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The Importance of Social Skills Instruction for Students With a High Number of Adverse Childhood Experiences (ACEs)

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The Importance of Social Skills Instruction for
Students With a High Number of Adverse
Childhood Experiences (ACEs)

A Project Presented to the Graduate Faculty Of
Minnesota State University Moorhead

By

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In Partial Fulfillment of the Requirements For the
Degree of Masters of Science in Early Childhood
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Abstract

The purpose of this action research study was to discover the importance of using small group instruction in the area of social skills with students who have multiple adverse childhood experiences (ACEs). Classroom teachers filled out a questionnaire about students to the best of their knowledge that relates to ACEs. The classroom teacher then used an IBRST (individualized behavior rating scale) to determine the student's ability to follow CHAMPS (Conversation, Help, Activity, Movement, Participation, and Success) expectations in the classroom. I compared IBRST scores of students with little to no ACE exposure to those of students with high ACE exposure. The classroom teacher then provided small group instruction in the area of social skills to those students with high ACE scores and were able to track whether or not this is beneficial to those students. We could see that students with high ACE scores raised their IBRST scores and that there is a correlation between these scores and the importance of classroom teachers completing the questionnaire on students each year and instructing in the area of social skills.

Chapter One

General Problem/Issue

The beginning of the school year is always an exciting time as we get to meet our new students. All our students come through our door with a different background which consists of who they live with at home, the values that have been instilled in them, who their friends are, and all of the different experiences they have had up to that point in their life. What we often come to find is that many of our students come to us experiencing some sort of traumatic event, if not multiple. These traumatic events can greatly affect how a student performs and acts in our classroom and as educators it is important to understand that these students may have experiences that are very different from our own.

Some of these traumatic experiences are known as adverse childhood experiences, or ACEs. These experiences are events that we wish would never happen to our students, but they are real and it is important for educators to open their eyes to these situations. It has been found that there are studies done to understand the effects of ACEs in adulthood, but rarely do we find information about how these traumatic events affect our young students as they walk into the classroom setting (Blodgett & Lanigan 2018).

I currently work as a special education teacher and every year I have students of all ages walk through my door. Many of these students that I work with struggle in the classroom socially and many of these students would score very high on an ACE questionnaire. This is the reason why I wanted to know the importance of identifying students with traumatic backgrounds and how this affects their performance in school academically and socially. If we can begin to understand this concept and put on our trauma lens, then we will be able to better help our students in the future.

Subject and Setting

Description of Subjects. In this study used students from kindergarten to 5th grade who are on an IEP or receive tier 3 intervention at an elementary school in eastern North Dakota. The participants were sorted into two groups: students with ACE scores of 0-3 and students with ACE scores of 4 or more. I chose these two groups because studies show that ACE scores of 4 or more show an increased risk of health and social problems.

Selection criteria. The students for this study are enrolled at an elementary school in grades K-5 during the 2020-2021 school year. Students qualified based on their ACE score and the scores of their IBRST. Teachers completed small group social skills instruction with those students that had ACE scores of 4 and low scores on the IBRST. Students will be considered to have a low score on the IBRST if they score below an 80% which means students would not be following expectations for 20% or more of their day.

Description of setting. This study was conducted in an elementary school in eastern North Dakota. The district as a whole has 10,569 students enrolled. Of the students, 73% are Caucasian, 16% are black, 4% are Hispanic, 4% are Asian, and 3% are American Indian. 12.3% of students are in special education and 30% qualify for free and reduced lunch. The elementary school where this study will be conducted, there are 522 students enrolled. 30% qualify for free and reduced lunch, 13.7% are in special education, and 6.9% of the students are English language learners.

Informed consent. I received consent from the Institutional Review Board at Minnesota State University Moorhead and the school district. In the West Fargo Public School district, I received permission from the assistant superintendent and the principal of the elementary school.

