



Northeast Georgia Medical Center  
HOSPICE

**MEMORANDUM**

TO: School Counselors

FROM: Hospice of Northeast Georgia Medical Center  
Braveheart Program  
Jennifer Sorrells, LCSW

RE: School-Based Grief Support Groups for 2021-2022 school year.

Thank you for your interest in partnering with Hospice of Northeast Georgia Medical Center to provide a grief support group to students in your school.

The attached information and forms will expedite the process of registering students for our groups. If you have any questions, do not hesitate to call (770) 219-0276 or email [griefsupport.hospice@nghs.com](mailto:griefsupport.hospice@nghs.com).

Please review the following explanatory notes for each item attached.

**1. Information Sheet**

*This outlines the goals of the group, meeting format, expectations for participating students and contact information for our Program Coordinator, Jessica Kerr, LMSW. This is simply information for parents/guardians and does not need to be returned.*

**2. Consent for School-Based Grief Support**

*To be completed by parent/guardian of each participant and returned to Hospice of NGMC. These consent forms are **REQUIRED** and must be received prior to the first support group session.*

**3. School-Based Grief Support Counselor Assessment**

*To be completed by a school counselor for each participant and returned to Hospice of NGMC prior to beginning of group. This information is used by the hospice group facilitator and should be submitted to Hospice as soon as possible.*

**4. School-Based Support Groups Student Information Sheet**

*To be completed by each child and returned to Hospice of NGMC prior to beginning of group.*

**Please send a completed Parental Consent, Student Information Sheet and Counselor Assessment for each student to [griefsupport.hospice@nghs.com](mailto:griefsupport.hospice@nghs.com).**

# School-Based Grief Support Group

## Information Sheet

### Support Group Objectives

- ✓ Students will share their stories in a safe, supportive environment.
- ✓ Students will be able to define grief, understand that it is a normal response to loss and identify the specific ways they experience grief.
- ✓ Students will understand the importance of allowing themselves to remember their loved ones and experience the emotions associated with these memories.
- ✓ Students will learn positive coping skills to help them deal with difficult emotions.
- ✓ Students will identify to whom they can turn to for support.
- ✓ Students will connect with other students who have experienced similar losses and learn that they are not alone.

### Meetings

Groups will meet during regular school hours, once per week for six weeks. The groups will last approximately one class period. Students will be expected to make up all class work covered during group time.

### Student Expectations

Students who are in this group will be expected to show respect to other group members by listening and refraining from negative comments. All members will be expected to keep information shared by other group members confidential.

### Program Assessment

An Initial-Assessment and Post-Assessment will be completed by each student participant and returned to Hospice of NGMC. A program evaluation tool is utilized to strengthen the quality of our program and to improve the outcomes for the children and youth we serve.

### Coordinator

Jennifer Sorrells, LCSW, a grief counselor with Hospice of Northeast Georgia Medical Center, coordinates with your child's counselor to assign one of four licensed social workers from our hospice team to facilitate your child's group. If you have specific questions about the group or curriculum, you may contact Hospice of NGMC at 770-219-0276 or [griefsupport.hospice@nghs.com](mailto:griefsupport.hospice@nghs.com). Questions about scheduling or make up work should be addressed with your child's school counselor.



## Consent for School-Based Grief Support Group

Dear Parent/Guardian,

Your child's school has expressed interest in having a School-Based Grief Support Group for students who have experienced the loss of a family member or close friend. This support group is provided at no cost and is facilitated by a licensed social worker/grief counselor from Hospice of Northeast Georgia Medical Center. Support groups typically meet once a week for one class period for six weeks. Students will be responsible for makeup work for classes missed.

Your child's school counselor has identified your child as a student who may benefit from a Grief Support Group. Attached is an information sheet providing you with group goals as well as contact information for the group coordinator.

All groups are voluntary, and consent from a parent or guardian is required for your child to participate. If you would like for your child to have the opportunity to participate in this program, please sign and return the form on the bottom portion of this page to your child's school counselor as soon as possible.

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### Group Counseling Consent Form

I grant permission for my child to participate in the School-Based Grief Support Group provided by Hospice of Northeast Georgia Medical Center.

I would like my child to receive a mailing about Camp Braveheart. Camp Braveheart is a free summer camp for children who have experienced the loss of a loved one.

Student Name (print) \_\_\_\_\_ Phone \_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent Email \_\_\_\_\_



## School-Based Grief Support Group Counselor Assessment

Student's Name \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name of School/County \_\_\_\_\_

School Counselor's Name \_\_\_\_\_

Please describe the loss(es) this student has experienced (e.g. name of person who died, relationship to student, significant information about the death - i.e. suicide, cancer, etc.)

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When did the loss(es) occur?

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Are there other significant changes in the student's life following the death?

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Does this student have a mental health diagnosis? (Behavior, developmental)

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To your knowledge, was this student's family served by Hospice of Northeast Georgia Medical Center?

Yes

No



## School-Based Support Group Student Information Sheet

Student's Name \_\_\_\_\_

Birthday \_\_\_\_\_

The full name of my person who died was \_\_\_\_\_

My loved one was served by Hospice of Northeast Georgia Medical Center:   Yes       No

This person was:

\_\_\_\_ Relative.

          How was this person related? \_\_\_\_\_

\_\_\_\_ Friend.

          How long did you know this person? \_\_\_\_\_

When did your person die?

How close were you to this person?

\_\_\_\_ Very Close

\_\_\_\_ Pretty Close

\_\_\_\_ Not Really Very Close

Who or (what kind of things) have been helping you get through this loss?

On the scale below, circle the number that best reflects how you are doing.

1 (I am sad most of the time; it's affecting my schoolwork)

2

3

4

5 (Some days are O.K., some are not.)

6

7

8

9

10 (I've pretty much dealt with it; I'm feeling O.K. most of the time.)

Is there anything else you'd like us to know?

\_\_\_\_\_

