**Small Group Counseling Title/Theme:** Coping With Life Changes-Missing You- Unit 2

**Grade Level(s):** K-2

**Small Group Counseling Description:** This group is for students who are experiencing problems with the death of a loved one. Students will learn the stages of grief; what supports are available; how to say goodbye; how to label feelings; coping strategies; and how to share memories. The group will be reading books and making a pillowcase to help cope with the loss.

**Number of Sessions in Group:** Introduction, 6 Sessions, and an Optional Follow-Up Session

**Session Titles:**
Introductions: Establishing Group Norms:
Establishing norms is important to the group process. This introduction should be used prior to Session #1.

- Materials needed:
  - Chart Paper
  - Markers

  *Small Group Counseling Guidelines Poster (Document 18)*

**Session # 1: Getting to Know You**
- Materials needed
  - Pillowcase
  - Markers
  - Cardboard

  *Small Group Counseling Guidelines Poster (Document 18)*
  *Teacher/Parent/Guardian Follow-Up Form (Document 12)*

**Session # 2: Facing Feelings**
- Materials needed
  - Pillowcase
  - Markers
  - Chart paper
  - Cardboard
  - Book about death/dying/grief and/or feelings
  - Puppet

  *Small Group Counseling Guidelines Poster (Document 18)*
  *Teacher/Parent/Guardian Follow-Up Form (Document 12)*

**Session # 3: Stick By Me**
- Materials needed
  - Pillowcase
  - Markers
  - Cardboard
  - Old Crayons
  - Popsicle sticks
  - Chart Paper

*Missouri Comprehensive Guidance & Counseling Programs: Linking School Success to Life Success*

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May 2015
Session # 4: Skill Builder
Materials needed
- Pillowcase
- Markers
- Cardboard
- Cut out *Skill Builder Strategy Strips*
- Cup/Bag

Session # 5: Memory Maker
Materials needed
- Pillowcase
- Markers
- Cardboard
- Tape recorder or CD player with the selected song about memories ready to play.

Session # 6: Bring It Full Circle
Materials needed
- Pillow Case
- Markers
- Cardboard
- Lists from previous groups
- Snacks

**Missouri Comprehensive Guidance and Counseling Content Area Strand/Big Idea(s):**
PS.3 Applying personal safety skills and coping strategies

**Missouri Comprehensive Guidance and Counseling Concept(s):**
PS.3.C. Coping Skills
American School Counselor Association (ASCA) National Standard:
Personal/Social Development
   C. Students will understand safety and survival skills.

NOTE: The overall purpose of the MCGP small group counseling units and sessions is to give extra support to students who need help meeting specific Comprehensive Guidance Program Grade Level Expectations (GLEs). This small group counseling unit provides a “shell” that allows you to personalize sessions to meet the unique needs of your students. Your knowledge of the developmental levels, background knowledge and experiences of your students determines the depth and level of personal exploration required to make the sessions beneficial for your students.

Show-Me Standards: Performance Goals (check one or more that apply)

<table>
<thead>
<tr>
<th></th>
<th>Goal 1: gather, analyze and apply information and ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Goal 2: communicate effectively within and beyond the classroom</td>
</tr>
<tr>
<td></td>
<td>Goal 3: recognize and solve problems</td>
</tr>
<tr>
<td>X</td>
<td>Goal 4: make decisions and act as responsible members of society</td>
</tr>
</tbody>
</table>

Summative Assessment

Summative assessment relates to the performance outcome for goals, objectives and (GLEs) concepts. Assessment can be survey, student sharing, etc.

Perceptual Data Collection:
The following end-of-group perceptual data collection forms will be used as a part of session four and five; the forms are attached to the Unit Plan:

Classroom Teacher Assessment:
- The classroom teacher will complete the Student Behavior Rating Form (Document 4) for each student before the group starts and after the group has been completed. The Professional School Counselor may consider making two copies of this form, one for the pre-assessment and one for the post-assessment, then entering all data on a final form for comparison.
- Teacher Pre/Post-Group Perception Form (Document 14) will be given to teacher to complete at the end of the group unit.

Parent Assessment:
- Parent/Guardian Post-Group Perception Form (Document 15) will be given to parents to complete at the end of the group unit.

Student Assessment:
- Student Post-Group Perception Form (Document 16) will be given to students to complete at the end of the group unit.

Results Based Data Collection:
The Professional School Counselor will demonstrate the effectiveness of the unit via pre and post comparisons of such factors as attendance, grades, discipline reports and other information, utilizing the PRoBE Model (Partnerships in Results Based Evaluation). For more information about PRoBE, please visit the Guidance and Placement section of the Department of Elementary and Secondary Education website.

Follow Up Ideas & Activities
Implemented by counselor, administrators, teachers, parents/guardians, community partnerships:
The Professional School Counselor will check in to see if students are using coping strategies and supports in order to deal with the feelings and emotions of losing a loved one.
**Note:** Samples 1 & 2 of Document 14 provide you with examples of two ways to gather data about teachers' post-group perceptions of the effectiveness of the group. **Sample 1** measures teachers' perceptions of the changes the student made as a result of the group experience. **Sample 2** measures the teacher's perceptions of the counseling group as a whole. An advantage to using form 2 is that it parallels Document 15: Parent/Guardian Post-Group Feedback Form and Document 16: Student Post-Group Perception Form; thus, making it possible to compare teacher, parent, and student perceptions of the group experience.

Sample 1: Individual Student Behavior Rating Form  
(Adapted from Columbia Public Schools’ Student Behavior Rating Form)

**STUDENT___________________________GRADE __________TEACHER __________________**

**DATE: Pre-Group Assessment ___________ Date: Post-Group Assessment ______________**

<table>
<thead>
<tr>
<th>Pre-Group Concerns</th>
<th>Post-Group Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part 1</strong> - Please indicate rating of pre-group areas of concern in the left hand column.</td>
<td><strong>Part 2</strong> - Please indicate rating of post-group areas of concern in the right hand column.</td>
</tr>
<tr>
<td>Pre-Group Concerns</td>
<td>Student Work Habits/Personal Goals Observed</td>
</tr>
<tr>
<td>Rank on a scale of 5→1 (5=Extreme→3=Moderate→1 = None)</td>
<td>Colleagues, please help evaluate the counseling group in which this student participated. Your opinion is extremely important as we strive to continuously improve our effectiveness with ALL students.</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

**Academic Development**
- Follows directions
- Listens attentively
- Stays on task
- Compliance with teacher requests
- Follows rules
- Manages personal & school property (e.g., organized)
- Works neatly and carefully
- Participates in discussion and activities
- Completes and returns homework

**Personal and Social Development**
- Cooperates with others
- Shows respect for others
- Allows others to work undisturbed
- Accepts responsibility for own misbehavior (e.g., provoking fights, bullying, fighting, defiant, anger, stealing)
- Emotional issues (e.g., perfectionism, anxiety, anger, depression, suicide, aggression, withdrawn, low self-esteem)

**Career Development**
- Awareness of the World of Work
- Self-Appraisal
- Decision Making
- Goal Setting

**Add Other Concerns:**
TEACHER PRE/POST-GROUP PERCEPTIONS

Note: This document measures the teacher’s perceptions of the effectiveness of the group as a whole. The teacher could complete this form after the last group session has been completed.

(SAMPLE 2 OF 2)

TEACHER PRE/POST-GROUP PERCEPTIONS FORM

One or more of your students participated in a small counseling group about _______________. We are seeking your opinion about the effectiveness of the group e.g., students’ relationship with the professional school counselor and other participants in the group and your observations of students’ behavioral/skill changes (positive or negative). We appreciate your willingness to help us meet the needs of all students effectively. The survey is anonymous unless you want us to contact you.

Teacher’s Name (optional): ___________________________________________ Date: _____________

Professional School Counselor’s Name: ___________________________________________________

Small Group Title: ____________________________________________________________________

Before the group started, I hoped students would learn:

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

While students were participating in the group I noticed these changes in their behavior/attitude

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Using a scale of 5 to 1 (5 = strongly agree and 1 = strongly disagree), please circle your opinion about the following

<table>
<thead>
<tr>
<th>What do you think?</th>
<th>5=Strongly Agree</th>
<th>4=Agree</th>
<th>3=Neutral</th>
<th>2=Disagree</th>
<th>1=Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, I would rate my students’ experience in the counseling group as positive.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Students enjoyed working with other students in the group.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Students enjoyed working with the counselor in the group.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Students learned new skills and are using the skills in school</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I would recommend the group experience for other students.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Additional Comments for Counselor:

Note: This document measures the teacher’s perceptions of the effectiveness of the group as a whole. The teacher could complete this form after the last group session has been completed.
GROUP TOPIC: _____________________________________ Session # _________

Student’s Name: ________________________________ Date: ____________________

Today I met with my school counselor and other group members.

