School Sibling Support Form

This form is designed to be used as a reference and discussion guide for parents, guardians, teachers and counselors. Using this tool will help the school team understand what your child knows about his/her brother or sister’s illness/injury, learn of the potential challenges they are facing, and create a supportive plan to facilitate coping, healing and school success. Make additional copies as needed.

STUDENT INFORMATION

Student’s Name: ________________________________________________

Today’s Date: __________________________

Family Phone Number: _______________________________

Student’s Birthdate: __________________________

Age: ______ Grade: _______ School: __________________________________________

Teachers and Counselors Names: _____________________________________________

Name of Sibling: ______________________________________________________

Sibling’s Diagnosis: _________________________________________________

Date of Diagnosis: ____________________________________________________

QUESTIONS FOR THE STUDENT

What do you know about your brother/sister’s condition?
____________________________________________________________________
____________________________________________________________________

How is your family/life different now?
____________________________________________________________________
____________________________________________________________________

When your bother/sister goes for treatment, how often do you get to talk with them?
____________________________________________________________________
Who takes care of you or is with you most of the time?

______________________________________________________________________
______________________________________________________________________

What additional things do you now do at home? (For Teens: What additional responsibilities do you now have at home or outside the home?)

______________________________________________________________________
______________________________________________________________________

What do you want your teachers to know?

______________________________________________________________________

What do you want your friends to know?

______________________________________________________________________
______________________________________________________________________

What has been the hardest thing about school while your brother/sister is sick/hurt?

______________________________________________________________________

What are 3 things that your teacher/school could do to help you the most?

1. ____________________________________________________________________

2. ____________________________________________________________________

3. ____________________________________________________________________

FORM COMPLETED BY:

Name: ______________________________  Title: ____________________________

Email: ______________________________  Phone Number: ____________________