Protection of human subjects that participated in this study is assured. Participants and their parents were informed of the study, the purpose of the study, and any procedures. Confidentiality was protected through the use of a numbering system without any identifying information. The participants were made aware that they could withdraw from the study at any time. The participants were minors so permission was obtained from their guardians before starting the study.

Definition of Key Terms

Three terms often used throughout this paper include **IEP**, **IBRST**, and **tier 3 intervention**. **IEP**: an individualized education plan which is created for students who qualify for special education. Their IEP lays out a student's goals, whether academic or behavioral, that they will work on throughout the school year. **IBRST**: an individual behavioral rating scale tool. An IBRST can have one or more areas to rate a student on and they can earn anywhere from a 1 being the lowest and a 5 being the highest. **Tier 3 intervention**: the highest intervention in the response to intervention model. Tier 3 intervention is the most intense and includes small group or one-on-one instruction.

Chapter Two

Review of Literature

As educators in the public-school system, we come across students from many different walks of life. It is our job when they walk into our classroom to welcome all and teach all students so that they can grow academically and become prepared for the next year of schooling. Little do we know at the beginning of the year is that many of our students will come in with adversity and trauma, otherwise known as, adverse childhood experiences (ACEs) that can make learning more difficult. These students may come in unprepared and may have lower academic skills. It is up to the educator to help these students and give them the intense interventions needed in order to guide them to academic success.

Adverse childhood experiences. Adverse childhood experiences, also referred to as ACEs, are traumatic events involving abuse and neglect that occur before a person turns 18. These events can create lasting negative effects. When taking an ACE questionnaire, you will find questions on the following topics: emotional abuse, physical abuse, sexual abuse, substance abuse, poor treatment of mother, mental illness, separation or divorce, incarcerated household member, emotional neglect, and physical neglect (CDC, 2019). A study done in 1998 at the Kaiser Permanente's San Diego Health Appraisal Clinic found that more than half of the participants reported at least one ACE exposure (Anda et al., 1998) and has continued to be proven by other studies including one completed in 2018 by Sacks and Murphey which showed that just under half of the participants (45 percent) had at least one ACE. These studies also show that the higher number of ACEs a person has the more likely they are to be at risk for lasting health risks into their adulthood.

Lasting health effects. Research shows that the more ACEs a person has the more that they are at risk for health problems later on in life. Anda et al. (1998) state that those participants with 4 or more ACEs were at higher risk of health problems such as alcoholism, depression, and obesity than those who had no ACEs at all. Their study showed a direct correlation between the number of ACEs and the chance of health risks, meaning that as children have more and more of these traumatic events occurring in their life before they turn 18 then they are more likely to suffer risky behaviors, chronic health conditions, low life potential, and early death in their adulthood (CDC, 2019). The CDC states, “The presence of ACEs does not mean that a child will experience poor outcomes. However, children’s positive experiences or protective factors can prevent children from experiencing adversity and can protect against many of the negative health and life outcomes even after adversity has occurred.”

ACE scores and their impact on learning. As educators, it is important to learn about ACEs and how they can affect our students. It is our job to teach all students to the best of our ability which means knowing our students and how to best help them. Understanding that these students may come from a traumatic background and may have a harder time learning in our classroom means having to create a classroom culture where all students feel safe, comfortable, and respected in order to help them be successful. If an educator does not take the time to really get to know their students then they may not know where a student is coming from before they enter the classroom. I had previously talked about two studies that confirmed half or just under half of the participants had at least one ACE exposure. A study completed in the state of Washington across 10 schools found that forty-four percent of their students had at least three ACEs (Blodgett & Lanigan, 2018). While this may be a high number if compared to other states or even other schools in the state of Washington it is important to be aware these same or similar

numbers may be in our own classrooms. Not only do these traumatic events affect people later in life but they also affect students through low attendance and lower academic success.