Session Goal: _______________________________________________________________

Today we talked about the following information during our group:
Circle one or more items.

- Friendship
- Study Skills
- Attendance
- Feelings
- Behavior
- School Performance
- Family
- Peer Relationships
- Other __________________

Group Assignment:
I will complete or practice the following at school and/or at home before our next session:

_____________________________________________________________________

Our next group meeting will be:
Date: ____________________________   Time: ____________________________

Additional Comments:

Please contact ____________________________, Professional School Counselor at
_________________________ if you have further questions or concerns.

Note to Professional School Counselor: This form measures the student’s perceptions of the overall effectiveness of the group using the same questions as teachers’ and parents answer on their feedback forms. Students complete during the last session (or the follow-up session if you have one). This form may be adapted and used at the upper elementary, middle school or high school level.
STUDENT POST-GROUP PERCEPTION FORM
(Sample 1 of 2)

**Note:** This student feedback form may be sent home with group members after the last group session. This form measures the group member’s perceptions of the overall effectiveness of the group using the same questions as teachers and parents answer on their feedback forms. Group members complete during the last session (or the follow-up session if you have one). This is the secondary level form.

**STUDENT FEEDBACK FORM**

We want your opinion about the effectiveness of your group. We appreciate your willingness to help us make our work helpful to all students. The survey is anonymous unless you want us to contact you.

My Name (optional): ___________________________________________ Date: __________________

Professional School Counselor’s Name: _____________________________________________________

Small Group Title: ____________________________________________________________________

Before the group started, I wanted to learn _________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Because of the group, I have noticed these changes in my thoughts, feelings, actions:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Using a scale of 5 to 1 (5 = strongly agree and 1 = strongly disagree), please circle your opinion about the following:

<table>
<thead>
<tr>
<th>What do you think?</th>
<th>5=Strongly Agree</th>
<th>4=Neutral</th>
<th>3=Weakly Agree</th>
<th>2=Weakly Disagree</th>
<th>1=Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, I would rate my experience in the counseling group as:</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I enjoyed working with other students in the group</td>
<td>5</td>
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<tr>
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<tr>
<td>I learned new skills and am using the skills in school</td>
<td>5</td>
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</tr>
<tr>
<td>If other students ask me if they should participate in a similar group, I would recommend that they “give-it-a-try”</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**Additional Comments for the Counselor:**
STUDENT POST-GROUP PERCEPTIONS
(Sample 2 of 2)

Note: This feedback form may be sent home with group members after the last group session. This form measures the group member’s perceptions of the overall effectiveness of the group using the same questions as teachers and parents answer on their feedback forms. Group members complete during the last session (or the follow-up session if you have one). This is the elementary level form.

STUDENT FEEDBACK FORM

Directions: Please complete the Student Feedback Form after the last group session.

Name: ____________________________ (optional) Date: ___________________

When I started the group, I wanted to learn about ____________________________.

Topic of Group

Instructions: Read each sentence. Put a circle around the face that shows how you think and feel right now about what you learned in the group.

😄 = I agree 😞 = I’m not sure 😞 = I disagree

1. Overall, I would rate my experience in the counseling group as:

😄 = I agree 😞 = I’m not sure 😞 = I disagree

2. I enjoyed working with other students in the group

😄 = I agree 😞 = I’m not sure 😞 = I disagree

3. I enjoyed working with the counselor in the group.

😄 = I agree 😞 = I’m not sure 😞 = I disagree

4. I learned new skills and am using the skills in school.

😄 = I agree 😞 = I’m not sure 😞 = I disagree

5. If other students ask me if they should participate in a similar group, I would recommend that they give it a try

😄 = I agree 😞 = I’m not sure 😞 = I disagree

Additional comments you would like to share with the counselor:
**STUDENT FEEDBACK FORM**

We want your opinion about the effectiveness of your group. We appreciate your willingness to help us make our work helpful to all students. The survey is anonymous unless you want us to contact you.

My Name (optional): ____________________________ Date: ________________

Professional School Counselor’s Name: _________________________________________

Small Group Title: __________________________________________________________

Before the group started, I wanted to learn ______________________________________

___________________________________________________________________________

___________________________________________________________________________

Because of the group, I have noticed these changes in my thoughts, feelings, actions:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Using a scale of 5 to 1 (5 = strongly agree and 1 = strongly disagree), please circle your opinion about the following:

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</table>

Additional Comments for the Counselor:

Note: This student feedback form may be sent home with group members after the last group session. This form measures the group member’s perceptions of the overall effectiveness of the group using the same questions as teachers and parents answer on their feedback forms. Group members complete during the last session (or the follow-up session if you have one). This is the secondary level form.
STUDENT FEEDBACK FORM

Directions: Please complete the Student Feedback Form after the last group session.

Name: ____________________________ (optional) Date: ________________

When I started the group, I wanted to learn about ___________________________________.

Topic of Group

Instructions: Read each sentence. Put a circle around the face that shows how you think and feel right now about what you learned in the group.

= I agree  = I’m not sure  = I disagree

1. Overall, I would rate my experience in the counseling group as:

= I agree  = I’m not sure  = I disagree

2. I enjoyed working with other students in the group

= I agree  = I’m not sure  = I disagree

3. I enjoyed working with the counselor in the group.

= I agree  = I’m not sure  = I disagree

4. I learned new skills and am using the skills in school.

= I agree  = I’m not sure  = I disagree

5. If other students ask me if they should participate in a similar group, I would recommend that they give it a try

= I agree  = I’m not sure  = I disagree

Additional comments you would like to share with the counselor:

Note: This feedback form may be sent home with group members after the last group session. This form measures the group member’s perceptions of the overall effectiveness of the group using the same questions as teachers and parents answer on their feedback forms. Group members complete during the last session (or the follow-up session if you have one). This is the elementary level form.
**STUDENT POST-GROUP FOLLOW-UP INTERVIEW FORM**

**Follow-up Interviews/Session with Students**

**Potential Interview Questions:**

How are things going?

What specific skills are you practicing now that the group is over?

What was the most useful thing you learned from the group?

What skills would you like to practice?

How are things different for you now?

  - What is better?
  - What is in need of improvement?

What progress have you made toward the goals you set for yourself at the end of our group meetings?

How are you keeping yourself accountable?

What suggestions do you have for future groups?

Rank your overall experience on a scale from 5 → 1: ______

5 = Most positive activity in which I have participated for a long time
4 = Gave me a lot of direction with my needs
3 = I learned a lot about myself and am ready to make definite changes
2 = I did not get as much as I had hoped out of the group
1 = The group was a waste of my time

What contributed to the ranking you gave your experience in the group? What could have made it better?
The counselor has the option of sending this form to teachers or parents/guardians after each group session to keep these individuals informed of student’s progress in the group.

GROUP TOPIC: __________________________ Session # _________

Student’s Name: __________________________ Date: __________________

Today I met with my school counselor and other group members.

Session Goal: ____________________________________________________

Today we talked about the following information during our group:
Circle one or more items.

- Friendship
- Study Skills
- Attendance
- Feelings
- Behavior
- School Performance
- Family
- Peer Relationships
- Other _______________

Group Assignment: 
I will complete or practice the following at school and/home before our next session.

