**Loss & Grief Workshop Make Up Activity**

This make up assignment is meant to be held as a conversation between student and a parent/adult family member. Complete part one in its entirety. Choose at least 5 topics from part two to discuss together. Student and parent/adult family member should sign at the bottom of this form and turn in to Kelsey.

**Part 1 – Complete this section entirely.**

* Get a blank sheet of paper and a writing utensil for each person. Set a timer for 60 seconds and write down as many situations that might result in feeling loss or grief that you can think of. When the timer goes off, compare lists.
  + Can you find anything that these situations have in common?
  + Did your partner come up with any situations that surprised you? Why?
  + Read through the list below. Do any of those situations surprise you? How might they cause someone to feel grief or a loss?

separation or divorce in a family

romantic breakup

abandonment by a parent

family member with Alzheimer's disease

sibling with special needs

losing ability to drive

inability to care for one self

cannot live independently

loss of memory

domestic abuse

family member with a chronic illness

being bullied

witnessing a traumatic event

grandparent moving away

moving to a nursing home

abuse

incarceration of a family member

living with someone addicted

homelessness

military loss

living with someone with mental illness

loss of pet

loss of home

loss of friends

loss of personal property

loss of work

loss of identity

moving

graduation

empty nest

retirement

financial changes

Read the following verses together then discuss:

* + John 12:24
  + Psalm 23:4
  + Psalm 147:3
  + John 11:1-44
* What do these verses tell you about how God might view death/loss/grief?
* How do you think God wants us to respond we experience grief/loss?
* How do you think God wants us to respond when others are experiencing grief/loss?
* What are some things that you can **say** when someone you know is grieving? *(talk about God’s love, LISTEN, don’t assume, ask questions, what are you feeling?, how can I be helpful?, remember the person not just the events of their death)*
* What are some things that you can **do** when someone is grieving? *(be present, LISTEN, be helpful, keep checking in, do the ‘normal’ things too)*

**Part 2 – Choose at least 5 topics from below to discuss together.**

**⃝ Topic: Sharing your Story**

* When have you experienced someone else going through grief/loss?
* What have you experienced your own grief/loss?
* What makes it hard or easy to share about your own loss?

**⃝ Topic: Your Beliefs about Death**

* What do you believe about death?
* What are some fears that others or you have about death?

**⃝ Topic: Rituals & Traditions around Loss**

* What rituals or traditions do you see happen when there is a loss or someone is grieving?
* How do rituals and traditions comfort us?

**⃝ Topic: Terminal Illnesses**

* What might a person with a terminal illness need from a friend?
* What might make it difficult to talk to someone with a terminal illness?

**⃝ Topic: Family Changes & Divorce**

* What might a person be experiencing and feeling during family changes or divorce?
* If you’ve experienced family changes, what did others assume or miss while trying to help?
* How could you help a friend whose family is going through changes?

**⃝ Topic: Natural Disasters & Accidents**

* After a natural disaster (home/community, jobs, lives, etc.) what would people be grieving for?
* After an accident that results in a death or a person’s loss of ability, how do people usually react or respond?
* What might it mean to create a “new normal”?

**⃝ Topic: Suicide**

* How might people react differently to a suicide compared with a death from natural causes or an accident?
* What are some of the cues to look for in people who think about or feel suicidal? How could suicide be prevented?

Parent / Adult Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_