A PEER SUPPORT PROGRAM FOR CHILDREN AND YOUNG PEOPLE
5-18 YEARS EXPERIENCING GRIEF AND LOSS

Seasons is a peer support program for children and young people who are experiencing grief and loss in their lives. This loss may be the result of a death, separation or divorce.

When something significant happens in a family, the entire family is affected. Even though death or divorce appears to be only a "grown-up" problem, it does have a profound effect on the children that it touches. If a parent dies or a divorce occurs, not only do the parents grieve, the children do also. Because of their age and short life experience, children find it extremely difficult to verbalise those feelings.

We have some very sensitive, caring, trained adult companions who have said, "Yes" to helping these children put those feelings into words, work through their grief, build a stronger self-esteem, and begin to accept what has taken place in the family.

If your child is part of a single-parent family or a step-family, and struggling through a painful experience, this will be an opportunity for him/her to be supported and have the chance to explore his/her thoughts and feelings and to ask questions. Please note that this is not a clinical program and as such, no observation notes are taken or records kept. Due to the nature of the program, it relies heavily on the confidentiality of all participants.

The 10 week program will begin towards the middle of Term 2. Sessions will take place within the school program - at a suitable time which is to be negotiated with class teachers.

If you have any queries or concerns about the Seasons program, please feel welcome to speak to me.

Please discuss this matter with your child, fill out the form below and both sign it, as an expression of interest in the Seasons program. Please note that a separate form is required for each child and extra forms are available at the office. The form is to be returned to school by Thursday 9th May, 2013.

Farrar

Tracey Farrar
Wellbeing Leader

'SEASONS' PROGRAM - EXPRESSION OF INTEREST

CHILD'S NAME: ______________________ AGE ______ GRADE ______

Our interest in the program is due to

[ ] death
[ ] separation
[ ] divorce

SIGNATURE: ___________________________ CHILD
___________________________ PARENT __________________________