____________________________________________________________________

Our next group meeting will be:

Date: ____________________________ Time: ____________________________

Additional Comments:

Please contact __________________________, Professional School Counselor at
____________ if you have further questions or concerns.
POST-SMALL GROUP FOLLOW-UP WITH STUDENTS
(OPTIONAL SESSION scheduled 4-6 weeks after group ends)
Level: Elementary/Middle School/High School

FOLLOW-UP SESSION FEEDBACK FORM FOR STUDENTS

Name: ______________________________ (optional) Date: _____________

Questions:

1. What specific skills are you practicing now that the group is over?

2. What was the most useful thing you learned from the group?

3. What could you use more practice on?

4. How are things different for you now?

5. What Progress have you made toward the goals you set for yourself at the end of our group meetings?

6. How are you keeping yourself accountable?

7. What suggestions do you have for future groups?

8. Circle your overall experience in the group on a scale from 1 → 5 ______

   1=Most positive activity in which I have participated for a long time
   2=Gave me a lot of direction with my needs
   3=I learned a lot about myself and am ready to make definite changes
   4=I did not get as much as I had hoped out of the group
   5=The group was a waste of my time

9. What specific “things” contributed to the ranking you gave your experience in the group?

10. What would have made it better?

Additional comments you would like to share with the school counselor:
Small Group Counseling Guidelines

1. All participants observe confidentiality.
   a. Counselor
   b. Student

2. Everyone will be an active listener.

3. Everyone has an opportunity to participate and share.

4. Use positive language.

5. All participants will treat each other with respect.

Note: This list may be used as best meets the students’ age/grade level. It could be posted in the room, handed out to the students, or turned in to a worksheet with space for each group to add their own guidelines.
Group Title: Introduction
This is a sample introduction session for establishing small group norms.

Session Title: Establishing Small Group Norms

Grade Level: K-12

Estimated time: 30 minutes

Small Group Counseling Session Purpose: To establish small group counseling guidelines, to discuss the purpose of the group, and to begin student self-evaluation process.

Missouri Comprehensive Guidance and Counseling Content Area Strand/Big Idea(s):
Insert appropriate Strand/Big Idea(s) for the small group in this section.

Missouri Comprehensive Guidance and Counseling Concept(s):
Insert the associated Concept(s) in this section.

American School Counselor Association (ASCA) National Standard:

NOTE: The overall purpose of the MCGCP small group counseling units and sessions is to give extra support to students who need help meeting specific Comprehensive Guidance and Counseling Program Grade Level Expectations (GLEs). This small group counseling unit provides a template that allows you to personalize sessions to meet the unique needs of your students. Your knowledge of the developmental levels, background and experiences of your students determine the depth and level of personal exploration required to make the sessions beneficial for your students.

INTRODUCTION Materials (include activity sheets and/ or supporting resources)
Chart paper
Markers
Small Group Counseling Guidelines

INTRODUCTION Formative Assessment
Assessment should relate to the performance outcome for goals, objectives and GLEs.
Assessment can be question answer, performance activity, etc.
Share small group counseling guidelines and monitor personal behavior within the group, such as: waiting to speak, listening to what others have to say, and responding to others’ statements without putting them down.

INTRODUCTION Session Preparation
Essential Questions: How do people communicate their ideas in a group? How do people treat each other in a group?

Engagement (Hook): What groups do you belong to? What groups would you like to belong to?
INTRODUCTION  Procedures

<table>
<thead>
<tr>
<th>Professional School Counselor Procedures:</th>
<th>Student Involvement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. “Today, we are going to talk about working within groups and how small group counseling guidelines help members as they work together.” Introduce the Small Group Counseling Guidelines. Students may wish to add additional guidelines suitable for their specific group.</td>
<td>1. Students discuss the guidelines and offer their definitions of each guideline. The students decide upon any other group guidelines they would like to add. As guidelines are accepted, students discuss how they will be expected to follow them.</td>
</tr>
<tr>
<td>When discussing the term, confidentiality, relate it to outside-the-group talk versus inside-the-group talk. The members may talk with someone outside the group about something they may have said, but they cannot talk about who the members of the group are, or what others shared. Acknowledge student suggestions as examples of how confidentiality can be maintained.</td>
<td>Students make suggestions for maintaining confidentiality.</td>
</tr>
</tbody>
</table>
| Post Small Group Counseling Guidelines, including any additional guidelines the group develops, for the group to refer to during each group session. Remind students that they will be expected to follow the guidelines during each session. | 2. Students develop a list of experiences; either individually, with another student, or with the group. Possible student comments might be:  
- We treat others as we would like to be treated.  
- Everyone gets a turn.  
- Nobody gets left out.  
- No put-downs.  
- Take turns when speaking.  
- Everyone has a chance to share.  
- Listen when others are speaking.  
- Put away equipment when you are finished.  
- Respect each other’s differences. |
| 2. Introduce the icebreaker activity: Review the groups that were discussed during the hook. “What were some the positive things that made you feel good when you were with that group? Or, if you didn’t enjoy the group, what would have made the experience better for you?” | 3. Students share ideas about what they would like to learn or achieve. |
| NOTE: This activity can be done in a number of ways:  
- Students may work in a Think-Pair-Share in which they are placed into pairs to discuss the prompts and come up with ideas together.  
- Students may work with a large piece of chart paper or bulletin board paper to come up with ideas in graffiti form which is presented for final group approval.  
- Solicit information from the entire group for consideration, which is then to be written on chart paper and edited through group approval. | |
Professional School Counselor Procedures:  
Closure/Summary: Review the small group counseling guidelines with the students. Give students time and date of the next session.

Student Involvement:  
Closure/Summary: Students review the small group counseling guidelines and note the date and time of the next session.

INTRODUCTION Follow-Up Activities (optional)

INTRODUCTION Counselor reflection notes (completed after the session)

STUDENT LEARNING: How will students’ lives be better as a result of what happened during this session?

SELF EVALUATION: How did I do?

IMPLEMENTATION PROCEDURES: How did the session work?
**SESSION #1**

**Group Title:** Coping With Life Changes-Missing You

**Session Title:** Getting to Know You

**Grade Level:** K-2

**Small Group Counseling Session Description:**
Students will learn group guidelines and identify a personal loss.

**Missouri Comprehensive Guidance and Counseling Content Area Strand/Big Idea(s):**
PS.3 Applying personal safety skills and coping strategies

**Missouri Comprehensive Guidance and Counseling Concept(s):**
PS.3.C. Coping Skills

**American School Counselor Association (ASCA )National Standard:**
Personal/Social Development
  C. Students will understand safety and survival skills.

---

**SESSION #1 Materials (include activity sheets and/ or supporting resources)**
- Pillow Case (or T-Shirt or large piece of construction paper) - 1 for every student
- Markers (sharpie or permanent markers work best)
- Cardboard (to put between pillow case or t-shirt)

**Small Group Counseling Guidelines**

**SESSION #1 Formative Assessment**
Assessment should relate to the performance outcome for goals, objectives and GLEs.
Assessment can be question answer, performance activity, etc.
Students will understand their purpose for being in the group. Students will draw on their pillowcase a picture of their deceased loved one.

**SESSION #1 Preparation**

**Essential Questions:** Why is it important for you to be here?

**Engagement (Hook):** The Professional School Counselor engages in a role play discussion with a puppet. The puppet has lost something (i.e. cell phone) and expresses how he feels about the loss (i.e., angry, frustrated, sad, worried). The school counselor summarizes the puppet’s response and asks the group to tell the puppet how they would feel if they had lost the same item. The school counselor says “We all lose things but when we lose people we love or care about our feelings are stronger and we might need help and support to feel better.” “Hopefully, in this group we will help and support one another.”
### SESSION #1 Procedures

<table>
<thead>
<tr>
<th>Professional School Counselor Procedures</th>
<th>Student Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discuss Group Guidelines, including student additions. Refer to the <em>Small Group Counseling Guidelines</em></td>
<td>1. Students may add any guidelines they want the group to follow.</td>
</tr>
<tr>
<td>2. Let each student introduce themselves and why they are part of the group.</td>
<td>2. Introductions are made.</td>
</tr>
<tr>
<td>3. Tell students to draw a picture of the person they have lost and want to remember on their pillowcase.</td>
<td>3. Students draw pictures of their loved ones on the pillowcase.</td>
</tr>
<tr>
<td>4. Closure/Summary: “How did you feel while you were working on your drawing today? What other feelings did you hear other group members discuss today?”</td>
<td>4. Closure/Summary: Students discuss their feelings.</td>
</tr>
<tr>
<td>5. Group assignment: Ask students to pay attention to the specific feelings that occur this week in relationship to their feelings of their loved one. “We will be sharing those at the next session.”</td>
<td>5. Group assignment: Students will pay attention to their feelings during the week about their lost loved one.</td>
</tr>
</tbody>
</table>

### SESSION #1 Follow-Up Activities

Professional School Counselor will check in with teacher to monitor student’s classroom performance and behaviors.

