

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 9th 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 to the 2025 - 2026 School Year!

Autistic Support Guide for Parents/Guardians

Teacher: Mrs. Romolini

Class Assistants: Ms. Naya, Ms. Marsila, Ms. Geraldine, and Mr. Wilde

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 BUT MUST BE INDIVIDUALLY WRAPPED. WE CANNOT STORE FOOD ITEMS IN THE CLASSROOM.**

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 WITH PRONGS (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
- 1 Plastic apron or smock for painting projects
- 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:
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:
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List your child's favorite CD ROM Games:

List your child's favorite Internet Sites:

Things:

Balloons	Other toys:
Blocks	Puppets
Chalk/crayons	Shiny/Sparkly Toys
"Dress Up" Materials	Slinky
Dolls/Figurines	Spinning Toys
Funny Glasses	Stickers
Jewelry	Stopwatch
Koosh Balls	Stuffed Animals
Lighted Toys	Textured Balls
Liquid Timers	Toy Cars
Machines	Trains
Marbles	Wind-up Toys

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:

Noisy Cars/Vehicles

Vehicles

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

Being excused from homework

Being group leader

Being principal's helper

Bicycling

Blowing pinwheels

Blowing/popping bubbles

Building models

Chairing a meeting

Coloring

Cutting with scissors

Dancing

Decorating (walls, room)

Demonstrating a hobby to the class

Displaying work

Go to office on an errand

Going to the beach

Going to the store

Helping librarian

Helping the custodian

Indoor walk

Leaving town

Letters

Line leader/monitor

Listening to a story

Listening to music

Listening to stories

Math

Molding clay

Numbers

Sand play

Staying up late

Science

Sharing information

Sharpening pencils

Singing

Sitting on bouncy balls

Sitting/laying down

Sleeping late

Social studies

Spelling

Taking showers/baths

Telling stories

Time off from school

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
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"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 child's favorite beverages?

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

Having a snack:

Raisinettes

Tootsie rolls

Lollipops

Gum

Graham crackers

Cereal

Chips

Bagels

Onion rings

Raisins

Bananas

Other vegetables

Soda

Chocolate milk

M & M's

Skittles

Candy corn

Candy bars

Marshmallows

Cake

Pretzels

Pudding

Pizza

Cheese

Grapes

Other fruit

Ice Cream

Snow cones

Other:

Chocolate chips

Sweet tarts

Gummy bears

Other candies

Cookies

Other crackers

Popcorn

Yogurt

French fries

Peanut butter

Apples

Carrots

Juice

Kool Aid