

**Adverse Childhood Experience (ACE) Information**  
**OPTIONAL ENROLLMENT FORM**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

**Please note, it is not necessary for you to tell us the actual ACE events, the score alone will allow us to offer increased services to your child if needed.**

My child's score is (circle one)      0      1      2      3      4 or more

**If your child's score is a three or more, please consider completing the consent for counseling below:**

I give permission to the Sheridan School District to provide counseling services to my child,  
\_\_\_\_\_ (Student's name). I understand I may revoke consent in writing at any time.

Please check those for which permission is given:

\_\_\_\_\_ Individual counseling, as needed

\_\_\_\_\_ Small group counseling

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**If your child's score is above a zero and you'd like to receive information regarding prevention of ACEs and tools for building resiliency, please indicate below:**

\_\_\_\_\_ Please mail me information on preventing ACEs. My mailing address is: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Please phone me to discuss prevention of ACEs. My phone number is: \_\_\_\_\_

The best day and time to reach me is: \_\_\_\_\_

**If you would like to receive information from our Social Worker regarding food benefits, housing assistance, cash assistance or daycare subsidies, please indicate below:**

\_\_\_\_\_ Please phone me to discuss available services. My phone number is: \_\_\_\_\_

The best day and time to reach me is: \_\_\_\_\_