### SESSION #1 Counselor reflection notes (completed after the session)

*STUDENT LEARNING: How will students’ lives improve as a result of what happened during this session?*

*SELF EVALUATION: How did I do?*

*IMPLEMENTATION PROCEDURES: How did the session work?*
TEACHER/PARENT/GUARDIAN
SMALL GROUP FOLLOW-UP

The Professional School Counselor has the option of sending this form to teachers/parents/guardians after each group session to keep these individuals informed of student’s progress in the group.

GROUP TOPIC: ___________________________ Session # ________

Student’s Name: ___________________ Date: __________________

Today I met with my school counselor and other group members.

Session Goal: __________________________________________________________

Today we talked about the following information during our group:
Circle one or more items.

Friendship   Study Skills   Attendance
Feelings     Behavior      School Performance
Family       Peer Relationships Other ______________

Group Assignment:
I will complete or practice the following at school and/home before our next session.

_____________________________________________________________________

Our next group meeting will be:

Date: ____________________________   Time: ____________________________

Additional Comments:

Please contact __________________________, Professional School Counselor at
______________ if you have further questions or concerns.
SESSION #2

**Group Title:** Coping With Life Changes-Missing You

**Session Title:** Facing Feelings  
**Session #** 2 of 6

**Grade Level:** K-2  
**Estimated time:** 30 min

**Small Group Counseling Session Description:**
Students will be able to name different feelings associated with the death of their loved one.

**Missouri Comprehensive Guidance and Counseling Content Area Strand/Big Idea(s):**
PS.3 Applying personal safety skills and coping strategies

**Missouri Comprehensive Guidance and Counseling Concept(s):**
PS.3.C. Coping Skills

**American School Counselor Association (ASCA) National Standard:**
Personal/Social Development  
C. Students will understand safety and survival skills.

**SESSION #2 Materials (include activity sheets and/ or supporting resources)**

| Pillow Case from last session (t-shirt or large construction paper) - 1 for every student |
| Markers (sharpie or permanent markers work best) |
| Cardboard (to put between pillow case or t-shirt) |
| Book about death/dying/grief and/or feelings |
| Puppet |
| Chart paper |

*Teacher/Parent/Guardian Group Follow-Up (Document 12)*

**SESSION #2 Formative Assessment**

Assessment should relate to the performance outcome for goals, objectives and GLEs.  
Assessment can be question answer, performance activity, etc.

Students will be able to state different feelings they have regarding the death of their loved one.

**SESSION #2 Preparation**

**Essential Questions:** How do we feel about death?

**Engagement (Hook):** Introduce puppet. Say, "(Puppet's Name) has lots of feelings inside. Sometimes he's angry, red as a hot chili pepper. Sometimes he's sad, as blue as a rainy day. Sometimes he's excited, yellow as a sunny day. Sometimes he's frightened, white as a ghost. I bet sometimes you have different colors inside you too."
### SESSION #2 Procedures

<table>
<thead>
<tr>
<th>Session #2: Professional School Counselor Procedures</th>
<th>Session #2: Student Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review <strong>Small Group Counseling Guidelines</strong></td>
<td>1. Students listen and ask questions.</td>
</tr>
<tr>
<td>2. Review previous session.</td>
<td>2. Students share what they remember from the previous session.</td>
</tr>
<tr>
<td>3. The counselor welcomes everyone to the group.</td>
<td>3. Students listen to the counselor.</td>
</tr>
<tr>
<td>Explain that today the group will be focusing on</td>
<td>4. Students listen to the reading of the book.</td>
</tr>
<tr>
<td>feelings. There are many types of feelings (can</td>
<td>5. Students state different feelings and share with the group when they have felt that way. Students will choose a few feeling words off the list and draw or color their feelings on a designated part of their pillowcase.</td>
</tr>
<tr>
<td>explain the feeling words from the hook here if the</td>
<td>6. Students will use the list to identify a couple feelings they have and will display these on their pillowcase either with colors, pictures, or words. Students will refer to the color coding in the hook to choose which colors to use.</td>
</tr>
<tr>
<td>students don't understand them). “It's okay to have</td>
<td>7. Closure/Summary: Students will state feelings and understand it is acceptable to have more than one feeling at a time.</td>
</tr>
<tr>
<td>all the feelings. It's even okay to have more than</td>
<td>8. Group assignment: Students will try to be more aware of their feelings.</td>
</tr>
<tr>
<td>one feeling at the same time.”</td>
<td></td>
</tr>
<tr>
<td>5. Have students identify different feelings in the</td>
<td></td>
</tr>
<tr>
<td>story and see if they have felt any of those</td>
<td></td>
</tr>
<tr>
<td>feelings before. As students state feelings, the</td>
<td></td>
</tr>
<tr>
<td>counselor will write a list of all the feelings</td>
<td></td>
</tr>
<tr>
<td>mentioned on chart paper.</td>
<td></td>
</tr>
<tr>
<td>6. Instruct students to identify a couple feelings</td>
<td></td>
</tr>
<tr>
<td>they have and will display these on their</td>
<td></td>
</tr>
<tr>
<td>pillowcase either with colors, pictures, or words.</td>
<td></td>
</tr>
<tr>
<td>Instruct students to refer to the color coding in</td>
<td></td>
</tr>
<tr>
<td>the hook to choose which colors to use.</td>
<td></td>
</tr>
<tr>
<td>7. Closure/Summary: Counselor reviews the session</td>
<td></td>
</tr>
<tr>
<td>including the book and different types of feelings.</td>
<td></td>
</tr>
<tr>
<td>8. Group assignment: Students will try to notice</td>
<td></td>
</tr>
<tr>
<td>when they are experiencing different feelings and</td>
<td></td>
</tr>
<tr>
<td>what kind of feeling it is.</td>
<td></td>
</tr>
</tbody>
</table>
**SESSION #2 Follow-Up Activities**

Professional School Counselor will check in with teacher to monitor student’s classroom performance and behaviors.

**SESSION #2 Counselor reflection notes (completed after the session)**

**STUDENT LEARNING:** How will students’ lives improve as a result of what happened during this session?

**SELF EVALUATION:** How did I do?

**IMPLEMENTATION PROCEDURES:** How did the session work?
TEACHER/PARENT/GUARDIAN
FOLLOW-UP FORM

The counselor has the option of sending this form to teachers or parents/guardians after each group session to keep these individuals informed of student’s progress in the group.

GROUP TOPIC: ___________________________ Session # _________

Student’s Name: ________________________ Date: __________________

Today I met with my school counselor and other group members.

Session Goal: ________________________________________________

Today we talked about the following information during our group:
Circle one or more items.

Friendship  Study Skills  Attendance

Feelings  Behavior  School Performance

Family  Peer Relationships  Other ________________

Group Assignment:
I will complete or practice the following at school and/home before our next session.

____________________________________________________________

Our next group meeting will be:

Date: ____________________________  Time: __________________________

Additional Comments:

Please contact ________________________, Professional School Counselor at
________________ if you have further questions or concerns.
### SESSION #3

<table>
<thead>
<tr>
<th><strong>Group Title:</strong></th>
<th>Coping With Life Changes-Missing You</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session Title:</strong></td>
<td>Stick by Me</td>
</tr>
<tr>
<td><strong>Grade Level:</strong></td>
<td>K-2</td>
</tr>
<tr>
<td><strong>Session #:</strong></td>
<td>3 of 6</td>
</tr>
<tr>
<td><strong>Estimated time:</strong></td>
<td>30 min</td>
</tr>
</tbody>
</table>

#### Small Group Counseling Session Description:
Students will learn the meaning of a support and be able to name different supports they have.

#### Missouri Comprehensive Guidance and Counseling Content Area Strand/Big Idea(s):
PS.3 Applying personal safety skills and coping strategies

#### Missouri Comprehensive Guidance and Counseling Concept(s):
PS.3.C. Coping Skills

#### American School Counselor Association (ASCA) National Standard:
Personal/Social Development
C. Students will understand safety and survival skills.

#### SESSION #3 Materials (include activity sheets and/ or supporting resources)
- Pillowcase from last session (t-shirt or large piece of construction paper) - 1 for every student
- Markers (sharpie or permanent markers work best)
- Cardboard (to put between pillowcase or t-shirt)
- Old Crayons
- Popsicle sticks
- Chart Paper
  
  *Teacher/Parent/Guardian Follow-Up From (Document 12)*

#### SESSION #3 Formative Assessment

Assessment should relate to the performance outcome for goals, objectives and GLEs. Assessment can be question answer, performance activity, etc.

