

**Dear Parent or Guardian:**

The counselor at your child’s school in cooperation with a Youth Counselor from HopeWest Kids, will co-facilitate a six to eight week grief group for students at your child’s school.

Any student who has experienced the death of a special person is welcome and encouraged to attend. There are no limitations to attendance such as relationship to the deceased, the length of time since the death or the cause of death. The only criteria are that the student feels the death has impacted their life in a significant way.

Each session will include grief education and small group discussion. Activities such as writing, art, and literature will assist participants in coping with issues of grief and loss.

**Has your child's life been touched by the death of a loved one?**

Some common reactions to loss are:

- A decline in school performance.
- Changes in behavior. Your child may react to situations in an unusual manner, such as being angry more frequently and with little apparent reason.
- Changes in sleeping and eating patterns.
- Feeling that nobody understands.

**Your child is invited to attend the grief group now being formed.**

Group will be held:

-

Although, initially, attending a group can feel awkward, it provides the opportunity to spend time with other kids or teens who have had a similar experience and to learn from and support one another.

**School groups are beneficial for kids for a variety of reasons:**

- Grief can interfere with academic performance.
- A grieving kid may have trouble focusing on schoolwork.
- The sense of isolation is eased when they learn that fellow students have also experienced a loss.
- Kids tell us that they are not talking about the death at home for fear of causing sadness and pain. The goal of group is to ease that fear and encourage conversation with family about the death.
- A school group introduces kids to other programs of HopeWest Kids.
  - **Forget- Me- Not** family group-the entire family is invited to attend an 8-week group where adults not only have the opportunity to express their own grief but to learn how to support their children.
  - **Equine groups**-These are specialty groups which include working with horses.
  - **Summer camps** for all school age children and teens
  - **Individual and family counseling**

**For more information about HopeWest Kids programs please call 970-245-5377.**

**Informed Consent**

I understand that much of the information my child shares will be confidential, but that I can expect the counselor(s) to share general information with me about the progress of my child in his/her coping process. I give my permission for HopeWest Kids’ counselors to talk my child’s teacher and/or school counselor as needed.

I \_\_\_\_\_ give my consent for \_\_\_\_\_ to participate  
 (parent or guardian) (child)

in grief group at school.

By checking this box, I give consent for my child to participate in grief group and confirm that I have legal authority to consent for counseling.

**Child's Name:** Last: \_\_\_\_\_, First: \_\_\_\_\_

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Age:** \_\_\_\_\_

**Gender:**  F  M

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Ethnicity:**  Caucasian  Hispanic  Asian  African American  Other:

**Address:** \_\_\_\_\_

Street

City

State

Zip

**Name of parent/guardian:** \_\_\_\_\_

**Phone:** home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

**Name of Deceased:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Date of death:** \_\_\_\_\_

**Cause of Death:** \_\_\_\_\_

1. Other emotionally significant changes:

Change of home

Change in family structure

Change of school

Loss of pet

School problems

Death of any other family member or friend

Comments: \_\_\_\_\_

2. Did the child:

Attend the death

Attend the viewing or rosary

Attend the funeral/memorial service

Comments: \_\_\_\_\_

3. School/Peer influences:

Peers know about the death

School personnel attended funeral

Peers are supportive

Does your child know anyone his/her age who is grieving?

Comments: \_\_\_\_\_

4. Signs of the following feelings:

Sadness

Anger

Confusion

Guilt

Other

Comments: \_\_\_\_\_

5. Has the child experienced any of the following as new behaviors since the death?

Changes in health/energy levels

Bedwetting

Changes in sleeping patterns

Temper tantrums

Experiencing nightmares

Changes in appetite

New fears or phobias

More withdrawn

Comments: \_\_\_\_\_

6. To what extent is the child included in family discussions related to the death?

Some

A great deal

Not at all