

Sibling TEAM Form



Supporting Siblings of Children with Cancer

TEACHER EDUCATION AND AWARENESS MATERIALS

This form is designed to be used as a reference and discussion guide for parents, guardians, teachers and counselors for each SuperSib. Using this tool will help the school team understand what the SuperSib knows about his/her brother or sister's cancer, learn of the potential challenges they are facing, and create a supportive plan to facilitate coping, healing and school success. Make additional copies as needed.

STUDENT INFORMATION

Student's Name: _____ Today's Date: _____

Family Phone Number: _____ Student's Birthdate: _____

Age: _____ Grade: _____ School: _____

Teachers and Counselors names: _____

Name of brother or sister who is sick: _____

When did he/she get sick: _____

What does he/she have: _____

QUESTIONS FOR THE SUPERSIB

What do you know about this illness: _____

How is your family different now? _____

Who takes care of you or is with you most of the time? _____

What additional grown-up things do you now do at home?

(For Teens: What additional responsibilities do you now have at home or outside the home?) _____

What do you want your teachers to know? _____

What do you want your friends to know? _____

What has been the hardest thing about school while your brother/sister is sick? _____

What are 3 things that your teacher/school could do to help you the most:

1. _____

2. _____

3. _____

FORM COMPLETED BY:

Name: _____

Title: _____ Phone Number: _____

