



PETER'S PLACE

A Center for Grieving Children & Families

School-Based Program: Counselor Intake Assessment

Student Name: _____ Date: _____

School: _____ Grade: _____

Student Age: _____

(Assessment script appears in italics)

Our school hopes to offer a peer-led grief group with support from an organization called Peter's Place. A grief group is for students who have had someone important in their lives die. I will tell you a bit about the group and we can decide together if this type of group could be helpful for you and whether it is something you would want to be a part of.

1. I understand you have had someone important to you die. Can you tell me a little bit more about _____? (If student has difficulty recalling information, offer additional prompts, such as: What was something you liked to do with your person? or What is a special memory you have with your person?)

2. I think about my person:

- ☐ Every day
- ☐ Every now and then
- ☐ Not at all

The group will run during the school day for eight weeks, meeting for about 45 minutes each week. The day and time of the group will be the same every week. We do not know yet which period you will miss, but the group will not happen during lunch or recess.

A group leader from Peter's Place will come in each week and lead the group in art activities, games, and discussion that will invite all group members to share their experiences, feelings, and memories about the person who died. Not everyone in the group will have had the same person die—it could be a parent, grandparent, brother or sister, aunt or uncle, or a very close friend. Everyone will be welcome to remember and honor their person or people in their own way. We ask that everyone come to group each week, show respect toward all group members, and keep what is shared by others private to the group.



3. Does this sound like a group you would want to be a part of?

☐ Yes

☐ Not at this time*

If student is interested in participating in group, please sign and date this form and complete the pre group evaluation form. Then, invite the student to participate with caregiver consent using the permission form: *I think our grief group will be a good support for you. Students find it comforting to talk to other kids who can understand what it is like to have someone important in their life die. We just need to get permission from [their adult at home], so I'm going to give you this permission slip and also email [their adult at home] if applicable) to let them know about group. Please have them complete and sign the permission form and bring it back to school with you.*

*If the student answers, "Not at this time" and declines participation, please honor their decision. A student who declines participation can always be reconsidered in the future when they feel more ready. If preferred, please maintain this form for future reference and you may consider this student for a group in the future. **There is no need to submit form to Peter's Place.**

Children experience grief and grief support in different ways; participation in a group is not always the best form of support for every student. Reasons they may not want to participate in the group include:

- They are uncomfortable talking about the death with others.
- They don't feel they need the group and/or have other support in place.
- Their life is not impacted in a way that warrants this level of support.
- They do not feel a connection to the person who died.
- They may not be ready for or invested in exploration of their grief.

4. I like (check all that are true for you):

☐ Talking with others

☐ Playing games/video games

☐ Reading books

☐ Listening to music

☐ Doing art/crafts

Peter's Place staff will review Intake Assessment and Caregiver Permission forms. It is our goal to provide all participants with the most appropriate level of support, and there are times when it may be more beneficial to delay group participation. Upon review, Peter's Place may offer a student a different level of support (referral to individual therapy, one-on-one support with school counselor, and/or resources provided by Peter's Place) to better match their needs.

Counselor Signature: _____ **Date:** _____

Counselor Printed Name: _____

