



Youth Fire Intervention Program Follow up (6 & 12 months)

Date of incident _____ Date of class attended _____

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 class, did you discuss with your child what he/she learned about fire setting, fire prevention and fire safety?
4. Do you feel the class was beneficial?
5. What was the most important concept you learned as a parent?
6. Do you practice a home fire escape plan?

Other Comments?
