

Grief Workbook After the Loss of a Parent

A private place to reflect, remember, and find support • Approximately ages 13 to 17

My name _____ Date started _____

You can use these pages in any order, leave questions unanswered, and come back later. There is no required way to grieve or fixed schedule for feeling better.



My parent and our relationship

Your relationship may have been close, complicated, distant, or changing. There is room for the whole story.

My parent was

What I miss or wish had been different



Changes since the death

Grief may affect concentration, sleep, friendships, school, and family responsibilities.

What changed	How it affects me	Help I may need

What I wish people at school understood



Feelings and what if thoughts

Feelings can overlap. A thought about what you could have done differently may need gentleness and perspective.

A thought or feeling that keeps coming back

What was in my control	What was outside my control

A kinder statement I can try



My support plan

You can choose when to talk and what to share. A trusted adult can help with school or home needs.

Person or resource	What I can ask for	How to reach them

Words I can use: “I’m having a hard day since my parent died. Could you help with one thing?”



Memory and meaning

Keeping a memory or value does not mean you must feel ready to move forward.

A story, phrase, or lesson from my parent

One way I might honor them



GRIEF / LOSS OF A PARENT / ADOLESCENTS

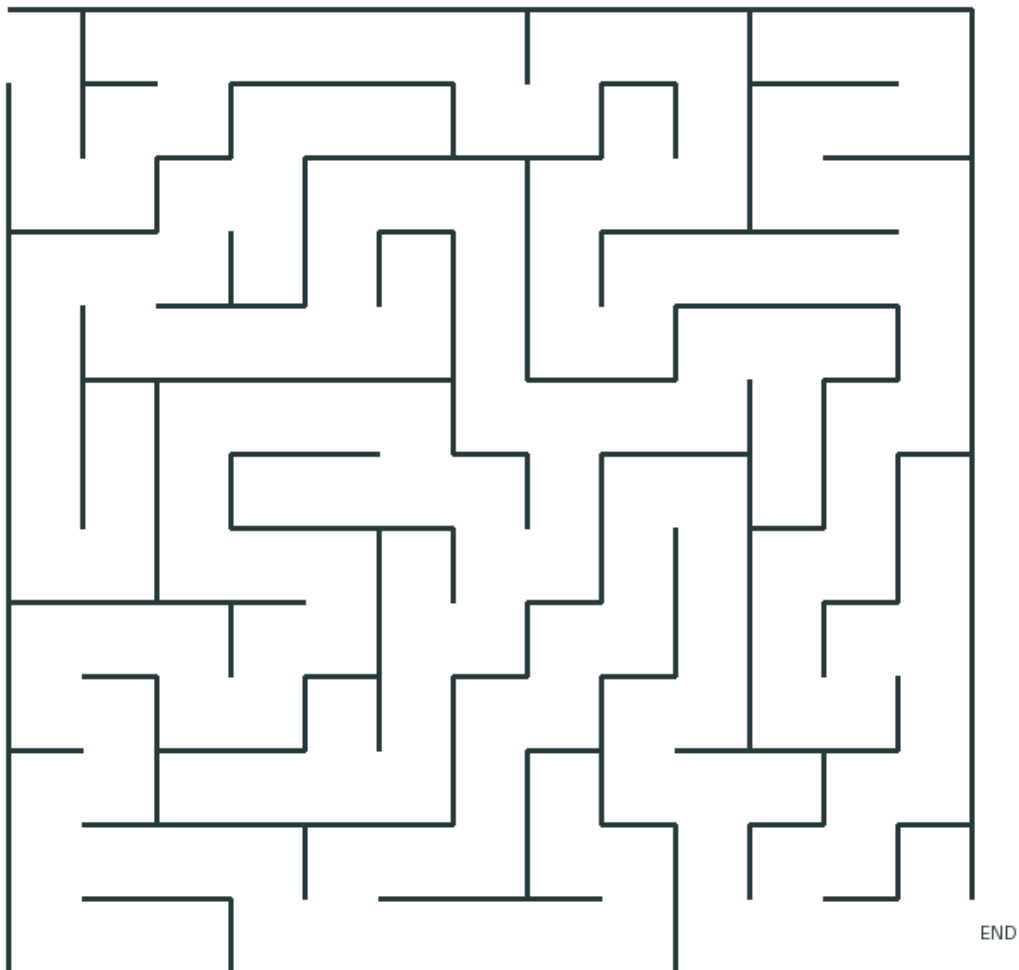
Color and pause

Use this page to color, rest, or simply trace the lines.





START



When to seek more support

Grief does not follow a fixed timetable. Extra help is available when grief, depression, trauma symptoms, or daily tasks become difficult to manage.

Reach out to a trusted adult or clinician if you are struggling to eat, sleep, attend school or work, take medication, or meet basic needs, or if you feel increasingly isolated. In the United States, call or text 988 for thoughts of self-harm or suicide or if you cannot stay safe. For immediate danger, call 911 or go to an emergency department.



30 day journal

Use one prompt at a time, in any order. Skip or repeat any day. Write, draw, or dictate your answers.

Day 1

Describe your parent in the words that feel most honest to you.

Day 2

What is one memory you want to protect or preserve?



Day 3

What has changed most in your daily life since your parent died?

Day 4

What do you miss that others may not notice?



Day 5

What feeling has been strongest lately?

Day 6

What do you wish people understood about your grief?



Day 7

Write a letter to your parent beginning with: "Today, I wish I could tell you..."

Day 8

What is one thing you learned from your parent?



Day 9

What is making school, work, or responsibilities harder right now?

Day 10

What support would help you with that challenge?



Day 11

What do you feel angry about?

Day 12

What does your body feel like when grief is intense?



Day 13

What is one thing that helps you feel grounded?

Day 14

What “if only” thought do you carry? What would you say to a friend who had that same thought?



Day 15

Write about a family tradition, meal, song, or place that reminds you of your parent.

Day 16

What does loneliness feel like for you?



Day 17

Who is someone you can be honest with?

Day 18

What is one responsibility you are carrying that feels too heavy?



Day 19

What could you ask someone else to help with?

Day 20

What boundary do you need with family, friends, school, or social media?



Day 21

What is something your parent would likely be proud of you for?

Day 22

What is one way you can honor your parent while also caring for yourself?



Day 23

What difficult date, holiday, birthday, or event is coming up?

Day 24

What support plan could help you through that day?



Day 25

Describe a moment you felt calm, connected, or okay. You do not need to feel guilty for that moment.

Day 26

What part of your identity feels different now?



Day 27

What part of yourself do you want to stay connected to?

Day 28

What is one small thing you are looking forward to, even if it feels far away?



Day 29

What support has helped you most this month?

Day 30

Finish this sentence: "I can carry my parent's memory with me while I

_____."



30 day mood and support tracker

Make a brief mark for each day if it helps. This is a record of what you notice, not a measure of progress.

Day	Feeling or mood	Energy 0–5	What helped or what I needed
1			
2			
3			
4			
5			



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Day	Feeling or mood	Energy 0–5	What helped or what I needed
6			
7			
8			
9			
10			



GRIEF / LOSS OF A PARENT / ADOLESCENTS

Day	Feeling or mood	Energy 0–5	What helped or what I needed
11			
12			
13			
14			
15			



GRIEF / LOSS OF A PARENT / ADOLESCENTS

Day	Feeling or mood	Energy 0–5	What helped or what I needed
16			
17			
18			
19			
20			



GRIEF / LOSS OF A PARENT / ADOLESCENTS

Day	Feeling or mood	Energy 0–5	What helped or what I needed
21			
22			
23			
24			
25			



GRIEF / LOSS OF A PARENT / ADOLESCENTS

Day	Feeling or mood	Energy 0–5	What helped or what I needed
26			
27			
28			
29			
30			



Closing reflection

You may return to this page whenever you want.

A memory I want to keep

What has helped, even slightly

One support I need next