Prevalence. The study completed by Blodgett and Lanigan (2018) was completed in the state of Washington over 10 schools with students in kindergarten through 6th grade. For the study, they had a random sample of 2,101 students. For this study, the most prevalent ACE exposure was divorce between parents at thirty-six percent of participants. Divorce between parents landed as number two in the Sacks and Murphey study and economic hardship was the most prevalent ACE exposure (Sacks & Murphey, 2018). Blodgett and Lanigan were also able to show how ACE scores were related to race although there were only two specified race groups: white and other racial groups. There were 1,647 white students with a mean ACE score of .9 and 454 students of other racial groups with a mean ACE score of 1.2.

Academic success and attendance. Not only is it important to understand and know the types of adversity our students go through, but it is also important to understand how that adversity and trauma affects them on a day-to-day basis as they enter our classrooms. Blodgett and Lanigan (2018) showed that of all the participants, forty-nine percent had reported at least one academic concern and thirty-four percent of the students were not meeting grade level standards in reading, math, and/or writing. Students with only one ACE exposure had a mean ACE score of 1.1 while those showing two or three academic concerns had a mean ACE score of 1.9. When looking at attendance, they looked at absent days, late arrivals, and early dismissals that ended up interfering with the student's education. Thirteen percent of the students showed attendance concerns. The mean ACE score of students with no attendance concerns was .8 while those with attendance concerns had a mean ACE score of 1.8. This information shows that when

students have higher ACE scores they are going to be at a higher risk for attendance and academic issues.

Conclusion

I find that it is important for all educators to learn about adverse childhood experiences because we know that these traumatic events can affect any student that steps into our classroom. I have only been teaching for three years at the preschool level and I myself have seen an increase in students coming in with trauma. These adversities change how they come to school every day and change the way that a student can learn. Knowing more about the child's background helps us to be more sensitive to the students' needs and more understanding and aware of the help that they need before we are going to be able to reach them academically. The study done by Blodgett and Lanigan showed how important it is to look at the students we have and the ACEs they may have coming from home because you can see that those with trauma have lower academics and lower attendance records. Because they were not able to send home questionnaires to families, they had to rely on school personnel to score a student's ACEs and they know that because they may not have all the information, student's ACE scores may be even higher than what the study shows (Blodgett & Lanigan, 2018). These students are going through so much when they are not at school that it is our job to create an environment where these students can come and be welcomed and be successful. Blodgett and Lanigan (2018) state it best when they said, "Results suggest that understanding and responding to a child's ACE profile might be an important strategy for improving the academic trajectory of at-risk children."

Chapter Three

Methodology

Research Questions

As a special education teacher, it is my job to help students function appropriately in the classroom which means giving them tools so they know how to socialize, how to act in a classroom, and how to persevere through academic work such as reading, writing, and math. While many would not expect it, many of my students come in with having experienced many traumatic events in their life and it has made a difference in how they learn and participate at school. Because of the increase in trauma, I have seen I wanted to be able to answer the following questions:

1. Are students with high ACE scores less likely to have the tools to function appropriately in the classroom setting?
2. Can students with high ACE scores learn to function appropriately in the classroom with intense intervention?

Answering these questions helped me to better understand the students that walk into my classroom and better understand how to help them learn in a non-stressful environment.

Hypothesis Statement

It is hypothesized that students with ACE scores of three or less are going to have higher social skills and a greater ability to function in the classroom than those with ACE scores of four or more. With intense response to intervention (RTI) in social skills, students with ACE scores of four or more will have a greater ability to function in the classroom and will gain the tools in order to align with their peers who have ACE scores of three or less.

Research Plan

Methods and rationale. All students that participated will had a questionnaire filled out by their classroom teacher to determine the student's ACE score (Appendix A). Students with low ACE scores did not receive the intervention for the study but information about their ACE score and their social success was used in the study. Teachers also filled out an IBRST on all students. Students with scores below 80% on the IBRST and with ACE scores of 4 or more received intervention from their classroom teacher. The interventions were 15 minutes each day and were geared toward different areas of social skills such as raising your hand, completing work, appropriately talking to peers and other skills that would help students with CHAMPS (Conversation, help, activity, movement, participation, and success) expectations. Baseline data was collected and then teachers filled out the IBRST once a week to see if students were improving in their skills.

