparkly Toys
 - Slinky
 - Spinning Toys
 - Stickers
 - Stopwatch
 - Stuffed Animals
 - Textured Balls
 - Toy Cars
 - Trains
 - Wind-up Toys
 - Vehicles

Tokens:

- Certificates
- Check register
- Grades
- Honor Roll
- Marbles/Chips
- Money
- Other:
- Points/Numbers
- Signatures
- Special badges
- Stars/smiley faces
- Tickets

Favorite Subjects:

- Art
- Math
- Music
- Gym/PE
- Reading
- Writing
- Spatial
- Science
- Social Studies
- Library
- Foreign Language:
- Other:

Sports:

Aerobics
Basketball
Bike riding
Bowling
Fishing
Football
Horseback riding
Jumping rope
Other:
Skating
Skiing
Soccer
Softball/baseball
Swimming
Tennis
Volleyball
Walking/jogging
Weight training

Appearance:

Dressing Up
Make-up
Manicures
Massages
Perfume/cologne
Picture taken
Other:

Books:

Pop-Up
Bks w/ Sound:
Puzzle book
Picture book
Sensory book
Sticker book
Magazines
Coloring book
Flip book

Circle (O) if child likes. Cross off (X) if child strongly dislikes. Please provide specifics, if possible (e.g., what kind, brand, type, etc.)

Activities:

Being cafeteria helper	Go to office on an errand	Sand play
Being excused from homework	Going to the beach	Staying up late
Being group leader	Going to the store	Science
Being principal's helper	Helping librarian	Sharing information
Bicycling	Helping the custodian	Sharpening pencils
Blowing pinwheels	Indoor walk	Singing
Blowing/popping bubbles	Leaving town	Sitting on bouncy balls
Building models	Letters	Sitting/laying down
Chairing a meeting	Line leader/monitor	Sleeping late
Coloring	Listening to a story	Social studies
Cutting with scissors	Listening to music	Spelling
Dancing	Listening to stories	Taking showers/baths
Decorating (walls, room)	Math	Telling stories
Demonstrating a hobby to the class	Molding clay	Time off from school
Displaying work	Numbers	Unsupervised time
Drawing	Other:	Using tools

- | | | |
|---------------------------------|-------------------------------|----------------------|
| Drawing on chalkboard | Outdoor walk | Using trampoline |
| Earning money | Painting with brush | Using treadmill |
| Erasing chalkboards | Participating in crafts | Visiting library |
| Extra or longer recess | Pasting or gluing | Visiting museums |
| Finger painting | Picnics | Visiting parks |
| Fixing a bulletin board | Playing chase/running | Visiting relatives |
| Getting a badge to wear for day | Playing games like Simon Says | Watching videos |
| Gluing | Playing with balls | Water play |
| Going out to eat | Playing with microphone | Working on computers |
| Going to concerts/shows | Reading | Writing |
| | Recess/free time | Writing notes |
| | Riding in car | |
| | Running errands | |

Circle (O) if child likes. Cross off (X) if child strongly dislikes. Please provide specifics, if possible (e.g., what kind, brand, type, etc.)

What are your child's outdoor activities?

Bicycle:	Swing Set:	Trampoline:
Theme Parks:	Swimming:	Slide:
Other Notes:		

What are your child's preferences for pets?

Cats:	Dogs:
Hamsters:	Fish:
Gerbils:	Reptiles:
Other Notes:	

Circle (O) if child likes. Cross off (X) if child strongly dislikes. Please provide specifics, if possible (e.g., what kind, brand, type, etc.)

- | | | |
|-------------------------------|-----------------------------|-------------|
| Getting a special certificate | Group activities | Silly faces |
| "Good note" home | Having a choice of seatmate | Sleepovers |

“High fives”	Having lunch with the teacher	Smiles/gestures
Animal sounds	High volume praise	Songs
Being head of lunch line	Hugs	Spinning
Bouncing	Kidding and joking	Squeezes
Dancing	Pats	Talking on the phone
Enthusiastic praise	Phone call for good behavior	Talking with friends
Fast-paced tickles	Playing with a friend	Talking with teacher
Gentle tickles	Praise	Time with parent
Getting a happy face on paper	Rough housing	Tutoring other children
Getting positive comments on homework	Scratches	Whispered praise
	Shoulder rubs	

Circle (O) if child likes. Cross off (X) if child strongly dislikes. Please provide specifics, if possible (e.g., what kind, brand, type, etc.)

What are your child’s favorite snacks/foods?

Candy:	Fruit:
Cookies:	Crackers:
Chips:	Pretzels:
Ice Cream:	Cake:
Other:	
List your child’s favorite brand names:	

What are your childx’s favorite beverages?

Soda:	Juice:	Water:
Milk:		
List your child’s favorite flavors and brand names:		
Other:		

Having a snack:

Raisinettes	M & M's	Chocolate chips
Tootsie rolls	Skittles	Sweet tarts
Lollipops	Candy corn	Gummy bears
Gum	Candy bars	Other candies
Graham crackers	Marshmallows	Cookies
Cereal	Cake	Other crackers
Chips	Pretzels	Popcorn
Bagels	Pudding	Yogurt
Onion rings	Pizza	French fries
Raisins	Cheese	Peanut butter
Bananas	Grapes	Apples
Other vegetables	Other fruit	Carrots
Soda	Ice Cream	Juice
Chocolate milk	Snow cones	Kool Aid
	Other:	