



CAMP CHRYsalIS

Today's Date _____

Child/Teen's Name(s) _____

Description of Family Circumstances

Confidential

PLEASE LIST ALL MEMBERS OF HOUSEHOLD (adults, teens, children)

Full Name

Age

Relation

REGARDING THE *DECEASED*:

Full Name _____ Age _____

Relation to Child(ren) _____ Date of Death _____

Died at _____ Home _____ Hospital _____ Work _____ Other (specify) _____

Expected Death _____ Unexpected Death _____

Causes/Circumstances of Death _____

How has your child(ren) managed this loss been since the time of death?

Besides this death, what changes or losses have you and your child(ren) experienced (moved, divorce, serious illness, changed schools, jobs, etc.?)

What other deaths has your child(ren) experienced, and approximate date (pets, friends, other family members, etc.)?

Describe how your child(ren) are doing with peers and at school:

OPTIONAL INFORMATION:

Family Spiritual/ Religious Affiliation: _____

Deceased's Nationality/Culture: _____

Deceased's Spiritual/Religious Affiliation: _____

Childs School & Grade: _____