Schedule. The IBRSTs were filled out for each student before any social skills group started to gain a baseline. Teachers that chose to participate were expected to fill out the questionnaires one month into the school year to give them a chance to get to know their students and their families. The questionnaires were filled out based on the information that they know from families and from their academic files. They were not be expected to ask the questions to families. Once the baseline IBRSTs had been completed, teachers filled out one IBRST per week for 6 weeks.

Ethical issues. An ethical issue that could have come up was parents and/or teachers being uncomfortable with the information that was being shared. Although confidential, it is still very sensitive information. Students could also have experienced stress from being pulled out of the classroom setting to perform interventions.

Anticipated response. If these issues had arose, I would have addressed them in a professional manner. I would have reminded parents and educators that the information will remain confidential as I will not have any identifiable information of the student. I would also remind them that they have the right to withdraw from the study at any time at which time the information gathered would then be shredded. As for students and their stress, it would have been important to treat interventions like a game and to complete the interventions in small groups so the students have somebody else to complete the intervention with.

Chapter Four

Research Questions

For this study, I wanted to know if, overall, students with high ACE scores were less likely to have the tools to function appropriately in the classroom causing them to have a higher instance of behaviors. I tracked this by collecting an ACE score and a baseline CHAMPS score for all students that our department serves. I also wanted to know if those with high ACE scores had the ability to learn how to appropriately function with their same-aged peers in the classroom. Students were able to receive small group social skills instruction and their CHAMPS scores were monitored weekly through an IBRST filled out by the teacher.

Findings

The selection criteria for the study required students to have an IBRST score below 80%. This decision was made since students are expected to follow classroom expectations 80-100% of the time. If students average lower than 80% then they are typically considered not able to function appropriately in the classroom. The first question I wanted to answer was whether students with high ACE scores were less likely to function appropriately in the classroom. When looking at Table 1, you can see that the students with a score of 4 or more were able to follow classroom expectations an average of 64% of the time, the lowest of the scores.

Table 1

Ace Score Compared to the Average IBRST Score

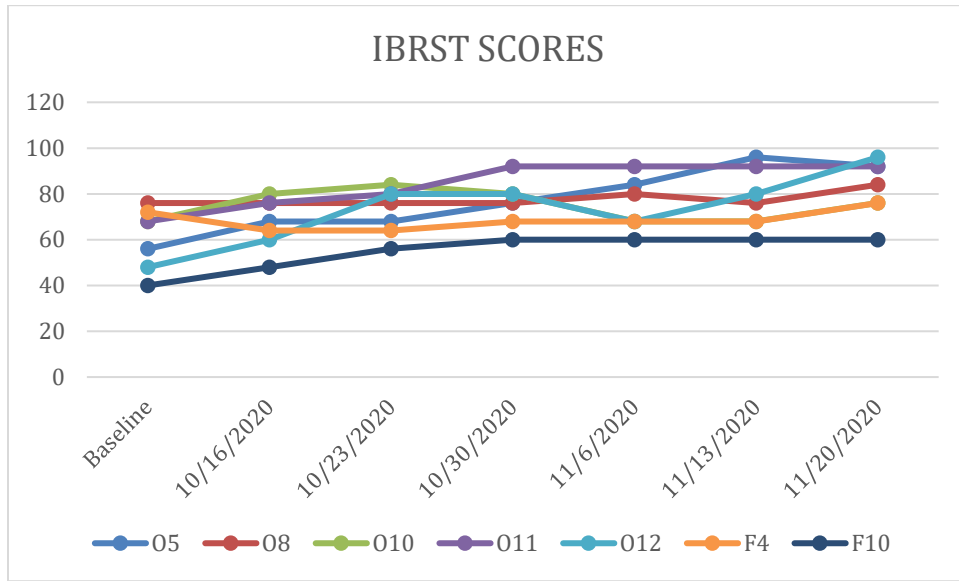
Ace Score	Number of Students	Average of IBRST Score
0	17	72%
1	4	73%
2	2	72%
3	2	78%
4 or more	8	64%

Note: Table 1 shows the average baseline IBRST score for each group of ACE scores. It shows that those with an ace score of 4 or more have the lowest IBRST scores.

