



# Grief, Loss, and Children



## A 6-Hour Mini Training

**Dates/Time:** Tuesday Evenings " April 21 & 28, 2009 " 6:30 p.m. – 9:30 p.m.  
(Please arrive at 6:15 p.m.)

**Location:** VerKuijen Building, Assembly Rooms A & B, 21885 Dunham Rd., Clinton Twp., 48036

**Presenters:** Sabina Turner, MSU Extension  
Tracy Staniszewski, MA, LLPC, NCC

**Cost:** \$50.00 (non-refundable)

**Topics include:**

- The stages of grief & the grieving process.
- Age & developmental responses to loss.
- The impact on the family unit.
- Techniques & activities to assist children in coping with the loss.
- Self-awareness of the caregiver (strengths & limitations on the topic).

Training hours may be applied toward licensing requirements. A certificate of completion will be awarded to those who actively participate & complete the six hours. **CEU's are NOT available.** Class size is limited and pre-registration is required. **All registrations must be received by April 14, 2009.** To register for the **Grief, Loss and Children Mini Training**, complete the registration form below, make check payable to MSUE and mail both to: MSU Extension – 4C Office, Attn: ISS/SBS Registration, VerKuijen Building, 21885 Dunham Road, Suite 12, Clinton Township, MI 48036 or register in person. **Phone registrations will not be accepted. A \$25 fee will be charged for returned checks.** You will be contacted to confirm your registration.

For more information call Sabina at 586-493-5741 or 586-469-6993

Keep the above information and return this portion.

### *Grief, Loss and Children Mini Training*

April 21 & 28, 2009 " VerKuijen Building Assembly Rooms A & B, 21885 Dunham Rd., Clinton Twp., 48036

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E Mail \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Site/Phone \_\_\_\_\_

- I am:     Family Child Care/Group Home Provider     Center Staff     DHS Relative/Child Care Aide
- Potential Provider     Parent     Volunteer/Other Staff

I give Macomb County/MSU Extension the absolute right and permission to use my photograph/name in it's promotional materials and publicity efforts. I understand that my photograph/name may be used in a publication, print ad, direct mail piece, electronic media or other form of promotion. I release Macomb County/MSU Extension service, the photographer, their officers, employees and agents from liability for any violation of any personal or proprietary right I may have in connection with such use.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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