Students will name different people in their lives who can help them cope with the loss of their loved one.

#### SESSION #3 Preparation

**Essential Questions:** Who do you talk to when you are feeling bad?

**Engagement (Hook):** The Professional School Counselor shows students one crayon and says the following: “It is all alone. (Break the crayon, place next to popsicle stick) With one support it may be easy to break, but still more difficult than when it stood alone.” (Try to break the crayon holding it against the one popsicle stick). Say “With more than one popsicle stick around the crayon, you cannot break it. The more support you have, the easier it is to deal with your feelings and cope with your problems, so you don't break down.” (Show students that the crayon will not break with the popsicle sticks surrounding it.)
SESSION #3 Procedures

<table>
<thead>
<tr>
<th>Professional School Counselor Procedures</th>
<th>Student Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Review previous session.</td>
<td>2. Students share what they remember from the previous session.</td>
</tr>
<tr>
<td>3. Welcome everyone to the group. Explain that today we will be focusing on sources of support. Define a source of support as someone or something that is there for us; to listen and to help us feel better. There are many types of supports—parents/guardians, siblings, teachers, relatives, friends, pets, church, and other relationships. “Sometimes we forget how many sources of support we have.”</td>
<td>3. Students listen to today's hook and name possible sources of support.</td>
</tr>
<tr>
<td>4. Make a list on chart paper of different sources of support the students suggest, prompting them as needed.</td>
<td>4. Students will give examples of various personal sources of support: parents/guardians, siblings, teachers, relatives, friends, pets, church, and other relationships.</td>
</tr>
<tr>
<td>5. On their pillow cases, have students write the names of at least three sources of support they have and can rely on in this instance of grief. Students can use the chart paper list to help identify these sources of support.</td>
<td>5. Students have the opportunity to write or draw pictures of their sources of support on their pillow cases.</td>
</tr>
<tr>
<td>6. Instruct students to display their sources of support on their pillowcase and share with the group.</td>
<td>6. Students share their “decorated” pillow cases with the group.</td>
</tr>
<tr>
<td>7. Closure/Summary: Counselor asks the following: “What did we discuss today? What is a source of support? Who/What/Where can be a source of support?”</td>
<td>7. Closure/Summary: Students will respond to the counselor's questions.</td>
</tr>
<tr>
<td>8. Group assignment: “Be aware of those around you and who can be a source of support.”</td>
<td>8. Group assignment: Students think about and notice sources of support.</td>
</tr>
</tbody>
</table>

SESSION #3 Follow-Up Activities

Professional School Counselor will check in with teacher to monitor student’s classroom performance and behaviors.
<table>
<thead>
<tr>
<th><strong>SESSION #3 Counselor reflection notes (completed after the session)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STUDENT LEARNING:</strong> How will students’ lives improve as a result of what happened during this session?</td>
</tr>
<tr>
<td><strong>SELF EVALUATION:</strong> How did I do?</td>
</tr>
<tr>
<td><strong>IMPLEMENTATION PROCEDURES:</strong> How did the session work?</td>
</tr>
</tbody>
</table>
TEACHER/PARENT/GUARDIAN FOLLOW-UP FORM

The counselor has the option of sending this form to teachers or parents/guardians after each group session to keep these individuals informed of student’s progress in the group.

GROUP TOPIC: ___________________________ Session # __________

Student’s Name: __________________________ Date: __________________

Today I met with my school counselor and other group members.

Session Goal: ___________________________

Today we talked about the following information during our group:
Circle one or more items.

Friendship  Study Skills  Attendance
Feelings  Behavior  School Performance
Family  Peer Relationships  Other ______________

Group Assignment:
I will complete or practice the following at school and/home before our next session.

Additional Comments:

Please contact _____________________________, Professional School Counselor at __________ if you have further questions or concerns.
### SESSION #4

**Group Title:** Coping With Life Changes-Missing You  

**Session Title:** Skill Builder  

**Grade Level:** K-2  

**Estimated time:** 30 min

**Small Group Counseling Session Description:**  
Students will learn different coping strategies and be able to identify the ones that will best help them in dealing with the loss of their loved one.

**Missouri Comprehensive Guidance and Counseling Content Area Strand/Big Idea(s):**  
PS.3 Applying personal safety skills and coping strategies

**Missouri Comprehensive Guidance and Counseling Concept(s):**  
PS.3.C. Coping Skills

**American School Counselor Association (ASCA) National Standard:**  
Personal/Social Development  
  C. Students will understand safety and survival skills.

#### SESSION #4 Materials (include activity sheets and/ or supporting resources)

- Pillowcase from last session (t-shirt or large piece of construction paper) - 1 for every student  
- Markers (sharpie or permanent work best)  
- Cardboard (to put in between pillowcase or t-shirt)  
- Cut out list of *Skill Building Strategy Strips*  
- Cup/Bag  
- *Teacher/Parent/Guardian Follow-Up Form (Document 12)*

#### SESSION #4 Formative Assessment

Assessment should relate to the performance outcome for goals, objectives and GLEs.  
Assessment can be question answer, performance activity, etc.  
Students will be able to name different coping strategies in order to help them cope with the loss of their loved one.

#### SESSION #4 Session Preparation

**Essential Questions:** What activities help us cope with loss?  

**Engagement (Hook):** The counselor draws a strategy from the bag of skill builder strategy strips. The counselor acts it out and then asks the students, “How could this help me cope with the loss of a loved one?”
SESSION #4 Procedures

<table>
<thead>
<tr>
<th>Session #4: Professional School Counselor Procedures</th>
<th>Session #4: Student Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review <strong>Small Group Counseling Guidelines.</strong></td>
<td>1. Students listen and ask questions.</td>
</tr>
<tr>
<td>2. Review previous session.</td>
<td>2. Students share what they remember from the previous session.</td>
</tr>
<tr>
<td>3. Welcome everyone to the group. Explain that today we will be focusing on ways to cope.</td>
<td>3. Students listen.</td>
</tr>
<tr>
<td>4. Place <strong>Skill Builder Strategy Strips</strong> into a cup or bag. When a student pulls out a strategy whisper it into the student's ear. They have 20 seconds to act it out and have each group member guess what strategy they had.</td>
<td>4. Students take turns grabbing a strategy strip and acting it out. The students who are not acting will be guessing the strategy. The student gets to tell the group members what it is. After the group knows the strategy, everyone in the group acts it out the same way the original student did it. Students can give a thumbs-up if they think this particular strategy may help them feel better in their own situation.</td>
</tr>
<tr>
<td>5. Have students name at least three coping strategies they can use to help them cope with their grief.</td>
<td>5. Allow each student to share three coping strategies they think will help them.</td>
</tr>
<tr>
<td>6. Ask students to display the skills on their pillowcase either with words or pictures.</td>
<td>6. Students will add their chosen coping strategies to the pillowcase.</td>
</tr>
<tr>
<td>7. Closure/Summary: “What did we discuss today?” Ask students to name a skill they will try sometime this week.</td>
<td>7. Closure/Summary: Students respond to questions.</td>
</tr>
<tr>
<td>8. Group assignment: “Practice the skill you have chosen before the next session.”</td>
<td>8. Group assignment: Students will practice their chosen skill before the next session.</td>
</tr>
</tbody>
</table>

SESSION #4 Follow-Up Activities
Remind students during the week to practice their chosen skill.

