



# 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?

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Who takes care of you or is with you most of the time?

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

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What do you want your teachers to know?

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What do you want your friends to know?

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

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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: \_\_\_\_\_