

All About Room 220

Ms. Donohue

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Dear Families,

Welcome to Room 220 (and welcome back to some of you)! I hope you had a wonderful summer and you and your child are ready to come back to school. I am very excited to start another great year and to have your child join my class! I hope this letter includes most of what you will need to know and expect for this coming school year!

For those of you who do not know me as of yet, I believe it is very important to develop relationships with my students' families and to partner together to help your child get the best education he/she can. Please let me know if there is ever a time you would like to meet with me one-on-one and we can schedule a time before or after school. Any information about **your own family or background/culture** that you think could contribute to your son/daughter's work in the classroom is welcome! I seek to foster an environment that celebrates diversity where we become one little family. So that you know a little about me, I come from Hoboken, which is about 25 minutes from Edgewater. In my free time, I like spending time with my family, reading, running, and traveling whenever I can.

Our program is based on the principles of verbal behavior/applied behavior analysis (ABA), a structured, data-driven teaching methodology that has proven very useful for students with autism. In the classroom, we will focus *first* on addressing the main three areas that affect children with autism: **communication**, **social skills**, and **repetitive/challenging behaviors**. Your child will be taught skills that can be applied to natural, everyday situations with the hope of preparing him/her to be **as independent as possible** and a **contributing member of the community**. Your child will also be exposed to the general education curriculum, as appropriate. Please see the information below and let me know if you have any questions.

Emergency Information: Please fill out the "Family Contact Information" form and return it as soon as possible.

Supplies/Snacks: Please send the following **labeled** with your child's name/initials:

- Change of clothes (with INITIALS or NAME on tag!!)
- Water bottle that does NOT leak
- Snacks to be used as reinforcers for good behavior and completed classwork if deemed appropriate (e.g., chips, crackers, cookies, Goldfish, pretzels, popcorn, M&Ms, etc.)
- Regular snack can be sent daily
- A pack of pull-ups (Velcro) and wipes (if applicable)

*Not required, but **Lysol wipes and spray** would be accepted as donations ☺.

Lunch: Your child may either bring his/her lunch from home or buy lunch from our cafeteria. Lunch may be paid online through the school's website. You may also send lunch money in a labeled envelope in your child's folder. www.edgewaterschools.org

Medical/Allergies/Dietary Restrictions: If your child is taking any medications or is allergic to anything (especially food), please inform Nurse Meeghan 😊

Toileting: Please let me know if your child needs help with any part of the toileting process. A bathroom is located inside our classroom. Please inform me if your child is able to request the bathroom or not. Your child will be taken to the bathroom at least after breakfast and lunch and additionally, as needed. If toilet training, he/she will follow a toileting schedule.

Home-School Communication: If you have not already, please accept the invitation on our Class Google Classroom Page where I will be sending you daily reports and messages as needed, in addition to emails.

- *Inside your child's folder, you will see one side labeled "Keep at Home" and another "Return to School." Please return homework and forms in the "Return to School" side.

Homework: Homework is to read daily ☺.

Thank you for your time and let's work together for a great year!

Ms. Alaina Donohue

Please Return

Information on family background/culture you want to share: _____

Dietary restrictions (due to religion or preference): _____

Known allergies: _____

Would you like your child to eat school breakfast? _____

Will your child get school lunch or bring from home? _____

Can request to use the bathroom? _____

Needs help with any part of the toileting process? If yes, how? _____

Personal identification questions for your child to learn:

Birthday: _____

Age: _____

Phone number: _____

Home address: _____

Mom's full name: _____

Dad's full name: _____

Other important family members' names (specify relationship: sibling, grandma, etc.):

Anything else you would like to tell me about your child: _____

Preference Assessment

<p>Please check what types of toys your child likes to play with the MOST:</p>	<input type="checkbox"/> cars/trucks <input type="checkbox"/> trains <input type="checkbox"/> dolls <input type="checkbox"/> balls <input type="checkbox"/> building blocks <input type="checkbox"/> Legos <input type="checkbox"/> marbles <input type="checkbox"/> puppets <input type="checkbox"/> books <input type="checkbox"/> dinosaurs <input type="checkbox"/> sea animals <input type="checkbox"/> Other: _____ _____ _____ _____ _____ _____	<p>Please check what types of activities your child likes to play with the MOST:</p>	<input type="checkbox"/> singing <input type="checkbox"/> dress up/pretend play <input type="checkbox"/> board games <input type="checkbox"/> arts and crafts <input type="checkbox"/> painting <input type="checkbox"/> playing musical instruments <input type="checkbox"/> dancing <input type="checkbox"/> riding a bike <input type="checkbox"/> Play Doh <input type="checkbox"/> cutting/gluing <input type="checkbox"/> riding in a car <input type="checkbox"/> going on a picnic <input type="checkbox"/> visiting relatives <input type="checkbox"/> going to the beach <input type="checkbox"/> going to the park <input type="checkbox"/> Other: _____ _____ _____
<p>Any toys your child really DISLIKES/is scared of?</p>		<p>Any activities your child really DISLIKES/is scared of?</p>	
<p>Please check your child's favorite shows/characters/YouTube videos/channels/websites.</p>	<input type="checkbox"/> PJ Masks <input type="checkbox"/> Paw Patrol <input type="checkbox"/> Peppa Pig <input type="checkbox"/> Daniel Tiger <input type="checkbox"/> Disney <input type="checkbox"/> Cars <input type="checkbox"/> Gumball <input type="checkbox"/> Baby Shark <input type="checkbox"/> PBSkids <input type="checkbox"/> TooToo Boy <input type="checkbox"/> Sid the Science Kid <input type="checkbox"/> Sophia the First <input type="checkbox"/> Peppa Pig <input type="checkbox"/> Other: _____ _____ _____ _____	<p>Please check your the foods/drinks your child likes the MOST:</p>	<input type="checkbox"/> Goldfish <input type="checkbox"/> graham crackers <input type="checkbox"/> pretzels <input type="checkbox"/> potato chips <input type="checkbox"/> veggies straws <input type="checkbox"/> cupcakes <input type="checkbox"/> cookies <input type="checkbox"/> M&Ms <input type="checkbox"/> apples <input type="checkbox"/> bananas <input type="checkbox"/> other fruits <input type="checkbox"/> water <input type="checkbox"/> milk <input type="checkbox"/> chocolate milk <input type="checkbox"/> orange juice <input type="checkbox"/> apple juice <input type="checkbox"/> Other: _____ _____ _____

Any shows your child really DISLIKES/is scared of?		Any foods/drinks your child really DISLIKES?	



- ❖ 3 Large Glue Sticks
- ❖ Pack of #2 Pencils
- ❖ Dry Erase Markers
- ❖ 2 Marble Notebooks
- ❖ 4 boxes of Tissues
- ❖ Pencil Box
- ❖ 1 3” binder
- ❖ Erasers
- ❖ Scissors
- ❖ Pencil Box
- ❖ Lysol Wipes
- ❖ Playdough
- ❖ 2 Folders