

Rainbows Program: Grief and Loss Support

Dear Homestead Families,

Homestead is pleased to announce that RAINBOWS will be offered to our students again this year. RAINBOWS is a group for elementary aged children, grades K-5, who have suffered a recent loss through death, divorce, or a painful family transition. When something happens in a family, the entire family is affected. Death, illness, and divorce have a profound effect on children. Some find it difficult to verbalize their feelings due to their age or limited life experiences. We have trained adults willing to help children put their feelings into words, by working through their grief. Through the RAINBOWS program, children will begin to build a stronger sense of self and learn to accept what has taken place in their families. The group offers peer support, a sense of understanding, and nurturing adults who will assist your child through their grief process. Each child will work with their facilitator on workbook exercises, activities, art projects, and verbalizing feelings.

The groups will be offered starting in November and last 10-12 weeks. More specific information regarding group times/dates will be sent to participants at a later date. Groups will meet during lunch/recess for 30-40 minutes, once per week. We do try to cluster the children into groups with similar issues and ages. We welcome children who have previously participated; however, there is limited space available and children who have never participated will be given priority. Also, it is important to talk this over with your child, as they may or may not wish to participate.

All forms must be returned by ***Friday October 7th***, to either your child's teacher or the school office. Once the groups have been established, a letter will be sent home indicating your child's facilitator and meeting time.

Sincerely,

Nicole J. Hunt, MSW and Claire Pepper, LCSW
School Social Workers
(630) 636-3105; nhunt0405@oswego308.org



Please fill out the following information and indicate family change, as it will aid in the grouping process.

STUDENT(S): _____ AGE: _____ GRADE: _____

_____ AGE: _____ GRADE: _____

HOME PHONE: _____ WORK/CELL PHONE: _____

SIGNATURE: (Parent) _____

By giving consent I understand that my child will participate in RAINBOWS once per week for 10-12 weeks. I understand that the group will meet during my child's lunch/recess time, 1 time/week.

Please Check: Parents are recently divorced
 Someone in immediate family is ill, or has recently died
 Parents have recently separated, or are experiencing a difficult change.

Feel free to comment in more detail about your family change:

*****Kindergarten parents**: please list the best day and time for your child if they were to attend a group outside of their normal Kindergarten day. In the past, we have held groups after the morning class/ before the afternoon class or before school at 8:00am. We will try to be as accommodating as possible to your needs.

Kindergarten parents only: Best Days/Time _____
(before school 8:00-8:40 or lunch time around 12noon)

Please return to Mrs. Pepper by Friday October 7th