



To Whom It May Concern:

On behalf of Judi's House, I would like to take this opportunity to thank you for allowing Judi's House to provide an 8-week Grief Support Group for your students who have experienced the death of a loved one.

When a loved one dies, anyone can become overwhelmed with grief. However, for an adolescent whose entire world is made up of just a handful of people, the death of someone close can be devastating. Other family members are often overcome with their own grief, and adolescents can become forgotten mourners.

Through the use of grief support groups, students will have the opportunity to share with other students who are going through similar situations. Students will be given the freedom to grieve in their own way. School-based grief support groups have been very effective and successful resources for grieving students due to the number of students affected by death loss attending school, and the increasing demand of school social workers and/or counselors.

The Grief Support Group is intended to accomplish three specific goals for students:

- To externalize and normalize the feelings of grief.
- To help students manage the pain of grieving.
- To provide information for students about when and where to receive grief support services.

The group activities provide students with the opportunity to identify and recognize feelings, emotions, memories, and coping skills. These activities are intended to develop a new self-awareness based on a life without the person who died. The benefit of a grief group in the school has been known to reduce the likelihood of delinquency, enhance student performance, build communication skills, normalize grief, and provide structure in students' lives.

Please contact us at anytime with any questions or concerns you may have!

Sincerely,

Judi's House Grief Counselors
720-941-0331



Letter of Understanding

This form states the collaborative efforts between a Judi's House facilitator and the school representative. The roles and responsibilities of a Judi's House facilitator and the school representative are stated below.

Judi's House Facilitator Agrees to:

1. Provide student consent forms for each student.
 2. Provide Judi's House brochures for all group members.
 3. Provide Activities List for all group sessions.
 4. Be on time for all group sessions.
 5. If school representative is participating in the group, a Judi's House facilitator will be available to debrief with school representative following group if necessary.
 6. If any group member is at risk of harm to self or others, the school representative will be contacted immediately after group.
 7. If for any reason a member is not appropriate for group, the school representative will be contacted and alternatives for that member will be discussed.
 8. State the rules for group members.
- *Confidentiality Rule *Safety Rule *Respect Rule *I Pass Rule

School Representative Agrees to:

1. Collect **at least 6** student consent forms, on agreed upon date, prior to group starting.
2. Gain approval from teachers in order for students to miss class to attend group.
3. Gets students to group on time.
4. Secure a private meeting room every week for groups to take place.
5. Let students know of any changes made to group time, room changes, or cancellation of group.
6. Must be on-site during group hours, and available in case of emergency.
7. Should evidence of abuse, neglect, or risk of harm to self or others be disclosed by a group member, the school representative is primarily responsible for reporting that abuse.

Collaborative Responsibilities:

1. Establish how many group sessions there will be. (Between 6 and 8 weeks is the norm).
2. Establish what day of the week and what time groups will take place.
3. Bring materials for activities prior to each group.

***Please Note: If **at least 6** student consent forms are not received by agreed upon date, the school will be placed on a waitlist until next school-based group opening.

Judi's House Facilitator Signature

Date

School Representative

Date



**School Peer Support Group
STUDENT FORM**

Student's Name _____ Male Female

Student's Date of Birth _____ Student's Age _____

Student's School _____

Parent/Guardian's Names _____

Address _____

City _____ County _____ ST _____ Zip _____

Home Phone _____ Cell/Pager _____

Name of Person who Died (*most significant or recent*) _____

Relationship to Student _____

Deceased's Date of Birth _____ Date of Death _____

Cause/Circumstance of Death

<input type="checkbox"/> Alcohol/Drugs	<input type="checkbox"/> Cancer (type: _____)
<input type="checkbox"/> Heart Disease/Attack	<input type="checkbox"/> Homicide
<input type="checkbox"/> Motor Vehicle Accident	<input type="checkbox"/> Suicide
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (explain: _____)

Since the death of the student's loved one has the student experienced...

Yes <input type="checkbox"/>	No <input type="checkbox"/>	a move?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	a change in schools?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	grade changes?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	divorces, separations, or remarriages in the close family?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	changes in sleeping patterns?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	suicidal thoughts and/or ideations?

- - -PERMISSION FOR A MINOR TO PARTICIPATE IN JUDI'S HOUSE SCHOOL-BASED SUPPORT GROUPS- - -

I, _____, parent or legal guardian of _____, minor child or teen, give my permission for this student to participate in Judi's House school-based support groups.