SESSION #4 Counselor reflection notes (completed after the session)

**STUDENT LEARNING:** How will students’ lives improve as a result of what happened during this session?

**SELF EVALUATION:** How did I do?

**IMPLEMENTATION PROCEDURES:** How did the session work?
### Skill Builder Strategy Strips

<table>
<thead>
<tr>
<th>Activity</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk to a source of support</td>
<td>Smile</td>
</tr>
<tr>
<td>Think of loved one</td>
<td>Talk on the phone</td>
</tr>
<tr>
<td>Carry a picture with you</td>
<td>Take a walk</td>
</tr>
<tr>
<td>Draw</td>
<td>Fly a kite</td>
</tr>
<tr>
<td>Run</td>
<td>Create a riddle</td>
</tr>
<tr>
<td>Write</td>
<td>Tell a joke</td>
</tr>
<tr>
<td>Read</td>
<td>Try to wink</td>
</tr>
<tr>
<td>Ride a bike</td>
<td>Stop and think</td>
</tr>
<tr>
<td>Sing</td>
<td>Paint</td>
</tr>
<tr>
<td>Play a game</td>
<td>Play catch</td>
</tr>
<tr>
<td>Jump rope</td>
<td>Kick a soccer ball</td>
</tr>
<tr>
<td>Pet an animal</td>
<td>Swing</td>
</tr>
<tr>
<td>Dance</td>
<td>Bird watch</td>
</tr>
<tr>
<td>Eat</td>
<td>Look for shapes in clouds</td>
</tr>
<tr>
<td>Laugh</td>
<td>Spin</td>
</tr>
<tr>
<td>Help someone</td>
<td>Make something</td>
</tr>
<tr>
<td>Drink water</td>
<td>Blow up a balloon</td>
</tr>
<tr>
<td>Take pictures</td>
<td>Bake or cook</td>
</tr>
<tr>
<td>Take a nap</td>
<td>Look for a four leaf clover</td>
</tr>
<tr>
<td>Give a hug</td>
<td>Take a hike</td>
</tr>
</tbody>
</table>
TEACHER/PARENT/GUARDIAN FOLLOW-UP FORM

The counselor has the option of sending this form to teachers or parents/guardians after each group session to keep these individuals informed of student’s progress in the group.

GROUP TOPIC: ___________________________ Session # _________

Student’s Name: ___________________________ Date: ____________________

Today I met with my school counselor and other group members.

Session Goal: __________________________________________________________

Today we talked about the following information during our group:
Circle one or more items.

Friendship   Study Skills   Attendance

Feelings   Behavior   School Performance

Family   Peer Relationships   Other ________________

Group Assignment:
I will complete or practice the following at school and/home before our next session.

_____________________________________________________________________

Our next group meeting will be:

Date: ____________________________   Time: ____________________________

Additional Comments:

Please contact ___________________________, Professional School Counselor at _____________ if you have further questions or concerns.
SESSION #5

**Group Title:** Coping With Life Changes-Missing You

**Session Title:** Memory Maker  
**Session #** 5 of 6

**Grade Level:** K-2  
**Estimated time:** 30 min

**Small Group Counseling Session Description:**
Students will recall and share memories they have of their loved one.

**Missouri Comprehensive Guidance and Counseling Content Area Strand/Big Idea(s):**
PS.3 Applying personal safety skills and coping strategies

**Missouri Comprehensive Guidance and Counseling Concept(s):**
PS.3.C. Coping Skills

**American School Counselor Association (ASCA) National Standard:**
Personal/Social Development  
C. Students will understand safety and survival skills.

---

**SESSION #5 Materials (include activity sheets and/ or supporting resources)**
- Pillowcase from last session (t-shirt or large piece of construction paper) - 1 for every student.  
- Markers (sharpie or permanent markers work best)  
- Cardboard (to put in between pillowcase or t-shirt)  
- Tape recorder or CD player with the selected song about memories ready to play.  
- Unit Assessments (attached to the Unit Plan)
  - Student Behavior Rating Form (Document 4)
  - Teacher Follow-Up Form (Document 12)
  - Parent/Guardian Cover Letter
  - Parent/Guardian Post-Group Perception Form (Document 15)

---

**SESSION #5 Formative Assessment**
Assessment should relate to the performance outcome for goals, objectives and GLEs.  
Assessment can be question answer, performance activity, etc.
Students will remember fun activities, funny things that happened, and other memories of their loved one in order to help them cope.

---

**SESSION #5 Session Preparation**

**Essential Questions:** How do memories help us cope with loss?

**Engagement (Hook):** As students are coming in, have a song about memories playing on a tape recorder or CD player.  Have students sit quietly and listen (or they can sing along) as the song finishes.  Some possible songs are: “I Will Remember You”, “Because You Loved Me”, “Time of Your Life”, “Wind Beneath My Wings”, “It’s So Hard to Say Goodbye to Yesterday”, “Memories”, or other appropriate songs.
### SESSION #5 Procedures

<table>
<thead>
<tr>
<th>Session #5: Professional School Counselor Procedures</th>
<th>Session #5: Student Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Review previous session.</td>
<td>2. Students share what they remember from the previous session.</td>
</tr>
<tr>
<td>3. The counselor welcomes everyone to the group. Explain that today we will be focusing on our memories with the loved one. Define memories as special or favorite times that we share with our families, friends, and loved ones that we remember and never forget. (The counselor may share a memory of a loved one as an example.)</td>
<td>3. Students listen.</td>
</tr>
<tr>
<td>4. Tell students they will have a short amount of time to share a memory about his or her loved one without interruptions. After each student speaks, allow group members to ask questions. The student will be encouraged to answer, if they are comfortable with sharing.</td>
<td>4. Students take turns sharing something special about their loved one. While one student speaks the rest of the group listens and thinks of any questions or comments they may want to make.</td>
</tr>
<tr>
<td>5. Closure/Summary: Students will think of their favorite or special memory and place it on their pillowcase.</td>
<td>5. Closure/Summary: Students spend some time adding favorite memories to their pillow case.</td>
</tr>
<tr>
<td>6. Group assignment: The counselor tells students to think of happy memories of their loved one.</td>
<td>6. Group assignment: Students remember happy times with a loved one.</td>
</tr>
</tbody>
</table>

### SESSION #5 Follow-Up Activities

Remind students during the week to come prepared for the next session with a happy memory.

### SESSION #5 Counselor reflection notes (completed after the session)

**STUDENT LEARNING: How will students’ lives improve as a result of what happened during this session?**

**SELF EVALUATION: How did I do?**

**IMPLEMENTATION PROCEDURES: How did the session work?**
TEACHER/PARENT/GUARDIAN
SMALL GROUP FOLLOW-UP

The counselor has the option of sending this form to teachers or parents/guardians after each group session to keep these individuals informed of student’s progress in the group.

GROUP TOPIC: ___________________________ Session # ________

Student’s Name: ___________________________ Date: __________________

Today I met with my school counselor and other group members.

Session Goal: __________________________________________________________

Today we talked about the following information during our group:
Circle one or more items.

Friendship   Study Skills   Attendance
Feelings     Behavior      School Performance
Family       Peer Relationships    Other ________________

Group Assignment:
I will complete or practice the following at school and/home before our next session.

_____________________________________________________________________

Our next group meeting will be:
Date: ____________________________   Time: ____________________________

Additional Comments:

Please contact ___________________________, Professional School Counselor at
______________ if you have further questions or concerns.
### SESSION #6

**Group Title:** Coping with Life Changes-Missing You

**Session Title:** Bring It Full Circle  
**Session #** 6 of 6

**Grade Level:** K-2  
**Estimated time:** 30 min

**Small Group Counseling Session Description:**
Students will combine all the skills they have learned from the group sessions. They will choose a coping strategy and identify a support to help them implement this strategy.

**Missouri Comprehensive Guidance and Counseling Content Area Strand/Big Idea(s):**
Personal Social Development: PS.3 Applying personal safety skills and coping strategies

**Missouri Comprehensive Guidance and Counseling Concept(s):**
PS.3.C. Coping Skills

**American School Counselor Association (ASCA) National Standard:**
Personal/Social Development
- C. Students will understand safety and survival skills.

### SESSION #6 Materials (include activity sheets and/ or supporting resources)

- Pillowcase from last session (t-shirt or large piece of construction paper) - 1 for every student.
- Markers (sharpie or permanent markers work best)
- Cardboard (to put in between pillowcase or t-shirt)
- Lists from previous groups
- Snacks

*Teacher/Parent/Guardian Follow-Up Form (Document 12)*  
*Student Post-Group Perception Form (Document 16)*  
*Certificate of Completion*

### SESSION #6 Formative Assessment

**Assessment should relate to the performance outcome for goals, objectives and GLEs.**
**Assessment can be question answer, performance activity, etc.**
Students will use a coping skill with help from their support(s) in order to deal with the loss of a loved one.

