



School Year 2024-2025

Dear Parent or Caregiver,

We understand that your child has had someone important in their life die and may be experiencing feelings of grief. Grief can be a lonely and isolating experience for anyone, especially children, and group support may help to reduce feelings by showing children and teens that they are not alone. As such, we are inviting your child, and others who have experienced the death of someone important to them, to participate in a grief support group offered by Peter's Place: A Center for Grieving Children and Families.

Peter's Place works to provide a safe and supportive environment for grieving children, teens, and families by emphasizing that grief is a natural reaction to the death. Just as grief is a natural occurrence, we believe that everyone has the natural capacity to heal themselves. Participating in a group allows students to learn from peers as they explore their own emotions and expressions of grief.

School-based grief support groups take place three times during the school year: in the Fall, Winter, and Spring. Groups meet once per week for eight weeks during the school day and are led by a Peter's Place facilitator, as well as a member of a school's student support team—typically a counselor, social worker, or mental health professional/intern. Groups are formed when at least six students of the same age range are interested. During group, students share in discussion and participate in creative hands-on activities that will help them to express their grief. Topics addressed often include, exploring & expressing feelings, sharing memories, identifying support, and learning coping skills.

Peter's Place offers this program to schools at no cost. Additionally, Peter's Place welcomes families to inquire further about its no-cost, on-site support groups for children and adults, which take place at our location in Radnor, PA. Visit our website PetersPlaceOnline.org or call us at 610.687.5150.

If you would like your child/teen to participate in the Peter's Place group at your school, please sign the included Permission Form and return it to school with your child/teen. Please, do not hesitate to contact me with any questions or concerns.

Sincerely,

Joseph Kelly MA, LPC
Director of Programs
Peter's Place

[Counselor Name]

[Title]

[Contact Info]



Student Permission Form

(Students over 14 can complete without caregiver permission.)

*In an effort to ensure informed consent, we no longer accept verbal consent. We ask that the permission form be filled out and signed by the adult caregiver directly.

Student's Name: _____ Date of Birth: _____ Age: _____
month/day/year

School Name: _____ Grade: _____

How does student identify in terms of race: ☐ Black/African American ☐ Native American
☐ Asian/Pacific Islander ☐ White/Caucasian
☐ Latinx/Hispanic ☐ Other _____

How does student identify in terms of gender: ☐ Male ☐ Other _____
☐ Female ☐ Prefer not to say
☐ Nonbinary

Demographic Information

This information is used to support grant funding that enables Peter's Place to provide services to families at no cost. Your family's identity is not shared with any external agencies.

County of Residence: ☐ Delaware ☐ Philadelphia ☐ Bucks ☐ Other _____
☐ Chester ☐ Montgomery ☐ Camden

Household Income: ☐ 0-\$25,000 ☐ \$50,000-75,000
☐ \$25,000-50,000 ☐ \$75,000-100,000 ☐ More than \$100,000

Caregiver/Guardian Contact Information

Caregiver Name: _____

Relationship to Student: _____

Mailing Address: _____

Phone Number: _____ Email: _____



Information

*In the following section please share relevant information about the person who died. If the student has experienced the death of more than one person, please share that information in the next section. ***INFORMATION REQUIRED***

1. Full Name of Person Who Died:* _____

Relationship to Student:* _____

Birth date of person who died:* _____ month/day/year **Date of Death:*** _____ month/day/year

Age at time of death:* _____

Please check the box and specify cause of death.*

- | | |
|---|--|
| <input type="checkbox"/> Chronic Illness: _____ | <input type="checkbox"/> Natural Causes: _____ |
| <input type="checkbox"/> Medical Crisis: _____ | <input type="checkbox"/> Unknown: _____ |
| <input type="checkbox"/> Violent Death: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Substance Use: _____ | |

Is the student aware of the cause/circumstances:* ☐ Yes ☐ No ☐ Unsure

If no, please explain and state what student believes is the cause of death:

If the student has experienced the death of more than one person they were close to, include information here:

2. Full Name of Person Who Died:* _____

Relationship to Student:* _____

Birth date of person who died:* _____ month/day/year **Date of Death:*** _____ month/day/year

Age at time of death:* _____

Please check the box and specify cause of death:*

- | | |
|---|--|
| <input type="checkbox"/> Chronic Illness: _____ | <input type="checkbox"/> Natural Causes: _____ |
| <input type="checkbox"/> Medical Crisis: _____ | <input type="checkbox"/> Unknown: _____ |
| <input type="checkbox"/> Violent Death: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Substance Use: _____ | |

Is the student aware of the cause/circumstances:* ☐ Yes ☐ No ☐ Unsure

If no, please explain and state what student believes is the cause of death:

If you feel it is important to share additional information about additional deaths, please include on a separate sheet.



Additional Information

Since the death, what changes have you noticed in the student; do you have any concerns about them?

Please explain:

Is there any additional information that would be helpful for us to know prior to the start of group?

Please let us know if any of the following are true for the student:

- | | |
|--|---|
| <input type="checkbox"/> Talks to friends about their feelings | <input type="checkbox"/> Has 1:1 support in classroom |
| <input type="checkbox"/> Receives special education support | <input type="checkbox"/> Shows signs of self-injury |
| <input type="checkbox"/> Talks to family about their feelings | <input type="checkbox"/> Enjoys art/craft activities |
| <input type="checkbox"/> Talks about the person who died | <input type="checkbox"/> Has an individual therapist |

Has your child ever had an intake appointment at Peter's Place? ☐ Yes ☐ No

Has your child ever attended an onsite grief support at Peter's Place? ☐ Yes ☐ No

Signature of Parent/Caregiver/Student (if over the age of 14)

By signing below, I give my permission for the student listed on Page 1 of this form to attend the Peter's Place grief support group, which will be held at their school.

I understand that I may contact the student's guidance counselor or school social worker with any questions, comments, or concerns before, during, or after the group.

- ☐ I acknowledge that Peter's Place may, in an anonymous fashion, use photography of my student's artwork, projects, and/or writing in promotional materials and publicity efforts.
- ☐ I acknowledge that Peter's Place may record audio or video of my student in their school group or one on one for a testimonial in an anonymous fashion. In any audio or video testimonial published, the first name and age of your student would be the only identifiers.
- ☐ **I DO NOT** want my student's artwork, projects, and/or writing used in promotional materials.
- ☐ **I DO NOT** want my student to be anonymously audio or video recorded.

Signature: _____ Date: _____

*In an effort to ensure informed consent, we no longer accept verbal consent. We ask that the permission form be filled out and signed by the adult caregiver directly.

