



School Year 2026-2027

Dear Caregiver,

We understand that your child may be grieving following the death of someone important to them. 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 is dedicated to creating a safe, understanding space where grieving children, teens, and families can find support. The clinicians at Peter's Place believe that grief is a natural response to loss and that everyone possesses the inner strength to heal. Through group participation, students gain valuable insights and support from their peers as they explore their unique emotions and expressions of grief.

These vital school-based groups meet for seven to eight sessions, once a week during the school day. Each group is carefully guided by an experienced Peter's Place facilitator and a trusted member of our school's student support team (such as a counselor, social worker, or mental health professional). To ensure a supportive, developmentally appropriate environment, groups are formed when at least six students within a similar age range are interested. Students will have the opportunity to share in discussions and participate in hands-on creative activities designed to help them process their grief. Topics often covered include understanding and expressing feelings, honoring memories, building support networks, and developing healthy coping strategies.

We are grateful that Peter's Place offers this invaluable program to our school at no charge. For families interested in additional support please visit their website at **PetersPlaceOnline.org** or by calling **610.687.5150**.

If your child wishes to participate in the Peter's Place group at school, please complete and return the enclosed Permission Form. Should you have any questions or concerns, please do not hesitate to reach out to me.

Sincerely,

Carrie Cottone, PhD, LPC, ATR-BC
Assistant Director of Community Partnerships & Programs
Peter's Place

Counselor Name

Title

Contact Info



PETER'S PLACE
A Center for Grieving Children & Families

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/ethnicity:

- | | |
|---|--|
| ☐ 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 ☐ \$25,000-50,000 ☐ \$50,000-75,000
☐ \$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** This information helps the facilitator understand each student's experience and provide a safe and supportive grief group environment.*

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 indicate cause of death.*

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 indicate cause of death.

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.*



Student Name: _____

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:

- | | |
|--|---|
| ☐ Talks to friends about their feelings | ☐ Has 1:1 support in classroom |
| ☐ Receives special education support | ☐ Enjoys art/craft activities |
| ☐ Talks to family about their feelings | ☐ Receives therapy |
| ☐ Talks about the person who died | ☐ Comfortable in a group setting |

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

Has your child ever attended an onsite grief support groups 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: _____

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