The information that my child/teen shares will be confidential, except as noted in the FAMILY APPLICATION PACKET, which I have signed. The Group Coordinator may share general information with me about my child/teen in his or her grief process.

I understand that Group Coordinators may at times recommend individual therapy for a student. No individual therapy is provided at Judi's House.

Parent/Guardian Signature

Date

- - -OPTIONAL INFORMATION- - -

By providing answers to the following questions, you assist us in giving requested information for grant applications, program evaluation, and research. Thank you for your help with this.

Family's race/ethnic origin(s), please check all that apply

- African American
- Asian/Pacific Islander
- Hispanic/Latino
- Middle Eastern
- Native American
- White
- other please specify _____

Family's religious affiliation(s) _____

Household income

	before death(s)	after death(s)
\$0 - \$11,999	<input type="checkbox"/>	<input type="checkbox"/>
\$12,000 - \$23,999	<input type="checkbox"/>	<input type="checkbox"/>
\$24,000 - \$35,999	<input type="checkbox"/>	<input type="checkbox"/>
\$36,000 - \$47,999	<input type="checkbox"/>	<input type="checkbox"/>
\$48,000 - \$59,999	<input type="checkbox"/>	<input type="checkbox"/>
\$60,000 - \$71,999	<input type="checkbox"/>	<input type="checkbox"/>
\$72,000 - \$83,999	<input type="checkbox"/>	<input type="checkbox"/>
\$84,000 - and above	<input type="checkbox"/>	<input type="checkbox"/>

Number of family members before death(s) _____ after death(s) _____

Languages spoken in Household

	Primarily used at home.	Also spoken at home (mark all)
English	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Was the death attributable to a crime against the deceased? Yes No

If "Yes," in which County was the crime committed? _____

Please check this box if your family prefers not to answer these questions:



School Peer Support Group Information Form

Judi's House is founded on the belief that every child and teen deserves the opportunity to grieve in a supportive and understanding environment. Our society often fails to understand or support the needs of children and teens in grief.

The five principles of Judi's House are:

1. Grief is a normal, healthy reaction to death loss.
2. Within each individual is the natural capacity to heal one self.
3. The duration and intensity of grief are unique for each individual.
4. A sense of community contributes to healing.
5. Caring and acceptance assist in the healing process.

*** PROCESS AND GROUPS ***

Your child's school will be starting a grief support group for students who have experienced the death of a family member and/or close friend. Judi's House school-based support groups provide a safe place to be with others who are grieving the death of loved ones. The death does not have to be recent for a student to benefit from the group. Judi's House school-based support groups are 6-8 week groups that meet once a week for up to one hour. Groups are designed to support children and teens of various ages during the bereavement time. All support groups are facilitated by trained and professional Judi's House staff.

Students are not pressured to share feelings and thoughts in group. One basic rule is the "I Pass" rule. Talking in their group is optional; no one is pressured to share.

***CONFIDENTIALITY AND PRIVACY ***

Confidentiality is your right to privacy, which allows for a safe environment for people to share feelings, thoughts and stories. We consider that anything that is shared in group will remain confidential. This understanding allows people to share freely. We accept the obligation to honor confidentiality for children and teens to assure the ongoing success of the support groups. The Judi's House grief counselors are available to discuss their impressions of your child or teen in a general manner, but we will not disclose specifics of what is said or done in groups. Your child or teen can share with you things that he or she said or did, but is not free to share what others said or did. No written records are kept on what children or teens disclose in group.

The only time that confidentiality would not be honored is if a safety issue becomes a concern. Your rights and the exceptions are listed in **YOUR RIGHT TO PRIVACY AND EXCEPTIONS TO PRIVACY** form, which is included in the Family Packet for you to read and sign.

*** CHILD ABUSE ***

Colorado law requires our staff to report to the appropriate government agency any suspected physical, sexual, and emotional abuse or neglect. Any report of or suspicion of abuse or neglect involving a child that comes to the attention of a Judi's House staff person will be addressed by the school-based group leader. If the home situation presents a risk to the child, the school-based group leader will release the child only to the appropriate government agency.

If you have any questions or concerns please contact Judi's House at:

Judi's House
1741 Gaylord St.
Denver, CO. 80206
720-941-0331