

*(This form should be completed at the end of a meeting between the child's parent/carer, or an adult nominated by them, and the child's teacher)*

School Bereavement plan for \_\_\_\_\_ (*Childs name*)  
Completed on - \_\_\_\_\_ (*date*)

Name of deceased

Age at death

Relationship

to child

Cause of death

Significant dates, (a calendar of memories *such as birthday, anniversaries etc*)

Are there any other details about the death that you think are relevant?

Information supplied by:

Relation to child:

Parent signature:

Are there subjects that may come up in class lessons or assemblies that may be distressing for your child, (*eg road safety talks*)?

Is your child displaying any different behaviours?

Is your child voicing particular anxieties we need to be sensitive to?

Are there any particular strategies you would like us to try to help your child?

Who is going to do it?

When?

Will recording this be helpful for parent or teacher?

Are you comfortable for this information to be shared sensitively with other teachers, office and support staff if necessary? Please indicate information you wish to be kept confidential

This information will be reviewed annually.

Review date \_\_\_\_\_