



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 brother/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: _____