

# Amity Middle School Orange

Welcome to AMSO!



# Agenda

- Young Adolescence
- Introduction of Staff
- Program Overview
- Nuts and Bolts of Middle School



# Welcome to Adolescence!

- The Golden Age of Development
- Rapid and Profound physical and emotional changes between the age of 10 and 15.
- Learning to navigate the social world while trying to discover who they are and who they want to be
- Tremendous variability but the same age
- Academic success is high dependent on meeting their developmental needs.

# Administrative Assistants

## Main Office

Mrs. Kochiss

Mrs. Beedle

## Guidance Counseling Office

Mrs. Ford

## Library Media Center

Mrs. Cassesse

# Counselors & Psychologist

Mrs. Neubauer

Grade 7  
Counselor

Ms. McVey

Social Worker

Mrs. Zoppi

School  
Psychologist



# Grade 7 Core Academic Teachers

## Mathematics



Ms. Adelson

Mr. Pepe

## Spanish



Mrs. Hashemian



Mrs. Vigil

## English Language Arts



Mrs. Kantor



Mrs. O'Leary

## Science



Ms. Glezer



Ms. Arents

## Social Studies



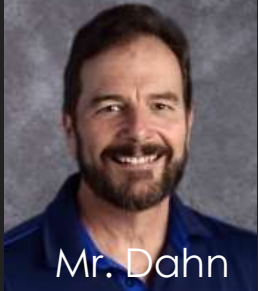
Ms. Sharkey



Mr. Williams

# Grade 7 Life Arts Teachers

**Technology  
Education**



Mr. Dahn

**Art**



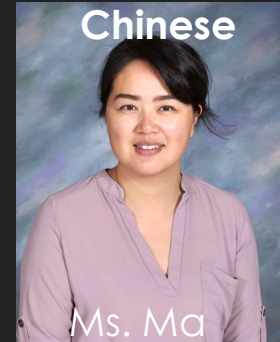
Ms. Casey

**Health**



Mr. Mills

**Mandarin  
Chinese**



Ms. Ma

**Strings & Choir**



Ms. Babecki

**Band &  
General Music**



Ms. Morace

**Physical Education**



Mr.  
Blumenthal



Ms. Hoffman



# Grade 7 Teachers

## Support Services

Reading



Mrs. Bshara



Mrs. Ceneri

Speech &  
Language



Mrs. Affinito

Library Media



Mrs. Yeakel

Special  
Education

Ms. Eighmy

Mr. Derickson





**Mrs. Masella**

School Nurse



# Health Forms


**State of Connecticut Department of Education**  
**Health Assessment Record**


To Parent or Guardian:  
 In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part 1) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part 2) and the oral assessment (Part 3).  
 State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physician assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.D.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

*Please print*

|  |   |            |   |
|--|---|------------|---|
| Student Name (Last, First, Middle)   |   | Birth Date | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address (Street, Town and ZIP code)  |   |            |   |
| Parent/Guardian Name (Last, First, Middle)   |   | Home Phone | Cell Phone  |
| School/Grade   | Race/Ethnicity <input type="checkbox"/> Black, not of Hispanic origin<br><input type="checkbox"/> American Indian/<br>Alaskan Native <input type="checkbox"/> White, not of Hispanic origin<br><input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other |            |   |
| Primary Care Provider  |   |            |   |
| Health Insurance Company/Number* or Medicaid/Number*                                     |   |            |   |
| Does your child have health insurance? Y N<br>Does your child have dental insurance? Y N |   |            |   |

\* If applicable

**Part 1 — To be completed by parent/guardian.**  
**Please answer these health history questions about your child before the physical examination.**  
 Please circle Y if "yes" or N if "no." Explain all "yes" answers in the space provided below.

|  |     |   |          |                                 |     |
|--|-----|---|----------|---------------------------------|-----|
| Any health concerns  | Y N | Hospitalization or Emergency Room visit | Y N      | Concussion                      | Y N |
| Allergies to food or bee stings  | Y N | Any broken bones or dislocations        | Y N      | Fainting or blacking out        | Y N |
| Allergies to medication  | Y N | Any muscle or joint injuries            | Y N      | Chest pain                      | Y N |
| Any other allergies  | Y N | Any neck or back injuries               | Y N      | Heart problems                  | Y N |
| Any daily medications  | Y N | Problems running                        | Y N      | High blood pressure             | Y N |
| Any problems with vision   | Y N | "Mono" (past 1 year)                    | Y N      | Bleeding more than expected     | Y N |
| Uses contacts or glasses   | Y N | Has only 1 kidney or testicle           | Y N      | Problems breathing or coughing  | Y N |
| Any problems hearing   | Y N | Excessive weight gain/loss              | Y N      | Any smoking                     | Y N |
| Any problems with speech   | Y N | Dental braces, caps, or bridges         | Y N      | Asthma treatment (past 3 years) | Y N |
| <b>Family History</b>  |     | Seizure treatment (past 2 years)        |          |                                 |     |
| Any relative ever have a sudden unexplained death (less than 50 years old) |     | Y N                                     | Diabetes |                                 | Y N |
| Any immediate family members have high cholesterol                         |     | Y N                                     | ADHD/ADD |                                 | Y N |

