

**Parent/Guardian: Please complete one for each child**

**Journeys: Child Assessment**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

Name of Deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Date of Death: \_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Calvert Hospice Patient? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

Circumstances of the death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who informed your child of the death? How were they informed?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s response to the death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s prior experience with death/loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the child participate in funeral services? If so, how?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have there been any additional losses? (I.e. – Moving, changing schools, parental separation): \_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are teachers/guidance counselors aware of the death?: Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Are there any issues at school? If so, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medical needs the facilitator should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any special needs or learning disabilities the facilitator should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete both columns about your child’s behavior according to the following list:

**N=Not a problem   
 S=Slight problem (occasionally)   
 M=Moderate Problem (sometimes)**

**E=Excessive (always)**

|  |  |  |
| --- | --- | --- |
|  | Behavior present  **before death** | Behavior new  **after death** |
| Sleeping too much or too little (circle one) |  |  |
| Appetite increase or decrease (circle one) |  |  |
| Weight increase or decrease (circle one) |  |  |
| Nightmares |  |  |
| Headaches |  |  |
| Fatigue/Lack of energy |  |  |
| Stomach aches |  |  |
| Anxiety |  |  |
| Denial about death |  |  |
| Anger problems |  |  |
| Guilt |  |  |
| Rebellious |  |  |
| Difficulty concentrating |  |  |
| Changes in grades increase or decrease (circle one) |  |  |
| Being very loud/noisy |  |  |
| Temper outbursts |  |  |
| Fighting |  |  |
| Defiant |  |  |
| Clinging to parent/adult |  |  |
| Desire to sleep with parent/sibling |  |  |
| Desire to have constant attention |  |  |
| Insecure |  |  |
| Not getting along with friends/family |  |  |
| Concerns about alcohol/drug use**\*\*** |  |  |
| Known alcohol/drug use**\*\*** |  |  |
| Concerns about smoking**\*\*** |  |  |
| Known smoking**\*\*** |  |  |
| Self-Injurious behavior (I.e. – cutting, burning, bulimia)**\*\*** |  |  |
| Other (add here or on separate sheet) |  |  |

**\*\*** If you indicated that any of these behaviors are occurring, please add additional information:

|  |
| --- |
|  |
|  |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

## Parent/Guardian



**Journeys Program**

### Informed Consent, Release, and Indemnification Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give permission for my child, , to attend the Journeys Program beginning Monday, January 28, 2019 and ending on Monday, March 25, 2019, from 6:00 pm to 7:30 pm every Monday evening for 8 weeks.

I agree and will commit to attending all eight (8) sessions of the Journeys Program.

1. I understand the goal of Journeys is to help facilitate my child’s bereavement process and provide support for him or her in expressing feelings of grief.
2. AUTHORIZATION: is hereby granted to release and obtain from appropriate agencies, school personnel, health and mental health providers, such information as may assist Calvert Hospice’s Journeys Program personnel in the furtherance of support for my child.
3. RELEASE: I give my permission for my child to be photographed during Journeys. I agree that these photographs are and remain the property of Calvert Hospice and that these images may now or in the future be used by Calvert Hospice for promotional and/or educational purposes in any medium, including but not limited to, print materials, in digital or electronic form, and/or on the Calvert Hospice website.
4. In consideration of the above-named child being granted permission by Calvert Hospice to attend the Journeys Program, I, for myself and on behalf of my child, release and discharge Calvert Hospice, its agents, employees, volunteers, officers, and directors from all claims, demands, actions and judgments which I or my child has had, now has, or may in the future have against Calvert Hospice for any personal injury, physical or emotional, known or unknown, and any injury to property during my child’s attendance at Journeys, whether the injury is caused by negligence or any other fault.
5. INDEMNIFICATION AGREEMENT: In consideration of the above-named child being granted permission by Calvert Hospice to attend the Journeys Program, I agree to indemnify and hold harmless Calvert Hospice for any and all claims, demands, actions and judgments whatsoever in law and equity, which my child has had, now has or may in the future have against Calvert Hospice for all Hospice for any personal injury, physical or emotional, known or unknown, and any injury to property during my child’s attendance at the Journeys Program, including, but not limited to injury caused by or arising out of negligent conduct by Calvert Hospice agents, employees, volunteers, officers and directors.

I, the undersigned, have read this release and understand all of its terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

## Parent/Guardian



**Parent/Guardian: Please complete this page based  
on YOUR experiences**

**Journeys: Parent Assessment**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_  
 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Phone Number: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Date of Death: \_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Calvert Hospice Patient? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

Circumstances of the death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior experience with death/loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grief Response: (Please check all that apply)  
 Slight Problem Moderate Problem Severe Problem

Sleep pattern \_\_\_\_ \_\_\_\_ \_\_\_\_  
 Appetite \_\_\_\_ \_\_\_\_ \_\_\_\_  
 Health problems \_\_\_\_ \_\_\_\_ \_\_\_\_  
 Weight gain/loss \_\_\_\_ \_\_\_\_ \_\_\_\_

Concentration \_\_\_\_ \_\_\_\_ \_\_\_\_

Interpersonal relationship issues \_\_\_\_ \_\_\_\_ \_\_\_\_

Anxiety \_\_\_\_ \_\_\_\_ \_\_\_\_

Anger \_\_\_\_ \_\_\_\_ \_\_\_\_

Guilt \_\_\_\_ \_\_\_\_ \_\_\_\_

Emotional Response: (Please check all that apply)

\_\_\_\_ Angry \_\_\_\_ Anxious \_\_\_\_ Denial \_\_\_\_ Depressed \_\_\_\_ Helpless \_\_\_\_ Guilt \_\_\_\_ Lonely

\_\_\_\_ Numb \_\_\_\_ Sad \_\_\_\_ Relieved \_\_\_\_ Restless \_\_\_\_ Tearful \_\_\_\_ Withdrawn

\_\_\_\_ Other (Please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What helps you cope best?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any current or prior counseling? If so, where?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

## 



**Journeys: Group Participation Contract**

* Everything said in the group is CONFIDENTIAL
* The group will meet once a week for eight (8) sessions from 6:00pm to 7:30pm. The group ends and begins on time.
* I commit to bringing my children and attending the adult group each Journeys session.
* If there is an emergency and we cannot attend, I will contact the Journeys program facilitator, Jess Foster, by phone or email before the meeting.

Jess Foster, MS, CCLS

Child and Teen Bereavement Coordinator  
Email: jfoster@calverthospice.org Phone: 410-535-0892 ext. 2206

Signature: \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

## Parent/Guardian