

# STUDENT LOSS INVENTORY

Ask parents and students to fill out this inventory at the beginning of the year so that teachers and counselors are aware of loss events in the lives of students. It is important for the young people to participate in this activity and add their thoughts-there may be important losses and grief experiences that have been overlooked or dismissed by the adults. As a parent and child examine the loss inventory together, valuable open communication is encouraged.

Re-evaluate the inventory mid-year to determine if further losses have occurred and to assess how identified behaviors have changed.

By including questions on "other losses" beside "death losses" the inventory seeks to characterize behaviors associated with a significant event in the life of a child. A quick review of responses can alert adults to areas of special concern and enable them to help a child or adolescent effectively.

## The Story of My Losses

### *General Information about You*

1. Name \_\_\_\_\_

2. Grade \_\_\_\_\_

3. Age \_\_\_\_\_

4. Check off the losses or changes in your life that are important to you:

- a. Mom and Dad separating or divorcing \_\_\_\_\_
- b. Moving to a different town \_\_\_\_\_
- c. Moving to a different school \_\_\_\_\_
- d. Arguments with friends \_\_\_\_\_
- e. Break up with a boy/girl friend \_\_\_\_\_
- f. Pet running away from home or you have to give him away \_\_\_\_\_
- g. Losing your book bag \_\_\_\_\_
- h. Brother or sister leaving home \_\_\_\_\_
- i. Someone stealing something important of yours \_\_\_\_\_ what was it?  
\_\_\_\_\_

j. Name some other losses you have had:

i. \_\_\_\_\_

ii. \_\_\_\_\_

**5. The most important death in your life: (check the most important one to you)**

Mother \_\_\_\_\_ Father \_\_\_\_\_ Grandmother \_\_\_\_\_ Grandfather \_\_\_\_\_ Sister \_\_\_\_\_

Brother \_\_\_\_\_ Aunt \_\_\_\_\_ Uncle \_\_\_\_\_ Friend \_\_\_\_\_ Pet \_\_\_\_\_

Other (Name) \_\_\_\_\_

A. How old were you at the time of this death? \_\_\_\_\_

B. How did you find out?

\_\_\_\_\_  
\_\_\_\_\_

C. What was the cause of death?

\_\_\_\_\_

D. Was the death a surprise to you?

Yes \_\_\_\_\_ No \_\_\_\_\_

E. Did you go to the funeral or service?

Yes \_\_\_\_\_ No \_\_\_\_\_

F. If yes, did adults explain to you what to expect?

Yes \_\_\_\_\_ No \_\_\_\_\_

**6. How did your family help you after the death? (Please check all that apply.)**

Talking about death with me \_\_\_\_\_

Looking at pictures together \_\_\_\_\_

Leaving me alone \_\_\_\_\_

Praying with me \_\_\_\_\_

Keeping me safe \_\_\_\_\_

Talking about the person who died \_\_\_\_\_

Spending more time with me \_\_\_\_\_

Other (please list) \_\_\_\_\_

\_\_\_\_\_

**7. How did your teacher help you after the death?**

Came to me to talk about my loss \_\_\_\_\_

Talked to me about my loss after I came to him or her \_\_\_\_\_

Planned something special for me with the whole class (like making a card- what was it) \_\_\_\_\_

Left me alone \_\_\_\_\_

I don't remember/ wasn't in school then \_\_\_\_\_

**8. Are there things you did alone when you thought about the person you lost?**

**(Check all that apply.)**

I tried not to think about it \_\_\_\_\_

Writing a story \_\_\_\_\_

Drawing \_\_\_\_\_

Writing poems \_\_\_\_\_

Physical activity, like bike rides or yard work \_\_\_\_\_

I don't remember \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**9. Do you still talk about the person you lost?**

All the time \_\_\_\_\_

Often \_\_\_\_\_

Sometimes \_\_\_\_\_

Never \_\_\_\_\_

I used to \_\_\_\_\_

**10. How did the loss make you feel right after it happened?** \_\_\_\_\_

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**11. When you think about this loss now, are there any things you wish had been different? Please write about the things you did or the way people treated you.**

**12. You can use this space to write about your experience with any other loss important to you. Please write on the back if you need more room.**

**13. Below is a list of ways you may have felt or behaved in the past week. Please tell us how often you have felt about each item in the last week by checking a box.**

	Rarely/ Never	Sometimes	Often	All the Time
A. I did not feel like eating.				
B. I couldn't shake off the blues.				
C. I felt just as good as others.				
D. I was scared.				
E. I felt like hitting someone.				
F. I was mad.				
G. I felt out of control.				
H. I felt everything I did was hard.				
I. I felt depressed.				
J. I felt like hurting myself.				
K. I felt safe.				

L. I felt like screaming.				
M. I wanted to break things.				
N. I talked less.				
O. I felt lonely.				
P. I was proud of myself.				
Q. I didn't think people were friendly.				
R. I cried.				
S. I felt hope about the future.				

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