

**YOUTH INTERVENTION
Child Interview Form**

Date: _____
y m d

File # _____

Name of Child: _____
last first initial

FIREPLAY / SETTING INCIDENT QUESTIONS

1. Brief comment on what happened:

2. What did you use to start this fire? **or** What were you playing with?

- Matches Lighter Both Other: _____

3. Where did you get these materials?

A. Home School Store Friend Other: _____

B. Found it Went out of way to acquire (C2)

Specify: _____

4. What did you set on fire?

- Nothing (C1) Paper product (C1) Grass/Leaves(C1) Other flammable materials(C1)
 Flammable liquids (C1) Own property (C1/C2) Another's property (C2)
 Trash (C2) Child's room (C2) Self, animals, other people (C3)

Specify: _____

5. How many others were involved in this incident?

A. None One Two Other #: _____
please specify #

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

3. Name: _____ Relationship: _____

6. Tell me the reason you decided to light the fire **or** decided to play with the M/L.
- Another child told me to (C1/C2) To see it burn (C2)
- To see what would happen/experimenting (C2) To hurt someone (C2/C3)
- To destroy something (C3) Other (C1/C2/C3): _____

7. How did you feel when you started this fire **or** played with M/L?
- Happy (C2) Sad (C1) Excited (C2) Scared (C1) Nervous (C1)
- Normal (C2) Guilty (C1) Other (C1/C2/C3): _____

Explain: _____

8. Has anything happened lately that really bothers you? (give one example if necessary)
- No Being angry at a brother/sister (C2) Being angry at a friend (C2)
- Death (C2) Change of address (C1) Disagreement with parent(C2/P2)
- Family fight (C2/P2) Problem at school(C2) Other: _____
(C2/C3 if negative)

9. Count how many fires you have set **or** how many times you have played with M/L.
(not including the incident in question) None One (C1) More than one (C2)

Explain: _____

10. What have you set on fire in the past?
- Nothing Paper products (C1) Grass/Leaves (C1)
- Other flammable materials (C1) Flammable liquids (C1)
- Own property (C1/C2) Another's property (C2) Trash (C2)
- Child's room (C2) Self, animals, other people (C3)

Specify: _____

11. Have you ever been with your friends when they have set **or** played with fire?
- Yes (C2) No

If yes, how many times? _____

Explain:

12. Do you dream about fires at night? Yes (C2/C3) No

Explain: _____

13. Do you think about fires in the day? Yes (C2/C3) No

Explain: _____

14. Can fire do magical things? Yes (C2/C3) No

Explain: _____

HOME AND FAMILY QUESTIONS

15. When you do things with your friends: *(are you a follower or a leader?)*

You do what they want to do. *(follower)(C2)*

They do what you want to do. *(leader)(C1)*

Both

Explain: _____

16. A. What sort of things do you do with your friends? (C2 if negative)

Explain: _____

B. Do you have any hobbies? What sports do you like?

Explain: _____

17. a. **Biological mother:** (P2 for each negative answer)

Do you get to spend a lot of time with her? Yes No Sometimes

How do you feel about this? _____

What do you do together? _____

Tell me about her, what is she like?

b. **Step-mother/caregiver:** (P2 for each negative answer)

Do you get to spend a lot of time with her? Yes No Sometimes

How do you feel about this? _____

What do you do together? _____

Tell me about her, what is she like? _____

c. **Biological father:** (P2 for each negative answer)

Do you get to spend a lot of time with him? Yes No Sometimes

How do you feel about this? _____

What do you do together? _____

Tell me about him, what is he like? _____

d. **Step-father/caregiver:** (P2 for each negative answer)

Do you get to spend a lot of time with him? Yes No Sometimes

How do you feel about this? _____

What do you do together? _____

Tell me about him, what is he like? _____

18. Tell me about your brothers and sisters, what are they like? (P2 if negative) _____

19. What things do you and your family do together? (P1/P2 if negative) _____

20. How often do you fight, argue or disagree with your parent(s)?

Never Rarely Sometimes (P1) Often (P2) All the time (P3)

21. How do your parents punish you when you have done something wrong?

- Don't get punished Time-out Ground or take away privileges
 Yell Spank (P1/P2) Hit (P1/P2) Other (P2/P3 if negative):

Explain: _____

22. When you get punished do you think the punishment is fair?

- Never (No)(P2) Rarely Sometimes Mostly Always (Yes)

Explain: _____

23. Do your parents get along? (word this according to present family structure).

- Yes No (P2) Sometimes (P1)

Explain: _____

24. What do you think of your school / your teachers? (C1 if negative)

Explain: _____

INTERVIEWER'S OBSERVATIONS

During your interview it is important to recognize some important signs the child may be giving to you. Your observations relating to behaviour, mannerism, mood and way of thinking are important to note. If referral is necessary, counsellors or therapists will get some insight about the child based on your notes and observations. The information you provide will aid them in designing appropriate programming for the child and family members.

Child's behaviour/mannerisms: _____
(eg. fidgety, nervous, stubborn, eye contact, body language, shy, open, polite)

Child's mood: _____
(eg. angry, sad, happy, calm, mopish, depressed, excited)

Child's way of thinking: _____
(eg. rational, age appropriate, scattered, logical, illogical)

Comments: _____

