YOUTH INTERVENTION
Pre Interview Form

Fire Department: _____

Homework due: _____
Follow-up date: _____

Date: _____ (y m d) Fire Incident # _____ File # _____

Name of Child(ren): _____ (last first initial)

Others Involved: _____

Gender:M / F D.O.B: _____ (y m d) Birth Order: _____

No. of Children in Family: _____

Parent(s)/Caregiver(s) Name: _____

Address: _____ (unit # address street postal code) ☎ Number: _____
☎ Number: _____

Comment on what happened: _____

_____

Incident Date: _____ (y m d) Day of Week: _____ Time of Day: _____

Estimated Dollar loss, if any: _____ School Name: _____

History of previous fire play **or** setting behaviour? ❑ Yes ❑ No ❑ Not Sure

Has any action been taken to date? ❑ Yes ❑ No

If yes, explain: _____

Referral Source: ❑ Parent ❑ Fire report ❑ Police ❑ School Other:

Specify: _____

Does anyone in the child's home(s) smoke? ❑ Yes ❑ No

Have all matches/lighters been removed from the reach of child? ❑ Yes ❑ No

Are there working smoke alarms/detectors in the home? ❑ Yes ❑ No ❑ Not Sure

How did you hear about this program?

Appointment Information: Interviewer: _____ Date: _____ Time:

Child's interests for homework assignments: _____

Comments: _____

_____

_____

_____