

## **School Support Request**

Gabby's Grief Center is dedicated to supporting students and staff. We offer a range of grief support services tailored to schools, including student grief groups, staff presentations, and crisis support. Please fill out the form below to express interest in our services, and a member of our team will follow up with you.

Contact Information	
Contact Name (First and Last):	
Position/Title:	
Contact Email:	
School Name:	
School Address:	
School District:	
Phone Number:	
Best Time to Connect With You:	
Which grief support services are you interested in for your school? (Check all that apply)	
<ul><li>☐ 6-week grief group for students</li><li>☐ Grief support workshop</li></ul>	
☐ Crisis response after the death of a student/staff member	
☐ Grief education presentation for students	
☐ Parent or family grief workshops	
☐ Collaboration to form an individual bereavement plan	
☐ Interested in earning a grief-informed school endorsement	
☐ Other (please specify):	
Grade level or age range of students: (Check all that apply)	
☐ Elementary (K–5)	
☐ Middle School (6–8)	
☐ High School (9–12)	

Is there a specific event or  ☐ Yes ☐ No	loss that prompted this request?
If yes, please briefly describe	y:
What specific grief needs o	or concerns do you have for your school?
Do you have a preferred da Date:	
Are you requesting services	s for:
<ul><li>☐ Students</li><li>☐ Staff</li><li>☐ Both</li></ul>	
Preferred timing for service	es (days of the week, times, etc.):
<ul><li>☐ Number Attending:</li><li>☐ Less than 10</li><li>☐ 10-25</li></ul>	
☐ 25-50 ☐ 50-100 ☐ 100-200	
☐ 200 or more	
How did you hear about Ga	bby's Grief Center?
☐ I acknowledge that comple	eting this form does not guarantee our school a group placement.
Printed Name:	Date: