

**Grief Group Intake/Assessment Form**

New to Program

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: [ ] Male [ ] Female [ ] Other or prefer not to respond

Ethnicity:

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> African or African American      |  |
| <input type="checkbox"/> Hispanic or Latino               |  |

1<sup>st</sup> Parent/Guardian Information

2<sup>nd</sup> Parent/Guardian Information

Name/Relationship: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*\* Opt-Out Consent will be mailed to 1<sup>st</sup> parent/guardian unless otherwise noted

**School Information**

School Counselor Name: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

School District:  
\_\_\_\_\_

Number of siblings? \_\_\_\_\_ Schools siblings attend? \_\_\_\_\_

**Grief Assessment:**

Name of person who died: \_\_\_\_\_ Date of death: \_\_\_\_\_

Have you experienced multiple deaths?

- Yes
- If "Yes", please explain:

\_\_\_\_\_

\_\_\_\_\_

- No

Relationship to you:

- Mother
- Father
- Sibling
- Classmate/Friend
- Extended Family
- Other \_\_\_\_\_

Cause of death:

- Medical \_\_\_\_\_
- Alcohol/Drugs \_\_\_\_\_
- Suicide \_\_\_\_\_
- Homicide \_\_\_\_\_
- Car Accident \_\_\_\_\_
- Other Accident \_\_\_\_\_
- Don't Know \_\_\_\_\_
- Other \_\_\_\_\_

Was the death:

- Sudden
- Anticipated

Did you attend the funeral?

- Yes
- No

Location of death: \_\_\_\_\_ Were you present at the time of death? \_\_\_\_\_

At the time of death, how old were you? \_\_\_\_\_ What grade were you in? \_\_\_\_\_

Rate your quality of life, as it relates to grief, on a scale of 1-10:

1 ----- 5 ----- 10  
☹ ----- ☹ ----- ☺

Reasons why you rated your grief at that number?

\_\_\_\_\_

What are your goals for grief work? Why do you want to be a part Grief Group?

\_\_\_\_\_

\_\_\_\_\_

Additional comments:

\_\_\_\_\_

\_\_\_\_\_