The second question that I wanted to answer was whether or not students with high ACE scores had the ability to learn how to follow classroom expectations with small group social skills instruction. During this study, I tracked the progress of 7 students who had 4 or more ace scores and began with a baseline IBRST score below 80%. Figure one shows the weekly data for each student over a 6-week period. Table 2 shows the percent of change for each student over the period of this study. All students made progress during this study with their ability to follow classroom rules and procedures. Four of the students were able to score over 80% which brings them to the a level where students should be in order to participate in the classroom.

Figure 1

Weekly IBRST Scores



Note: Figure 1 shows the IBRST scores of the 7 students who met the selection criteria for this study. It shows the IBRST scores for the baseline and for the following 6 weeks of the study.

Table 2

Percentage of Change of Students With Intervention

Student Number	Baseline IBRST	Ending IBRST	Percent of Change
O5	56%	92%	+36%
O8	76%	84%	+8%
O10	68%	76%	+8%
O11	68%	92%	+24%
O12	48%	96%	+48%
F4	72%	76%	+4%
F10	40%	60%	+20%

Note: Table 2 shows the beginning and ending IBRST scores for the seven students who met the selection criteria for this study. It shows the percentage that each student increased over the 6 weeks.

Interpretations

With this information, we can conclude that students with high ACE scores come to school less likely to have the tools to follow expectations in the classroom. With small group intervention of social skills, these students have the ability to increase their percentage of on-task behaviors and eventually have the skills to follow the same expectations as their same-aged peers. While some have made slower progress, all students have the ability to learn expectations and appropriate behaviors even with a traumatic background.

Expected results. Earlier, I had hypothesized that students with ACE scores of three or less were going to have higher social skills and a greater ability to function in the classroom than those with ACE scores of four or more and that with intense response to intervention (RTI) in social skills, students with ACE scores of four or more would have a greater ability to function in the classroom and would gain the tools in order to align with their peers who have ACE scores of three or less. We can see through the data that the results came out as expected with students making gains in the area of social skills and appropriate classroom behavior.

Limitations. While I found the expected results through this study, there were some limitations that may have potentially changed the outcome of the study. These limitations include the population of students I had access to and the effects of COVID-19 on how our school year looked in the beginning.

Population. For this study, I only had access to students who were on an IEP or in tier 3 intervention. Because of this, it was easier to complete social skills interventions since they were already coming out of the classroom whether for behavior management or academics. This study could be duplicated in the general education classroom but due to the demands of academics, teachers would have a hard time finding room to fit in a social skills intervention.

From the results, we know that this type of intervention is important but not all teachers have the time or the resources to complete it with fidelity.

COVID-19. A big factor into this study was the COVID-19 pandemic. Because of the pandemic, we started school two weeks late and students only came to school two days a week. The results of this study might look very different for each of the students tracked. Those who showed minimal change may have had a higher percentage of change if they were given more time to learn skills in person. Those who had a greater change may have done so because of small class sizes or the fact that they only had to come two days a week. Now that we are back four days a week, I will continue to track the progress of these students to see if the results continue to stay the same.

Chapter Five

Plan for Sharing

My interest for learning more about ACEs began during my third year of teaching when I had a classroom full of students with very traumatic backgrounds. I had to adjust my teaching and it took almost half of the year to really understand the students and learn how to manage the classroom. At the time, I had a slight understanding of ACEs and had a hard time learning how to reach the students. After having these students, I really wanted to learn more about ACEs and how they would influence my teaching in the future. After this school year, I moved districts.