**Perceptual Data Collection:**
The following end-of-group perceptual data collection forms will be used as a part of session four and five; the forms are attached to the Unit Plan:

**Classroom Teacher Assessment:**
- The classroom teacher will complete the *Student Behavior Rating Form (Document 4)* for each student before the group starts and after the group has been completed. Counselor may consider making two copies of this form, one for the pre-assessment and one for the post-assessment, then entering all data on a final form for comparison.
• **Teacher Pre-Post Group Perception Form (Document 14)** will be given to teacher to complete at the end of the group unit.

Parent Assessment:
• **Parent/Guardian Post-Group Perception Form (Document 15)** will be given to parents to complete at the end of the group unit.

Student Assessment:
• **Student Post-Group Perception Form (Document 16)** will be given to students to complete at the end of the group unit.

### SESSION #6 Session Preparation

**Essential Questions:** How can you enjoy life after a loved one is gone?

**Engagement (Hook):** Have students sit in a close circle, all facing to their right. Students will rub the shoulders of the person in front of them for 30 seconds. Then all students turn to their left. Students will rub the shoulders of the person in front of them for 30 seconds. (Can do pats on the back, depending on the make up of the group). Discuss with the group members how we can work together with others to help us feel better.

### SESSION #6 Procedures

<table>
<thead>
<tr>
<th>Session #6: Professional School Counselor Procedures:</th>
<th>Session #6: Student Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review <strong>Small Group Counseling Guidelines.</strong></td>
<td>1. Students listen and ask questions.</td>
</tr>
<tr>
<td>2. Review previous session.</td>
<td>2. Students share what they remember from the previous session.</td>
</tr>
<tr>
<td>3. The counselor welcomes everyone to the group. Explain that today we will combine all of the skills that we have learned and celebrate our successes.</td>
<td>3. Students listen.</td>
</tr>
<tr>
<td>4. Review feelings, supports, and coping skills with the group.</td>
<td>4. Students respond to questions describing what they remember about each topic.</td>
</tr>
<tr>
<td>5. Have students look at the lists from the previous groups. Ask students to select one coping skill and one source of support that will help them cope with the loss of their loved one.</td>
<td>5. Each student will select a coping skill and one source of support that will help them cope with the loss of a loved one.</td>
</tr>
<tr>
<td>6. Ask students to demonstrate what they have learned through pictures or words on their pillowcase.</td>
<td>6. Students will demonstrate what they have learned through pictures or words on their pillowcase.</td>
</tr>
</tbody>
</table>
SESSION #6: Professional School Counselor Procedures:  

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>The counselor provides snacks for the group and asks students to share their pillowcases with the group.</td>
</tr>
<tr>
<td>8.</td>
<td>Discuss with students how to use the words and pictures on their pillowcases as a reminder of their loved one and strategies for coping with their loss.</td>
</tr>
<tr>
<td>9.</td>
<td>Closure/Summary: Thank everyone for being there; remind them that you are a source of support for them as well.</td>
</tr>
<tr>
<td>10.</td>
<td>Group assignment: “Notice which activities and sources of support you are using and be prepared to report those during the follow-up session.”</td>
</tr>
</tbody>
</table>

SESSION #6: Student Involvement:  

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>The students eat a snack and share their pillowcases with the group.</td>
</tr>
<tr>
<td>8.</td>
<td>Students listen.</td>
</tr>
<tr>
<td>9.</td>
<td>Closure/Summary: Students listen.</td>
</tr>
<tr>
<td>10.</td>
<td>Group assignment: Students will notice the activities and sources of support they are using.</td>
</tr>
</tbody>
</table>

SESSION #6 Follow-Up Activities:

Check in with teachers/parents/guardians to determine how the students are doing.

Follow-up session or check in with students in a couple of weeks to determine how they are feeling and coping.

SESSION #6 Counselor reflection notes (completed after the session):

STUDENT LEARNING: How will students’ lives improve as a result of what happened during this session?

SELF EVALUATION: How did I do?

IMPLEMENTATION PROCEDURES: How did the session work?
**Note to Professional School Counselor:** The Student Feedback Form measures the student’s perceptions of the overall effectiveness of the group using the same questions as teachers’ and parents answer on their feedback forms. Students complete during the last session. *This form is most appropriate for use at the upper elementary, middle school or high school levels.*

**SMALL GROUP COUNSELING**  
**STUDENT POST-GROUP PERCEPTIONS:**

**STUDENT FEEDBACK FORM: OVERALL EFFECTIVENESS OF GROUP**

We want your opinion about the effectiveness of your group. We appreciate your willingness to help us make our work helpful to all students. The survey is anonymous unless you want us to contact you.

My Name (optional): ___________________________________________ Date: __________________

Professional School Counselor’s Name:___________________________________________________

Small Group Title: ____________________________________________________________________

Before the group started, I wanted to learn _________________________________________________  
___________________________________________________________________________________  
___________________________________________________________________________________

Because of the group, I have noticed these changes in my thoughts, feelings, actions:

___________________________________________________________________________________  
___________________________________________________________________________________  
___________________________________________________________________________________

Using a scale of 5 to 1 (5 being the highest and 1 the lowest), please circle your opinion about the following

<table>
<thead>
<tr>
<th>What do you think?</th>
<th>5=High</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, I would rate my experience in the counseling group as:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I enjoyed working with other students in the group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I enjoyed working with the counselor in the group.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I learned new skills and am using the skills in school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If other students ask me if they should participate in a similar group, I would recommend that they “give-it-a-try”</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**Additional Comments for the Counselor:**
The counselor has the option of sending this form to teachers or parents/guardians after each group session to keep these individuals informed of student’s progress in the group.

GROUP TOPIC: _________________________ Session # _________

Student’s Name: __________________ Date: ________________

Today I met with my school counselor and other group members.

Session Goal: __________________________________________________________

Today we talked about the following information during our group:
Circle one or more items.

Friendship     Study Skills     Attendance
Feelings       Behavior        School Performance
Family         Peer Relationships Other ________________

Group Assignment:
I will complete or practice the following at school and/home before our next session.
______________________________________________________________

Our next group meeting will be:
Date: ____________________________ Time: ____________________________

Additional Comments:

Please contact ___________________________, Professional School Counselor at _________ if you have further questions or concerns.
Group Certificate of Completion

_____________________________

Student’s Name

successfully completed the

“_______” group

One awesome skill used by _____ was ________________________________

WAY TO GO!

_____________________________

Professional School Counselor
### OPTIONAL FOLLOW-UP SESSION

<table>
<thead>
<tr>
<th><strong>Group Title:</strong></th>
<th>Coping With Life Changes-Missing You</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session Title:</strong></td>
<td>How Are You Doing?</td>
</tr>
<tr>
<td><strong>Session:</strong></td>
<td>Follow-up (4-6 weeks after last session)</td>
</tr>
<tr>
<td><strong>Grade Level:</strong></td>
<td>K-2</td>
</tr>
<tr>
<td><strong>Estimated time:</strong></td>
<td>30-45 minutes</td>
</tr>
</tbody>
</table>

**Small Group Counseling Follow-up Session Purpose:** The Professional School Counselor (PSC) may facilitate at least one more group session 4-6 weeks after the group has ended. This session helps the PSC track students’ persistence and success in applying new skills and making changes in their lives. Students who participate in follow-up sessions after a group ends are more likely to maintain the gains made during the group sessions.

**Missouri Comprehensive Guidance and Counseling Content Area Strand/Big Idea(s):**
- Personal and Social Development: PS.3.Applying Personal Safety Skills and Coping Strategies

**Missouri Comprehensive Guidance and Counseling Concept(s):**
- PS.3.A. Safe and Healthy Choices
- PS.3.B. Personal Safety of Self and Others
- PS.3.C. Coping Skills

**American School Counselor Association (ASCA) National Standard:**
- Personal/Social Development
  - A. Students will acquire the knowledge, attitudes and interpersonal skills to help them understand and respect self and others.

### OPTIONAL FOLLOW-UP SESSION

**Materials (activity sheets and/or supporting resources are attached)**
- 8 ½ x 11 paper for each participant; crayons/markers/pencils
- Alternative Procedure: Complete the [Student Post-Group Perception Form (Document 16)](Document 16). Discuss after completing.

### OPTIONAL FOLLOW-UP SESSION Formative Assessment

This session does not require a formative assessment. It is intended to measure students’ perceptions of the group’s effectiveness over time.

- Alternative Procedure: Use the [Student Post-Group Perception Form (Document 16)](Document 16) as the procedure and the assessment for the Follow-up Session. The developmental level of your students will determine the usefulness of this alternative with younger students.

