School-Based Grief Support Group Registration

Date: _____

Parent/Guardian Name: _____

Relationship to Youth: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email Address: _____

Youth who will be participating in the group:

Child/Teen Full Name	Date of Birth	Age	Grade

Are there any language, disability and/or religious needs we should be aware of? ____ No ____ Yes *(please explain):*

_____

_____

Are there any other special needs, family customs or cultural aspects we should be aware of? ____ No ____ Yes *(please explain):* _____

_____

Name of the person who died: _____

Relationship to youth: _____ Date of death: _____

Cause of death: _____ Age at death: _____

Was/were the child(ren)/teen(s) living with the person at the time of death? ____ No ____ Yes

If not, how long had it been since the child(ren)/teen(s) saw this person? _____

Was this person's death sudden or anticipated? (*Please explain):* _____

_____

_____

Was the child(ren)/teen(s) present at the time of death? ____ No ____ Yes

Please indicate if either statement is true: ____ Youth has/have NOT been told ALL the facts about how the person died

____ Youth has/have been told the facts, but still has/have questions

Please provide details: _____

_____

_____

Did the child(ren)/teen(s) attend the funeral and/or memorial service? ____ No ____ Yes
If "No," what were their thoughts and reactions to not attending? If "Yes," what were their reactions to the service?

_____

_____

_____

Is/are the child(ren)/teen(s) able to speak openly of the person who died? ____ No ____ Yes *(please explain):*

_____

_____

_____

Who are the supportive people the child(ren)/teen(s) can talk to about the death and their grief?

_____

_____

Who at school is aware that someone significant in the child(ren)'s/teen(s)' life has died?

_____

_____

Has/have the child(ren)/teen(s) received any support from the school staff? ____ No ____ Yes ____ I don't know *(please explain):* _____

_____

_____

Reaction to the Loss *Please circle any behaviors that the child(ren)/teen(s) has/have exhibited since experiencing the death.*		
Lack of energy	Behavior problems at school	Nightmares
Withdrawn/isolated	Behavior problems at home	Night sweats
Depression	Loss of interest in friends	Regression – bedwetting
Anger	Loss of interest in activities	Regression – thumb sucking
Anxiety	Changes in school attendance	Headaches
Sadness	Running away from home	Stomachaches
Suicidal thoughts/talk	Hyperactive/impulsive	Sleep disturbances
Causing harm to self	Changes in self-esteem	Sleep walking
Causing harm to others	Difficulty concentrating	Decrease in weight
Drug/alcohol use	Belief that death was his/her fault	Increase in weight
Sexual activity	Worries about his/her safety	Other:
Lying	Worries about safety of others	Other:
Stealing	Always trying to be in control/perfect	Other:
Peer difficulties	Increase in fears	Other:

Which behaviors concern you most? Why? _____

_____

_____

_____

Other Life Stressors *Please check the box(es) that apply to your child(ren)/teen(s) and write a brief explanation if applicable.*	
✓	
	Divorce or separation:
	Incarceration of family member:
	Significant illness of self or family member:
	Living with disabled family member:
	Moving to a new house:
	Moving to a new community:
	Changing schools:
	Friends moving away:
	Break up with boyfriend/girlfriend:
	Remarriage of parents:
	Birth of sibling or addition of new step-sibling:
	Parent changing/losing jobs:
	Death/illness of pet or pet given away:
	Fire or theft loss:
	Other *(please explain)*:

Demographic Information

Funding agencies often require nonprofit organizations like the Mourning Hope Grief Center to maintain client information related to gender, race, age, and income level. The requested information is strictly for the purpose of Mourning Hope's compliance with these record-keeping requirements. Responses will remain anonymous, and are greatly appreciated.

Does the child(ren)/teen(s) receive free or reduced lunch at school? ____ No ____ Yes

Household Income: *(circle one)*	Under $20,000	$20,000-$30,000	$30,000-$50,000	$50,000-$100,000	Over $100,000

Racial/ethnic origin of the child(ren)/teen(s): *(circle all that apply)*			
Hispanic/Latinx	Black or African American	White or Caucasian	Asian
Native Hawaiian or Pacific Islander	American Indian or Alaska Native	Arab	Multi-Racial
Other:			