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| --- | --- | --- | --- |
| Student Name: |  | Date of Birth: |  |
| Grade: |  | Teacher: |  |

The goal of the DISC Village’s Health and Wellness Program is to help students make constructive choices to increase positive and responsible behavior both at school and in the community. The program uses evidence based curriculums in small-group sessions and/or individual visits that include the following topics:

* Self-esteem
* Coping skills
* Positive Decision-making
* Anger management
* Positive peer/family relationships
* Academic Success
* Stress Management
* Personal responsibility
* Communication Techniques
* Dangers of alcohol, tobacco, & other drugs

Prior to enrollment in the program, your child will engage in a screening process that includes questions to best identify program placement. This process includes the completion of surveys that ask questions related to the following:

* Adverse Childhood Experience (ACE Questionnaire)
* Previous Substance Using Behaviors
* Previous Symptomology of Mental Health Challenges
* School Engagement / Attendance
* Self-report of quality of peer/family relationships

Additional tools may be used at the discretion of the Health and Wellness Specialist Assigned to the school location. To obtain a copy of the specific document utilized at your school, please contact the Health and Wellness Specialist assigned below. (<https://www.cdc.gov/violenceprevention/aces/fastfact.html>; <https://www.chcs.org/media/TA-Tool-Screening-for-ACEs-and-Trauma_020619.pdf>)

Your student will meet with **Dominique Payne, MSW**, Health and Wellness Specialist with DISC Village, at least **one time each week** during lunch or an elective period (with the exception of test days). Should your child miss any classwork, he/she will need to make it up with the teacher. The Health and Wellness Program also offers in-school tutoring.

For additional information on the Health and Wellness Program at **SAIL High School** please contact:

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| 2006 Jackson Bluff Rd, Tallahassee, FL 32304 |
| (850) 488-2468 |

***Confidentiality: All information discussed in program sessions amongst participants and Health and Wellness Specialists will be kept confidential unless the student discloses abusive activities/behaviors or intent to harm themselves or others. The Health and Wellness Specialist will not discuss any information disclosed in a confidential session unless consent is provided by the participant.***

I certify that I am the Parent/Legal Guardian of the above mentioned student and I hereby grant permission for my child to join the Health and Wellness Program.

|  |  |
| --- | --- |
| Parent Name: |  |
| Phone Number: |  |
| Email: |  |

**X**

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|  |  |  |  |  |
| **Parent Name** *(print)* |  | ***Parent Signature***  |  | ***Date*** |

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|  |  |  |  |  |
| **Health and Wellness Specialist Name** *(print)* |  | ***Health and Wellness Specialist/Credentials***  |  | ***Date*** |