### OPTIONAL FOLLOW-UP SESSION Preparation

**Essential Questions:** What does everyone have in common in this group?

**Engagement (Hook):** What has changed for you as a result of this group?
## OPTIONAL FOLLOW-UP SESSION PROCEDURES

### Professional School Counselor Procedures: Optional Follow-up Session

**Note for PSC:** The group follow-up session will give participants a chance to celebrate each other’s successes over time.

1. Welcome students back to the group. Remind them about the [Small Group Counseling Guidelines](#).

2. Invite each student to tell one thing he or she remembers from the group meetings. “I remember ________.”

3. Give each student an 8 ½ x 11 piece of paper. Instruct students to follow you as you fold your paper into fourths; unfold the paper and number the sections 1-4. Give the directions for the quadrants one at a time. Complete all quadrants. Invite students to share one quadrant at a time; discuss responses before going to the next quadrant.

| 1. With a picture or words, demonstrate what you learned from group. | 2. With a picture or a word, describe the most useful thing you learned from the group. |
| 3. With a picture or words, describe a skill you need to practice. | 4. With a picture or words, explain how you have changed. |

### Student Involvement: Optional Follow-up Session

1. Students participate in the review of the guidelines by telling what they remember and by reminding each other of what the guidelines mean.

2. Students contribute a specific example of something they remember about the group.

3. Students follow directions of the school counselor, asking clarifying questions as needed. They share their words/drawings. The school counselor will acknowledge on-topic sharing.

### Alternative Procedure

**Alternative Procedure:** An option for gathering student feedback during the follow-up session is to use the [Student Post-Group Perception Form (Document 16)](#).

Discuss with students after they have completed the form.

### Alternative Procedure:

Students complete the form and discuss their responses.

### OPTIONAL FOLLOW-UP SESSION Follow-Up Activities

If students completed the (optional) [Student Post-Group Perception Form (Document 16)](#), use the responses to prepare a data summary and report of group’s effectiveness.

### OPTIONAL FOLLOW-UP SESSION Counselor reflection notes (completed after the session)

**STUDENT LEARNING:** How will students’ lives improve as a result of what happened during this session?

**SELF EVALUATION:** How did I do?

**IMPLEMENTATION PROCEDURES:** How did the session work?
STUDENT POST-GROUP PERCEPTION FORM
(OPTIONAL SESSION scheduled 4-6 weeks after group ends)
Level: Elementary/Middle School/High School

FOLLOW-UP SESSION FEEDBACK FORM FOR STUDENTS

Name: ______________________________ (optional) Date: ______________

Questions:
1. What specific skills are you practicing now that the group is over?
2. What was the most useful thing you learned from the group?
3. What could you use more practice on?
4. How are things different for you now?
5. What Progress have you made toward the goals you set for yourself at the end of our group meetings?
6. How are you keeping yourself accountable?
7. What suggestions do you have for future groups?
8. Circle your overall experience in the group on a scale from 1 → 5 ______
   1=Most positive activity in which I have participated for a long time
   2=Gave me a lot of direction with my needs
   3=I learned a lot about myself and am ready to make definite changes
   4=I did not get as much as I had hoped out of the group
   5=The group was a waste of my time
9. What specific “things” contributed to the ranking you gave your experience in the group?
10. What would have made it better?
PARENT/GUARDIAN POST-GROUP PERCEPTION FORM

Parent/Guardian Feedback Form

Your student participated in a small counseling group about ___________. Was this group experience helpful for your student? Following is a survey about your observations of changes (positive or negative) your student made at home while participating in the group at school and since the group ended. The survey will help us meet the needs of all students more effectively. The survey is anonymous unless you want to provide your name for the school counselor to contact you. We appreciate your feedback.

Professional School Counselor: ___________________________________ Date: _______________

Small Group Title: ____________________________________________________________________

Before the group started, I hoped my student would learn _____________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

I’ve noticed these changes in my student’s behavior and/or attitude as a result of participating in the group:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Using a scale of 5 to 1 (5 = strongly agree and 1 = strongly disagree), please circle your opinion about the following:

<table>
<thead>
<tr>
<th>What do you think?</th>
<th>5=Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, I would rate my student’s experience in the counseling group as positive</td>
<td>4</td>
</tr>
<tr>
<td>My student enjoyed working with the other students in the group.</td>
<td>3</td>
</tr>
<tr>
<td>My student enjoyed working with the counselor in the group.</td>
<td>2</td>
</tr>
<tr>
<td>My student learned new skills and is using the skills in and out of school.</td>
<td>1</td>
</tr>
<tr>
<td>I would recommend the group experience to other parents whose students might benefit from the small group.</td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:
### STUDENT BEHAVIOR RATING FORM
(Adapted from Columbia Public Schools Rating Form)

**Note:** (See also Document 14: Teacher Pre/Post-Group Perception Form). This document is not limited to a single purpose—it may be used in several ways. In the **Small Group Counseling Module**, it is suggested as a pre-and post-group measure of students’ behavior. Used in this way, it forms the basis for evaluating the effectiveness of the group experience. In addition, the form may be used for referral when a referring individual has multiple concerns about an individual student. The listing of behaviors is valuable in consultation with other professionals, parents AND students. Modify to fit your needs!

**STUDENT** ______________________  **GRADE** ________  **TEACHER** __________________________  **DATE** ___________________

**Teachers:** please indicate areas of concern in the left hand column.

**Counselor:** use columns on right side.

**Performance Indicators:**
- (+) = Excellent  (/) = Satisfactory  (-) = Area of Concern

<table>
<thead>
<tr>
<th>Teacher Concerns (mark with X)</th>
<th>Counselor (Modify to fit school marking periods (e.g. quarters, trimesters))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Work Habits/Personal Goals Observed</td>
<td>Marking Period 1</td>
</tr>
<tr>
<td><strong>Academic Development</strong></td>
<td></td>
</tr>
<tr>
<td>Follows directions</td>
<td></td>
</tr>
<tr>
<td>Listens attentively</td>
<td></td>
</tr>
<tr>
<td>Stays on task</td>
<td></td>
</tr>
<tr>
<td>Compliance with teacher requests</td>
<td></td>
</tr>
<tr>
<td>Follows rules</td>
<td></td>
</tr>
<tr>
<td>Manages personal &amp; school property (e.g., organized)</td>
<td></td>
</tr>
<tr>
<td>Works neatly and carefully</td>
<td></td>
</tr>
<tr>
<td>Participates in discussion and activities</td>
<td></td>
</tr>
<tr>
<td>Completes and returns homework</td>
<td></td>
</tr>
<tr>
<td><strong>Personal and Social Development</strong></td>
<td></td>
</tr>
<tr>
<td>Cooperates with others</td>
<td></td>
</tr>
<tr>
<td>Shows respect for others</td>
<td></td>
</tr>
<tr>
<td>Allows others to work undisturbed</td>
<td></td>
</tr>
<tr>
<td>Accepts responsibility for own misbehavior (e.g., provoking fights, bullying, fighting, defiant, anger, stealing)</td>
<td></td>
</tr>
<tr>
<td>Emotional Issues (e.g., perfectionism, anxiety, anger, depression, suicide, aggression, withdrawn, low self-esteem)</td>
<td></td>
</tr>
<tr>
<td><strong>Career Development</strong></td>
<td></td>
</tr>
<tr>
<td>Awareness of the World of Work</td>
<td></td>
</tr>
<tr>
<td>Self-Appraisal</td>
<td></td>
</tr>
<tr>
<td>Decision Making</td>
<td></td>
</tr>
<tr>
<td>Goal Setting</td>
<td></td>
</tr>
<tr>
<td><strong>Add Other Concerns:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>External Issues</strong> (e.g., divorce, death, abuse, socio-economic, incarceration, deployment)</td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td><strong>School Record Data</strong> (To be completed by PSC)</td>
<td></td>
</tr>
<tr>
<td>Attendance: # of days absent</td>
<td></td>
</tr>
<tr>
<td>Attendance: # of days tardy</td>
<td></td>
</tr>
<tr>
<td>Discipline: # of referrals</td>
<td></td>
</tr>
<tr>
<td>Grades</td>
<td></td>
</tr>
</tbody>
</table>

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Missouri Comprehensive Guidance & Counseling Programs: Linking School Success to Life Success

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May 2015