

JUVENILE FIRE SAFETY AND INTERVENTION SCREENING REPORT

Name _____ DOB _____ Age _____
Address _____ Telephone (____) _____

Presenting Problem (Includes date of interview, name of child and accompanying adult, location of interview and presenting fire problem.)

Fire History (Includes a list of the fires reported by the child and/or accompanying adults(s).)

Results of the Screening (Gives an explanation of the screening instrument, how it is being used by the fire service. Indicate that it is a basic screening tool used to determine if a child needs to be referred for a more comprehensive assessment. Do NOT assign a risk level.)

Observations (Includes only statements of facts, i.e. family was late for interview, child refused to answer all questions.)

Recommendations (Given the child's scoring, suggest fire safety education or a referral for a needs assessment or more extensive mental health assessment/treatment, and conditions for a fire safety plan for the family.)

Signature _____ Date _____
Interviewing Agency _____ Telephone _____