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

School District \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**SCHOOL MEDICATION AUTHORIZATION**

Connecticut State Law and Regulations 10-212(a) require a written medication order of an authorized prescriber, (physician, dentist, optometrist, advanced practice registered nurse or physician's assistant, and for interscholastic and intramural sports only, a podiatrist) and parent/guardian written authorization, for the nurse, or in the absence of the nurse, a qualified school personnel to administer medication. Medications must be in the original properly labeled container. Prescription medication should be in the labeled container dispensed by a pharmacist.

This authorization is in effect for the school year: 2021-2022 The school year is from July 1<sup>st</sup> - June 30th

Self administration of asthma inhalers and cartridge injectors (for medically diagnosed allergies) may be authorized by the prescriber and parent/guardian. All other medications considered for self-administration must be approved by the school nurse in accordance with Board policy to confirm student safety and competency with medication procedure.

**Prescriber's Authorization**

|   |             |   |  |
|---|-------------|---|--|
| Name of Student _____   |             | Date of Birth _____   |  |
| Condition for which medication is indicated: _____  |             | Medication Allergies <input type="checkbox"/> NKDA <input type="checkbox"/> Yes:                                      |  |
| Medication: _____   | Dose: _____ | <input type="checkbox"/> mg <input type="checkbox"/> puff <input type="checkbox"/> amp <input type="checkbox"/> other | Route: <input type="checkbox"/> PO <input type="checkbox"/> GT / NGT <input type="checkbox"/> Inhal <input type="checkbox"/> With Spacer |
| Time of Administration _____ <input type="checkbox"/> AM <input type="checkbox"/> PM  |             | Side Effects: <input type="checkbox"/> Not relevant   |  |
| If PRN, frequency, _____ Q _____ Hours  |             | Provider Name & Phone/Fax Numbers (printed or stamped)  |  |
| <b>Prescribers Authorization for Self-Carry</b><br><b>Prescriber's Authorization for Self-Administration</b><br>Confirms that the student has been instructed to safely and properly administer this medication |             | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Prescriber's Signature _____ Date: _____  |             |   |  |

**Parent/Guardian Authorization**

I give my permission to have the above ordered medication be administered by school personnel. I understand that I must supply the school with no more than a 3 month supply of medication for students who **do not self carry** I understand that this medication will be destroyed if not picked up within one week following discontinuation of the medication or the last day of school, whichever comes first.

I also give my consent for the exchange of information between the prescribing health care provider and school nurse, as needed for the safe administration of this medication and the safe management of the condition for which it is prescribed.

|  |                    |
|--|--------------------|
| <b>Parent/Guardian Authorization for Self-Carry/Self-Administration as per MD order above</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| Parent/Guardian Signature: _____   | Date: _____        |
| Parent's Home Phone# _____   | Work/ Cell # _____ |



**In addition to the immunizations your child already has..**

- T-Dap
- Meningococcal

# “Jackie’s Nine” Character Traits

- Determination
- Persistence
- Justice
- Integrity
- Commitment
- Citizenship
- Teamwork
- Excellence
- Courage



# Advisory

- The Amity Middle School Orange Advisory Program supports the personal growth of each student while fostering character development and a culture of connectedness within our school community.
- Groups of approx. 10 students led by faculty advisor
- Focus on team-building and community

# Daily Schedule 7:34am – 2:18pm

## Every Day

- English
- Math
- Science
- Social Studies
- Spanish
- Life Arts (Health, Art, General Music, Technology Education)
- Academic Success

## Alternating Days

- Physical Education
- Support Services
- Elective Courses



# Cafeteria

- 22-minute lunch period
- Eat with friends, no assigned seats
- Lunch account on MyPaymentsPlus – swipe student ID card to pay
- Menus available online & on morning announcements

# After-School Activities

- Clubs
- Athletics
- Extra help
- Late buses are available most Tuesdays and Thursdays, departing school around 3:30 pm.
  - Students must sign up in advance for the late bus.

# Clubs

- Astronomy Club
- Book Chat Café
- Community Craft Club
- Debate Team
- Garden Club
- Jazz Band
- Literary Magazine
- Math Team
- School Newspaper
- Student Council
- Yearbook



# Technology

- 1:1 student laptop computers

\*Save The Date! August 16, 2022 is the date for laptop pickup.

- Google Classroom

- PowerSchool

- Weekly email newsblast

## Next Steps

- Complete online registration (**deadline March 25**)
- Upload immunization form via PowerSchool (**deadline August 19**)

# Looking Ahead

- Laptop computer pickup August 16, 2022
- First day of school August 29, 2022



# Web Site - [www.amityregion5.org](http://www.amityregion5.org)

