

Date: _____

GUARDIAN'S CONTACT INFORMATION

Full name: _____

Home phone: _____ Cell phone: _____

E-mail: _____

Teen's Name: _____ Relationship to Child: _____

DECEASED INFORMATION

Name: _____

Date of birth: _____ Date of death: _____

Relationship of the deceased to the child: _____

Please explain the circumstances (e.g. cause of death, plus any other information that you feel is important):

CHILD'S INFORMATION

- Is he or she attending school regularly? YES NO
- Were they present at the time of death? YES NO
- Did they go to the funeral? YES NO
- Did they view the deceased? YES NO
- Is this the first direct experience that he or she has had with death? YES NO

If no, please list:

<i>Name</i>	<i>Relationship to the teen</i>	<i>Date of death</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILD'S RECENT BEHAVIORS AND EXPERIENCES

Has he or she exhibited any of the following behaviors since the death?

- | | |
|--|--|
| <input type="checkbox"/> Fear of going to sleep | <input type="checkbox"/> Increased anger |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Clinging to a parent/guardian |
| <input type="checkbox"/> Bed-wetting | <input type="checkbox"/> Difficulty with school/work |
| <input type="checkbox"/> Fighting with peers | <input type="checkbox"/> Cruelty to animals |
| <input type="checkbox"/> Fighting with adults/parents | <input type="checkbox"/> Using drugs/alcohol |
| <input type="checkbox"/> Destructive behavior | <input type="checkbox"/> Refusing to talk about death |
| <input type="checkbox"/> Isolation at home | <input type="checkbox"/> Reluctance to sleep away from home |
| <input type="checkbox"/> Isolation at school | <input type="checkbox"/> Lack of energy or feeling depressed |
| <input type="checkbox"/> Complaining of pain or illness | <input type="checkbox"/> Bullying others |
| <input type="checkbox"/> Increased risk-taking behaviors | <input type="checkbox"/> Victim of bullying |

Please explain briefly, on the top of the next page, any of the boxes you checked above.

Please explain briefly any of the boxes you checked in the "Recent Behaviors and Experiences" section on the bottom of page 2.

What are your concerns regarding your child's grief?

Are there any other changes or stresses in your child's life? (i.e., illness, divorce, relocation...)

Please note anything else we should know about your child or the death: