YOUTH FIRE INTERVENTION

Assessment Forms

CONTENTS
This packet includes all the forms needed to complete a youth fire intervention assessment and determine an appropriate intervention strategy.

Youth Fire Intervention Team
Supported by:
Minnesota State Fire Marshal Division
Minnesota State Fire Chief’s Association
INTRODUCTION

This packet contains the forms needed for a complete youth fire intervention assessment. The Oregon Assessment Tool, included in this packet, is designed for use by youth fire intervention specialists to screen youth referred to them for a fire-related incident. This is a basic assessment tool. It is used to decide if a youth needs fire education intervention or needs to be referred to other community agencies. This tool is only the first step in the evaluation process for a youth who is using fire. It is not a risk inventory nor does it attempt to predict recidivism.

The Oregon Assessment Tool reflects the work of many fire and mental health professionals in Oregon. The format of the interview is based on the work of Laurie Birchill, LCSW. Ms. Birchill developed a screening tool for youth applying for entrance into residential treatment in 1989. Ms. Birchill’s instrument proved to be user-friendly and stood the test of time. Ms. Birchill made a significant contribution to this project by refining many of her original questions. We are indeed grateful for her expertise.

The Oregon fire service participated in the research which formed the basis for the assessment tool. They recognized the need for a tool based on empirical data. During the course of the project, interventionists from over twenty fire departments participated in the development of this tool. We are grateful for the dedication of the many men and women from the Oregon fire service who worked so hard to make this a reality. Additional funding and facilitation for the assessment tool project was provided by the Oregon Office of State Fire Marshal, Youth Firesetter Intervention Unit.

Judy Okulitch - Program Coordinator
Carol Baumann - Program Specialist

The Oregon Assessment tool entailed the creation, collection and formatting of public documents. All rights to the tool are reserved and protected. Duplication of any or all of the tool must be with the express written permission of the Office of State Fire Marshal. Any changes to the tool will affect its integrity and are prohibited.

*Minnesota Youth Fire Intervention Team is using this tool with permission from the Oregon Office of State Fire Marshal*

Please check the Minnesota State Fire Marshal website regularly for updates on materials.

https://dps.mn.gov
Youth Fire Intervention (Form #1)
INTAKE INFORMATION

Youth Information:                Date:______________

First:_________________ Middle:_________________ Last:_________________

Gender: ___________________ DOB:______________________ Age at time of incident:____________

Address:_________________________________________________________

City:____________________ State:_______ Zip:_________________

Is the youth a smoker? Yes     No

What is the child’s primary language?_____________________________________________

Race:_________________________________________ Ethnicity:_____________________________________________

School Attended:_________________________________________ Grade:________

What types of social media does the youth use?_________________________________________

Referred by:________________________ Address:_________________________________________

Medical History / Youth Information

Does the child have any medical or mental health conditions? Yes     No

If yes, what?_____________________________________________________________________________________

Is the youth receiving treatment for those conditions? Yes     No

If yes, what?_____________________________________________________________________________________

Is the child on medication? Yes     No

Is yes, what?_____________________________________________________________________________________

Other agencies working with the family?____________________________________________________________________________

Has there been a stressful event in the youth’s life over the last 6-months?________________________

______________________________________________________________________________________________
Caregiver Information:

Family Type: (Birth parents, single parent divorced, adopted, etc.)______________________________________

Responsible Adult #1: Lives with child? Yes  No  Relationship__________________________
Name:__________________________________________________________
Address:________________________________________________________
City:________________State:______Zip:__________Phone:__________________________
E-Mail:__________________________________________________________
Highest level of education__________________________________________

Responsible Adult #2: Lives with child? Yes  No  Relationship__________________________
Name:__________________________________________________________
Address:________________________________________________________
City:________________State:______Zip:__________Phone:__________________________
E-Mail:__________________________________________________________
Highest level of education__________________________________________

Youth / Family Residence Information:

Number of children in primary residence:__________________________
Name of Sibling:______________________________________________Gender:__________Age______
Name of Sibling:______________________________________________Gender:__________Age______
Name of Sibling:______________________________________________Gender:__________Age______
Name of Sibling:______________________________________________Gender:__________Age______
Name of Sibling:______________________________________________Gender:__________Age______

Does youth participate in free lunch program?  Yes  No
Smokers in the household?  Yes  No
Type of residence (Single family home, apartment, etc):__________________________
Fire Scene Information:

Date of Fire: ____________________ Time: ____________________ Run Number: ________________

Did the child or anyone else sustain any injuries? Yes  No

If yes, what type? ________________________________________________________________

Location of Fire: ______________________________________________________________________

If location was a structure, was it occupied? Yes  No

Type of Fire: ______________________________________________________________________

Ignition Device: ____________________ Novelty lighter? Yes  No

Dollar Loss: ____________________ Flammable Liquids? Yes  No

Other Details:

Accomplice(s):

Name: ____________________ Gender: __________ DOB: ______________

Address: ______________________________________________________________

City: __________ State: ________ Zip: ________ Phone: ___________________

Name: ____________________ Gender: __________ DOB: ______________

Address: ______________________________________________________________

City: __________ State: ________ Zip: ________ Phone: ___________________

Additional Information:
PARTICIPATION RELEASE AND RELEASE OF LIABILITY

The Minnesota Youth Fire Intervention Team (YFIT) uses the Youth Firesetting Assessment tool that was developed by the Oregon State Fire Marshal’s Office. This is a front-line actuarial tool used to evaluate a child’s involvement in fire activity.

The assessment evaluates the firesetting behavior by reviewing six types of individual characteristics: demographic, physical, cognitive, emotional, motivation and psychiatric.

Based on the results of the evaluation, your child’s tendencies will place him/her in one of the following areas of concern:

- Some concern.................Needs educational intervention
- Moderate concern.........Needs referral for evaluation by a licensed psychologist or psychiatrist and educational intervention
- High concern................Needs immediate referral for evaluation by a licensed psychologist or psychiatrist and educational intervention counseling.

If educational intervention is indicated, the Minnesota Youth Fire Intervention Team will offer further educational activity for your child. Participation in the program is not a guarantee that firesetting behavior will stop.

Depending on the individual case; the school your child attends, local law enforcement, social services, mental health or other agencies may become involved.

Upon request, the questions asked in this evaluation may be viewed prior to signing this release.

I, _______________________, have read the previous statement and do hereby grant permission for my child ____________________, to participate in the Minnesota Youth Fire Intervention program. While we do everything in our power to protect juvenile information, I authorize release of information regarding my child to such other governmental entities and agencies as may be deemed appropriate by the Intervention Specialist.

________________________________________  ______________________________
Parent / Guardian  Date / Time

________________________________________  ______________________________
Youth  Witness
Youth Fire Intervention (Form #3)

RELEASE OF CONFIDENTIAL INFORMATION

Youth’s Name_____________________________________________________ Case #_______

Authorization for Release and Receipt of Confidential Information

By signing below I agree to the terms of the release form.

I understand that the Minnesota Youth Fire Intervention Team includes representatives of fire and police departments, the juvenile justice and probation systems, public and private mental health facilities and their associates, public and private children-and-youth social services, the state mental health care consultant and the local school system.

I hereby authorize the Youth Fire Intervention Team, including all of the agencies listed above, to receive any-and-all information deemed necessary from the sources listed below

*Referral/Admission Information  *Psychiatric Assessment  *Psychological Testing
*Education Reports  *Progress Notes  *Social History
*Comprehensive Evaluation reports  *Individual Education Plan  *Discharge Summary
*Fire/Police/Probation Reports  *Assessment Interview

For the purposes of:
*Planning Intervention  *Reporting Problems/Concerns  *Coordinating Services

I hereby authorize the Minnesota Youth Fire Intervention Team to provide the following types of information to agencies deemed appropriate.

*Referral Information  *Intervention Plan Assessment  *Progress Notes  *Case Reports

Furthermore, I hereby release the Minnesota Youth Fire Intervention Team and its authorized agents from any-and-all legal responsibility or liability stemming from the release of information indicated and authorized herein.

Information released with this authorization will not be given, sold, transferred, or in any way be relayed to any other person or agency not specified above, without written consent.

I understand that I may revoke this consent at any time by submitting a written request to the Minnesota Youth Firesetting Prevention and Intervention Program.

Counseling Provider Name: _____________________________________________________________

Therapist Name: ______________________________________________________________________________________________

Address: _____________________________________________________________________   Phone: ________________________

Parent / Guardian ___________________________________ Date / Time ________________________
YOUTH INTERVIEW

Youth Name___________________________________________________________________   Date________________

Interviewer Name_____________________________________________________________   Score_______________

Instructions: Place a check mark next to the scoring level that best describes the situation for this youth. Expand the questions as you feel necessary to complete the interview with confidence. Use the comment line for anything that seems out of the ordinary or supports your impressions.

A. Is the youth experiencing any school problems? Suggested Questions:
   How’s school?
   What do you like about school?
   What don’t you like? Do you get in trouble at school?
   Do you have lots of friends at school?
   Who is your best friend?

Scoring:
   _1 The youth likes school and has minimal problems.
   _2 The youth has some trouble in school either socially or academically.
   _3 The youth has frequently been in trouble at school, hates the teachers, doesn’t like the classes, has been expelled or suspended, etc.

Comments:

B. How does the youth get along with the others in the neighborhood? Suggested Questions:
   Do you have any friends in the neighborhood that you hang out with?
   Do you like them?
   Do they like you?
   Do you ever get picked on by the kids in the neighborhood?

Scoring:
   _1 The youth has friends in the neighborhood.
   _2 The youth gets into fights frequently or has few friends. The youth may get bullied.
   _3 The youth is involved in a gang or hanging out with others involved in delinquent or criminal behavior.

Comments:
C. What was set on fire? Was there anything significant about the object? Suggested Questions:
   *Tell me about what was burned?*
   *Tell me about the fire.*
   *I wonder why you wanted to burn?*
   *Have you ever burned this before?*
   *What other types of things have you burned?*
   *Whose stuff did you burn?*

**Scoring:**

_1_ The object that was burned had little emotional significance for the youth. (i.e. toilet paper, leaves or trash).
_2_ The object that was burned had some emotional significance for the youth (i.e. plastic army figures, other person’s possessions).
_3_ The object that was burned had emotional significance for the youth or someone else (i.e. sibling’s crib or favorite toy, a parent’s or caregiver’s possession).

Comments:

D. Where was the fire set? Was there significance to that location? Suggested questions:
   *Where did the fire start?*
   *If at home: What room were you in or were you outside?*
   *If not at home: Do you go to this place often? Do you like it there?*

**Scoring:**

_1_ The fire was started in a place where the youth plays such as his/her bedroom, a closet, a fort, a hiding place.
_2_ The fire was started in a place with community significance i.e. church, a school, a park, in the forest.
_3_ The fire was set in a building occupied with people with the intent to place people at-risk.

Comments:
E. How much planning was done prior to the fire? Suggested Questions:

Tell me what you were you doing right before the fire?
Did you think about how you were going to start the fire?
Where did you get the things that were burned?
What was used to light the fire? Where did it come from?

Scoring:

_1 The fire was started using available materials; the act of firesetting was spontaneous and done without planning. Matches and lighters were readily available.

_2 There was some pre-planning for the fire and some gathering of materials; however, the fire was not especially thought out.

_3 There was definite planning for the fire, materials were sought out, and matches and lighters were stashed and/or hidden at the site beforehand. Accelerants may have been used.

Comments:

F. Who was with the youth at the time of fire? Suggested Questions:

Was anyone with you when the fire started?
If yes, who?
What did they say about the fire?
Did the person with you do anything as the fire started burning?

Scoring:

_1 The youth was with many peers/siblings when the fire was set.
_2 The youth was with other peers/siblings and this youth might have instigated the fire.
_3 The youth was alone when the fire was set.

Comments:

G. What was the youth’s response to the fire? Suggested Questions:

What was the first thing you did when the fire started to burn?
What was the next thing?
Did you tell someone (an adult) about the fire?
If so, who was it: When was it?

Scoring

_1 The youth tried to extinguish the fire and called for help.
_1 The youth engaged in match or lighter play.
_2 The youth may have made some attempts to extinguish the fire, but called for help only after others discovered the fire.
_3 The youth ignored the fire, did not call for help, stayed to watch, or left the fire scene.

Comments:
H. How did the youth feel after the fire? Suggested Questions:

- What did your caregiver say about the fire?
- Was anyone angry with you about the fire?
- Do you care what others think of you after starting the fire?
- Do you feel like you did something bad or did the fire scare you?
- Did you think you would get into trouble?

Scoring

_1 The youth shows remorse for the fire.
_2 The youth showed interest in how others reacted.
_3 The youth is unconcerned about others’ reactions or is pleased with the fire.

Comments:

I. Was the youth supervised when the fire occurred? Suggested Questions:

- When you were playing around with the matches and lighters, where was mom or dad?
- Was anybody at home at the time? Who was taking care of you?

Scoring

_1 Parents or caregivers were home at the time or youth was under appropriate supervision.

_2 Parents or caregivers were home but unavailable or not directly supervised.

_3 The youth was left alone or with younger children.

Comments:
J. How knowledgeable is the youth about fire? How much does the youth understand about the dangers of fire? Does the youth use fire for power or control? Suggested Questions:

- Did you think that the fire could get out of control and get really big?
- Do you feel you can control a fire that you start?
- Can you determine how big the fire will get? How?
- What did you want to have happen when you started the fire?

Scoring:

- _1 The youth is knowledgeable about some aspects of fire survival but is unaware of the destructiveness or speed of fire.
- _2 The youth may indicate some concern about the dangers and risk of firesetting but thinks they can control it
- _3 The youth does have an understanding of fire and uses it to defy authority, gain attention or express anger

Comments:

K. Has the family experienced any kind of crisis in the past six months? Suggested Questions:

- Tell me about home
- Do you like being at home?
- Is there anything about home that you don’t like?
- Has anything happened at home in the last six months that upset you?
- Is there anything different about home lately?

Scoring:

- _1 There has been no major crisis in the family in the last six months.
- _2 There have been some changes in the family structure in the last six months, ie: divorce, death, moving, etc.
- _3 The family is in a state or crisis or chaos.

Comments:
L. Does the youth have a fire history? Suggested Questions:

Tell me the other times you have burned things?
What was the smallest fire? What was the largest fire?
Have you ever used an accelerant like gasoline or lighter fluid?
How about fireworks? Have you ever altered fireworks?

Scoring:

_1 This is the first known incidence of firesetting.
_2 The youth admitted to setting from 2—5 fires.
_3 The youth has started more than 5 unsupervised fires.

Comments:

M. Has the youth ever been burned? Suggested questions.

Have you ever been hurt by fire?
Tell me what happened?
Where did it happen? Who was involved?

Scoring:

_ The youth has never been burned.
_ The youth has been burned unintentionally.
_ The youth has been burned by another person and may have scars from this burn.

Comments:

N. How concerned was the youth for accepting responsibility for the fire? Suggested Questions:

Now the fire is out and you have had a chance to think about what has happened, would you do it again?
Tell me your reasons or why this fire occurred?

Scoring:

_1 The youth acknowledges the seriousness of the firesetting and accepts help appropriately.

_2 The youth acknowledges the seriousness of the firesetting but seeks to blame others and denies his/her own responsibility.

_3 The youth denies the seriousness of the firesetting and his/her own responsibility for it or takes full responsibility for it because he/she intended to cause destruction or injury.

Comments:
PARENT CHECKLIST

Youth Name____________________________________ Date of birth:__/__/____

Your name ______________________________ Relationship to youth____________________

My child takes medication for a behavioral problem.    Y    N

Are there smokers in the home?    Y    N

Please check if any of the following statements are true for your child.

___ ___   ___    My child has set fire or played with fire tools more than once.

___ ___   ___    My child has set fires outside of the home before.

___ ___   ___    Other people in the home have set fires.

___ ___   ___    My child is fascinated by fire (for example, often stares at flames).

___ ___   ___    My child has altered or misused fireworks.

___ ___   ___    My child has easy access to lighters and/or matches.

___ ___   ___    There is a wood stove, fireplace, candles or incense frequently in use at home.

___ ___   ___    My child fights with brothers and sisters.

___ ___   ___    My child argues with parents/caregivers.

___ ___   ___    My child has witnessed parents arguing.

___ ___   ___    My child spends as much time as desired with father/male caregiver.

___ ___   ___    My child spends as much time as desired with mother/female caregiver.

___ ___   ___    There has been a traumatic event in my child's life or family in the last year.

___ ___   ___    There has been physical or sexual abuse in the family.

___ ___   ___    My family moves frequently.

___ ___   ___    My child has been suspended from school.
My child has few friends.

My child is often picked on or bullies by others.

My child has friends who are a bad influence.

My child has a history of lying.

My child has stolen or shoplifted.

My child destroys their own possessions.

My child has special needs.

My child has been in counseling.

My child is physically aggressive or hurts others.

My child has intentionally harmed or injured an animal.

I feel like I have no control over my child.

Comments:
INSTRUCTIONS: Place a check mark next to the scoring level that best describes the situation for this youth. Expand the questions as you feel necessary to complete the interview with confidence. Use the comment line for anything that seems out of the ordinary or supports your impressions.

A. What was the parents’ or caregivers’ response to the fire? Suggested Questions: *Mom, Dad, what was your reaction to the fire?*

Scoring

_1 The reaction of the parents to the fire was immediate and appropriate response, with concern for any victims.

_2 The reaction of the parents to the fire was one that appears too lax or too punitive.

_3 The reaction of the parents to the fire was either nonexistent or was an immediate and overly punitive response (such as burning the youth’s hands).

Comments:

B. Is there a family history with fire? Suggested Questions: *Did anybody else in the family ever play with fire or get burned from a fire that got out of control? Have you ever had a house fire?*

Scoring:

_1 There is no traceable history of fire in the family.

_2 There is some history in the family that the youth has or may have heard about.

There is a fire history about which the youth has direct knowledge.

Comments:
C. Does the youth have a history of fire play or firesetting? Suggested Questions:

How many other times has your child lit matches, played with a lighter or burned things of little or no value?

Do you know if he has ever threatened anybody with fire or if he/she has been hurt by fire himself/herself?

Scoring:

_1 This is the first known incidence of unauthorized use of fire for the youth.

_2 The youth has a sporadic history of unauthorized use of fire. There was little or no damage from previous.

_3 Family members have used fire inappropriately. The youth’s home is not fire safe.

Comments:

D. What kind of modeling is going on in the home? How did the parents/caregivers teach their youth about fire? What kinds of fire safety practices occur in the home? Are there any cultural or traditional ways the family uses fire? Suggested Questions:

How did you teach your child about fire?

Do you have a working smoke detector?

Do you have candles or a woodstove? How do you store matches and lighters?

How does your family use fire?

Are there smokers in the home?

Scoring:

_1 Appropriate fire safety is observed in the home. Smoke detectors work, woodstoves are safely installed. Parents, siblings or other family members avoid modeling fire play.

_2 There is modeling of using fire for fun at home and fire safety is only moderately observed by parents and siblings.

_3 Family members have used fire inappropriately. The youth’s home is not fire safe.

Comments:
E. How is the youth supervised? Suggested Questions:

*When you are not at home, who takes care of the child?*

Scoring:

_1 The youth has good, continual parental and/or caregiver supervision.

_2 The youth has some supervision, but the supervision is often sporadic.

_3 The youth has minimal supervision.

Comments:

F. Does the youth have any problems in school? Suggested Questions:

*Is the youth having any problems in school?*

*Does your child have any learning problems?*

*Is your child in any special classrooms or programs?*

Scoring:

_1 The youth has minimal problems in school.

_2 The youth gets some school referrals.

_2 The youth receives special education services.

_3 The youth has been suspended or expelled from school.

Comments:

G. Has the youth ever been in counseling? Suggested Questions:

*Has your child ever seen the school counselor or other mental health provider for problems?*

Scoring:

_1 The youth has never been in counseling.

_2 The youth has been in counseling in the past.

_3 The youth is currently in counseling or has been referred for counseling.

Comments:
H. How would you describe your youth’s friends? Suggested Questions:
   *Do you like your kid’s friends?*
   *Are they a positive influence on your child?*

Scoring:

_1_ The youth has a healthy, supportive peer group.

_2_ The youth has some peer support, but his/her behavior is influenced by peers (bad friends).

_3_ The youth has little or no peer support, is shunned by peers and is isolated and withdrawn.

Comments:

I. Has any kind of crisis or traumatic event happened within your family? Please describe.

Scoring:

_1_ There has not been a traumatic family experience in the past year.

_2_ There has been a major traumatic family experience in the past year.

_3_ There has been a major traumatic family event in the past that may be influencing the youth’s behavior.

Comments:

J. Would you be willing to seek additional help for your child such as taking him/her to counseling?

Scoring:

_1_ The youth’s family acknowledges the seriousness of the firesetting and seeks help appropriately.

_2_ The family protects the child, seeks to blame others and denies their own and the child’s responsibility for the fire.

_3_ The family doesn’t seem to take the behavior seriously and simply wants the fire department to “fix” the youth and/or doesn’t see the need for other services.

Comments:
SCORING AND REFERRAL PROCEDURE

Add the face value of the checked responses for both the youth and the parent interview. Enter the total on the lines provided below:

Total Score: (Youth Interview)_____________ (Parent Interview)_____________

If youth questions D, J and / or L were scored with a 3 response, consider referring this youth for a crisis evaluation.

If the total number for the youth interview is from 14-19 then: The fire behavior appears to be basically experimental in nature. This youth does not have a history of fire behavior. The intervention for this category is fire education for the youth and the family. There are numerous fire education intervention curricula available to use with this child. The family should set clear rules about fire use in the home and practice home fire safety. YFPI Specialists should emphasize the importance of working smoke alarms and home escape planning for these families. Younger firesetters do not understand the consequences of their actions so it is important that parents/caregivers increase their knowledge of fire safe practices.

If the total number for the youth interview is 20-42 then: The youth has a sporadic history of firesetting and needs to be referred to other community agencies that serve children and their families. Many of these youths will require a more comprehensive mental health evaluation to determine the motives for his/her behavior. Youth who score in this range are setting fires as a cry for attention, as a response to a crisis event, to express anger or to defy authority. Many youth use fire because they are seeking power and control. The firesetting in this case is often a symptom of other family, school or peer group problems.

In addition to referring the family for further evaluation, YFPI Specialists need to provide fire science education. Families often do not understand the power of fire and need to increase their knowledge of home fire safety practices. Again, emphasizing the importance of working smoke alarms and practicing home escape planning. Helping educate the youth about how their firesetting behavior affected the community and the risk involved is another way YFPI Specialists can provide a service to the youth and their family and hold youth accountable for their behavior. Curricula for educating adolescent are available.

If the total number for the parent interview is from 10-15 provide fire safety education to the youth and family.
If the number for the parent interview is between 16-30 provide fire safety education to the family and recommend to the family that they seek the services of other community agencies to further evaluate the youth’s firesetting behavior.

A referral should consist of:

1. A cover letter including
   a. Statement of the fire incident
   b. Observations of the interviewer
   c. recommendations
2. A copy of the release of confidential information form
3. A copy of the fire report
4. Copies of both assessment interviews and parent check list
5. A brief summary of the education provided
Youth Fire Intervention (After Assessment is complete)
INTERVIEWERS OBSERVATIONS

Does parent appear indifferent or unconcerned to the firesetting?    ☑ Yes*    ☐ No
Does child appear neglected or abused?    ☑ Yes*    ☐ No
Is residence sloppy?    ☑ Yes*    ☐ No

Youth’s behavior and mannerisms:  ☐ nervous   ☐ stubborn   ☐ good eye contact
☐ shy   ☐ open   ☐ polite

Youth’s mood: ☐ angry   ☐ sad   ☐ happy   ☐ calm   ☐ depressed   ☐ excited

Youth’s way of thinking: ☐ rational   ☐ appropriate   ☐ scattered   ☐ logical   ☐ illogical

Parent(s) behavior and mannerisms: ☐ fidgety   ☐ nervous   ☐ stubborn   ☐ good eye contact
☐ shy   ☐ open   ☐ polite

Parent(s) mood: ☐ angry   ☐ sad   ☐ happy   ☐ calm   ☐ depressed   ☐ excited   ☐ defensive

Parent(s) way of thinking: ☐ rational   ☐ appropriate   ☐ scattered   ☐ logical   ☐ illogical

Characteristics: ☐ Low Risk   ☐ Moderate Risk   ☐ High Risk
Age appropriate assertive, low self-esteem defiant, fights, unfeeling

Family Environment: ☐ Low Risk   ☐ Moderate Risk   ☐ High Risk
Two parents, concerned inattentive parents single parent

School Experiences: ☐ Low Risk   ☐ Moderate Risk   ☐ High Risk
No problems learning problems problems, suspended

Circumstances of Fire: ☐ Low Risk   ☐ Moderate Risk   ☐ High Risk
At home, matches/lighter outside, for attention malicious, flammables

Motivation for Firesetting: ☐ Low Risk   ☐ Moderate Risk   ☐ High Risk
Accidental peer pressure anger, peer pressure

Age: ☐ Low Risk   ☐ Moderate Risk   ☐ High Risk
3 to 10 years 5 to 13 years 10 to 17 years

Overall rating: ☐ Some Risk   ☐ Moderate Risk   ☐ High Risk
Youth Fire Intervention (After Assessment is complete)

YOUTH FIRE ASSESSMENT SUMMARY

Youth Name: ____________________________  Interviewer: ____________________________

Date: ________________  Start Time: _______  End Time: ____________

Location of assessment: ________________________________________________

People present: __________________________________________________________________

Classification: Curiosity  Delinquent  Thrill Seeking  Crisis  Special Problem

Pre-test Score: _____  Family Risk Score ____  Child Risk Score____

Action Plan:

______ No need for further action
______ Fire Education Class
______ Community Impact Report
______ Education one on one
______ Follow up (to be completed 3 months after initial interview)
______ Homework assignment
______ Refer to other agency (see below)
______ Sent to Police for charging
______ Business card given
______ Other: ____________________________

Referred to: __________________________________________________________________

agency

__________________________________________  ____________________________
contact name  telephone number

Will file be transferred to referred agency?  ____ Yes  ____ No
If yes, release of confidential information form must be completed!

Summary of assessment- start with summary of parent information, then juvenile
information, finish with overall summary and recommendation. (use additional pages)
Youth Fire Intervention (Final steps – record outcome)

FOLLOW UP 6, 12 & 18 MONTHS

Date of incident ____________ Date of completed intervention ____________

Name of Juvenile _______________________________________________________

Name of Parents _______________________________________________________

Telephone Number _____________________________________________________

1. Has your child had additional incidents of fire setting or continue to show curiosity about fire since the class? If yes, explain.

2. Has your child demonstrated changes in safety-related behaviors since the class? (i.e. check smoke alarms)

3. After the program, did you discuss with your child what he/she learned about fire setting, fire prevention and fire safety?

4. Do you feel the program was beneficial?

5. What was the most important concept you learned as a parent?

6. Do you practice a home fire escape plan?