

PARK AVENUE METHODIST DAY SCHOOL

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PAMDS Incoming Student Information Sheet

To help the teachers best serve your child in the classroom, please fill out this form as completely as possible.

Child's Name _____ Date of Birth _____

Nickname _____ Parent's Names _____

Developmental History

1. Was there anything unusual about your pregnancy and delivery? Was your child full term? What was your child's birth weight? _____

2. Have there been any health or developmental problems since you filled out our application (i.e. hospital stays, allergies, medications)? _____

3. Has your child received any services through Early Intervention or privately for speech/language, OT, or anything else? _____

 1. Describe your child's speech and language development. _____

 2. How are your child's gross and fine motor skills? _____

4. Hand Dominance: Right Left Not yet established
5. Does your child take naps? _____
6. At what time does your child go to bed? _____ Wake up? _____
7. What are your child's eating habits (including meals, snacks, bottles)? _____

8. Where are you in the process of toilet training? _____

Family

9. Marital status/living arrangements of parents? _____

10. If separated, or divorced, to whom should school mailings be sent?
Bills Mother Father Both
Reports Mother Father Both

11. New Siblings? _____

12. Any changes in caregivers for your child? _____

13. Any noteworthy relationships with adults other than parent figures? _____

Child's Profile

14. Other than what you wrote on the application, is there anything we should know about your child's personality or temperament? _____

15. How does your child like to spend his/her time? _____

16. What kinds of things do you do together as a family? _____

17. How does your child comfort him/herself? Do they suck their thumb or use props? _____

18. How does your child express unhappiness, anger or frustration? _____

Social Experiences

19. Describe your child's relationship with:
Siblings _____
Peers _____
Other adults _____
20. If your child has already experienced a group setting, how do and your child feel about it? _____

21. Has your child had any separation from you? _____

21. Do you have any questions or concerns about how your child will separate from you in the fall? _____

22. What do you hope your child will gain from school at PAMDS? _____

23. At this point, have you thought at all about schools for your child after PAMDS? _____

24. Is there any other information about your child, or family, that we should know? _____

25. Any questions for your child's teachers or Brinton? _____

Thank you!