



Dear Parent/Guardian,

Your child has been invited to participate in a weekly grief group in partnership with your child's school and offered by The Grief Center. This group is a six week group, specifically designed for children and teens, who have experienced a significant loss. These sessions will give your child the opportunity to share about his/her loss while learning about grief and how to cope with changes that take place when such a loss occurs. Group will also allow your child to connect with others at school who have had a similar loss. It is our hope that your child will be encouraged and find hope in the midst of a difficult circumstance.

Such programs have proven to increase classroom performance while decreasing absenteeism in grieving students. Should you have any questions, feel free to contact us directly at (918) 587-1200. If you would like for your child to receive such services, please complete and return the demographic/signature page to your child's school counselor. We are looking forward to helping your child as they continue to heal.

Sincerely,

Lucretia Pardiñas, LMSW  
Director of Programs

***To learn more about The Tristesse Grief Center and the services we provide please visit [thegriefcenter.org](http://thegriefcenter.org) or contact us below:***

The Tristesse Grief Center  
2502 E. 71st St.  
Tulsa, OK 74136  
918-587-1200  
[hello@thegriefcenter.org](mailto:hello@thegriefcenter.org)

**Please keep this letter for your records.**

### **Grievance Procedure**

If you have a grievance with your grief counselor, you may pursue the following courses of action to obtain resolution of your grievance:

1. You may reach your child's grief counselor at 918-587-1200.
2. If speaking with your child's grief counselor does not provide you with resolution please contact our Director of Programs, Lucretia Pardiñas, LMSW at 918-587-1200 x102.
3. You may also contact our Executive Director, Audrey McCraw, at any time by calling 918-587-1200 if you feel your grievance is not being addressed properly.

### **Consent for Participation**

I hereby authorize The Tristesse Grief Center to provide grief focused group counseling to my child. By signing this form, I give consent for my child to participate in the Healing Hearts Program. I acknowledge that my student will complete a pre- and post-survey to assess the efficacy of the group process and may also complete a group evaluation form at the conclusion of the group.

### **Confidentiality Statement**

I understand that the information I share with my grief counselor is confidential. The exceptions to confidentiality required by state laws are as follows:

1. My counselor is required by law to report suspected child abuse, abuse of disabled adults or the elderly.
2. If I am a danger to myself or others, my counselor will disclose information in order to protect me or others from harm.
3. If my records are requested by a court order, The Grief Center must respond.

### **Financial Agreement**

The Tristesse Grief Center is a non-profit 501(c)3 organization whose mission is to provide grief counseling, education, and support in Tulsa and the surrounding area. Our schools based Healing Hearts Program is provided at no cost to you or your child's school.

All donations made to The Grief Center are welcomed and appreciated. For IRS purposes, your donation is tax-deductible as a charitable contribution.

**Please keep this page for your records.**



### Student Information

Please help us provide the best possible care for your student by completing the below information:

**Student's Name:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

### Guardian Contact Information:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

**Please list cause of death and date of loss for anyone who has been a part of your student's life:**

- ☐ Mother      Cause of Death: \_\_\_\_\_ Date of Loss: \_\_\_\_\_
- ☐ Father      Cause of Death: \_\_\_\_\_ Date of Loss: \_\_\_\_\_
- ☐ Grandmother Cause of Death: \_\_\_\_\_ Date of Loss: \_\_\_\_\_
- ☐ Grandfather Cause of Death: \_\_\_\_\_ Date of Loss: \_\_\_\_\_
- ☐ Sibling      Cause of Death: \_\_\_\_\_ Date of Loss: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_ Cause of Death: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

**Was the deceased the student's caregiver?** (Please circle) Yes or No

**Other identifiable loss(es) (ie. divorce, incarceration, separation, etc):** \_\_\_\_\_

THE TRISTESSE  
GRIEF CENTER



HEALING THE GRIEVING HEART

**Has your student received counseling before or after their loss?** (Please circle) Yes or No

If yes, please describe:

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**On a scale of 1-5 (one being least, 5 being most) how easily can your student express their feelings about the loss?** \_\_\_\_\_

**On a scale of 1-5 (one being least, 5 being most) how much peer support has your child experienced since the loss?** \_\_\_\_\_

**On a scale of 1-5 (one being least, 5 being most) how well does your child understand grief and mourning?** \_\_\_\_\_

**Please provide any other information you would like us to know:**

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**I HAVE CAREFULLY READ THE CONSENT FOR PARTICIPATION, CONFIDENTIALITY STATEMENT, AND CONSENT TO MY CHILD PARTICIPATING IN THE HEALING HEARTS PROGRAM.**

**I acknowledge I am the legal guardian and I understand I can withdraw my consent at any time.**

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Print Student's Name (first and last)

Date

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Print Parent/Guardian Name  
(Person authorized to consent for the student)

Relationship to Student

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Signature  
(Parent/Guardian if student is under the age of 18)

Date





### Reporting Data

The below information is used to better understand the population The Grief Center is serving. We share our program statistics with funding sources who are responsible for funding the Healing Hearts Program. This helps The Grief Center to be able to provide student grief groups at no cost.

**\*This demographic page contains no personal identifiable information.**

**Age of Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

#### Student Gender

- ☐ Female
- ☐ Male
- ☐ Non-binary

**Does your student identify as LGBTQI?** (Please circle) Yes or No

**How many people live in student's household?** # \_\_\_\_\_

#### Who additionally lives in the student's household?

- ☐ Mom
- ☐ Dad
- ☐ Step-Parent
- ☐ Sibling(s) # \_\_\_\_\_
- ☐ Other \_\_\_\_\_

#### Student's Race/Ethnicity

- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Asian
- ☐ American Indian/Alaska Native
- ☐ Hispanic/Latino
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other: \_\_\_\_\_

#### Family Household Income

- ☐ \$0-\$25,000
- ☐ \$25,001-\$35,000
- ☐ \$35,001-\$45,000
- ☐ \$45,001-\$55,000
- ☐ \$55,001-\$65,000
- ☐ \$65,001-\$75,000
- ☐ \$75,001-\$85,000
- ☐ \$85,001-\$95,000
- ☐ \$95,000+