When I moved to my new district, all staff were required to take a trauma sensitive schools training in their first year. At this training we spent the day learning about what ACEs were and how we could look out for this type of trauma in our students. Working in special education, I became even more interested in the topic as we have students who come through that appear to have a disability but in reality have trauma. While the one training was great, I believe that we as a district can do more with it.

I plan to take my research and everything that I have learned to my building principal to collaborate on some professional development time throughout the school year. I would like to incorporate it throughout the year with a review of the trauma sensitive schools at the beginning of the year and then showing the results from the study at a following professional development. Throughout the school year we could then follow up with discussions of what we are seeing in the classroom and how we can support teachers who are struggling with students in the area of trauma.

I would also like to bring this research to a district level. Our assistant superintendent seemed very interested in the topic when I presented it to her earlier this year. I would like to

share my findings with her and discuss how we can better serve teachers to help students with backgrounds that we may not be familiar with. I believe that with this information, we can take multiple components that we use in the district and put them together to better help all of our students.

Plan for Taking Action

As mentioned above, I would love to be able to present this study during professional development. I believe that it can be taken further and be implemented into each classroom at our school. We can begin the year by reviewing ACEs, this study, and having conversations as a building about how we can help our students. Teachers would have the opportunity to look over the questionnaire and the IBRST form. They would get to take the first month of school to get to know their students, answer the questionnaires, and to complete the IBRST forms for each of their students. I know that teachers do not want or need extra things to do in their classroom so I would have to create some sort of buy in for the teachers. I believe that the data alone will show that the extra work at the beginning of the year will create for an easier time later in the school year. It will then be explained how to create their groups and that they will then run a short social skills group with these students.

Once teachers have collected the data they will then create the groups within their classroom and begin to run a social skills group. There will not be a set number of times in the week or a set number of minutes as teachers may only be able to find 5-10 minutes here and there throughout their week. Teachers will gear these groups to meet the skills their students need to learn in order to have appropriate behaviors in the classroom.

Teachers will come together at our monthly professional development and we will devote 30 minutes of that time to the new initiative for the year. Teachers will begin discussing things

that are going well and areas that they are struggling with. Other teachers are welcome to share ideas that they have tried in their small groups. We will then begin to brainstorm common topics or skills that seem to arise within their groups. Teachers will work together to create lesson plans to fall under those common skills in order to build a small library of lessons. We would continue this conversation throughout the school year taking just a little bit of time when we all meet to learn from each other and to be more aware of the trauma that is within our schools. I envision this to be an ongoing initiative that will just become common practice within our school. While teachers may not continue to do the IBRST or the questionnaire, I believe that the small group social skills and mental health groups are just as important as any small group academic work.

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Appendix A

Adverse Childhood Experience Questionnaire		
Does the student not have enough to eat at home and/ or come to school in dirty clothes?	Yes	Not to my knowledge
Are the student's parents divorced or separated?	Yes	Not to my knowledge
Does the student live with anyone that has or had problems with alcohol or drugs?	Yes	Not to my knowledge
Does the student live with anyone that is known to have any mental illness?	Yes	Not to my knowledge
Is there a member of the student's household that has been or currently is in prison?	Yes	Not to my knowledge
Has the student's mother ever been abused?	Yes	Not to my knowledge
Has the student ever been homeless or highly mobile?	Yes	Not to my knowledge
Has the student ever had a CPS referral or out-of-home placement?	Yes	Not to my knowledge
Has the student experienced death of a primary caregiver?	Yes	Not to my knowledge
Has the student been witnessed or been a victim of domestic violence in the past?	Yes	Not to my knowledge

*This questionnaire has been adapted from the original questionnaire used in the study completed by Kaiser

Permanente found on the ACEs Response website and the Blodget and Lanigan study.