

# Child Virtual Grief Topics Survey

## Contact Information

Parent's Name: \_\_\_\_\_

Child's Age/Grade in School: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. What time of day/day of the week works best for a group meeting?  
Morning                      Afternoon                      Evening
2. Would you be interested in your child attending a virtual grief group?  
 Yes       No
3. Will they need assistance logging on?  
 Yes       No
4. Do you have access to an electronic device and Wi-Fi?  
 Yes       No
5. What topic ideas interest you? (choose all that apply)  
 Healthy coping skills  
 Honoring your loved one  
 Emotional regulation  
 Expressing feelings (art, music, journal, etc)  
 Grief education for kids  
 Substance abuse with grief  
 Other
6. Would you be interested in the programs below? (choose all that apply)  
 Kids book club  
 Movie club  
 Other

Feel free to share additional comments below:

Scan this QR code with your phone if you would like to take this survey online.



*If completing a paper survey, please return to:  
State of the Heart Care Attn: Bereavement Services  
1350 North Broadway Greenville, OH 45331.*