



WILL-COOK-GRUNDY COUNTY
FIRE INVESTIGATION TASK FORCE

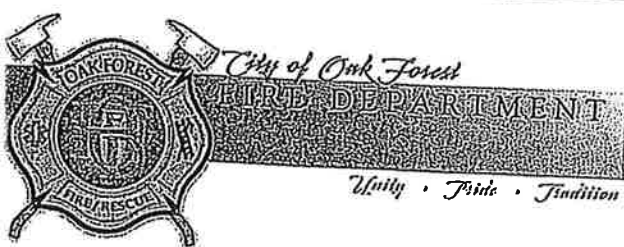


JUVENILE FIRESETTER PROGRAM

STANDARD OPERATION GUIDELINES

M.A.B.A.S. DIVISIONS

15-19-22-24-27



T.F.

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WILL-COOK-GRUNDY COUNTY FIRE INVESTIGATION TASK FORCE



Standard Operating Guidelines Juvenile Fire Setter Intervention Program

PURPOSE: Upon notification of a prospective Juvenile Fire Setter, this program has been developed to try and identify individuals that intentionally start fires, educate the fire setter and their families about the dangers of fire along with the consequences of their actions, and set up a course of action to remediate the dangerous behavior of incendiary fire setting.

PROCESS: The following is a procedure to set up and administer a Juvenile Fire Setter Intervention Program.

- When the Department is notified of a possible Fire Setter, which can be from a number of sources including, the parents, police department, court order, etc. The information must be received by one of the department's state certified Juvenile Fire Setter Intervention Specialists.
- Upon receiving the information with regards to the prospective fire setter, the Interventionist will contact the Illinois Fire Safety Alliance's Juvenile Fire Setter Intervention Program Team to receive a case number. An age appropriate confidential file for the juvenile. The file will remain in a dedicated locked filing cabinet in a secure location.
- The Interventionist will then make contact with the parents/guardians of the prospective fire setter to set up a Juvenile Fire setter Intervention session. That session shall consist of three interventionists, or coalition members, interviewing the prospective fire setter along with the parents/guardians. The interview shall take place in a neutral location, and is scheduled to maintain confidentiality.
- The interviews will be conducted utilizing the IFSA approved standard questionnaire.
- The Interventionist will utilize age appropriate education during the intervention process to emphasize the potential tragic outcomes of fire setting.
- Upon completion of the interview, it will be the responsibility to the interventionist to analyze the collected information and determine the necessary course of continued action.
- The continued course of action may consist of the following, but not limited to, a Fire Safety Education Program, a written assignment on an appropriate Fire Safety topic, or referral to a members of the coalition to the appropriate qualified professional for further assistance.
- Any further course of action by the fire department will remain confidential and all paperwork shall be placed in the prospective fire setter's file.
- Upon completion of the intervention, IFSA forms to be completed and returned for statistical purposes.

MAINTENANCE: It shall be the responsibility of the Interventionists to continue to maintain any and all required certifications, review and revise resource materials as needed, and maintain confidentiality of all case work.

CONSENT TO INTERVIEW

DATE: _____

TIME: _____

I, _____, having been informed of my constitutional rights not to have an interview made without a warrant and my rights to refuse to consent to such an interview, do hereby give my permission to have the Juvenile Firesetter Interventionist fo FIRE DEPARTMENT conduct a complete interview/evaluation with my child about the problem of Firesetting.

The Juvenile Firesetter Interventionist can interview whomever they need to:

Family * Friends Involved * Teachers
Fire Officials * Law Enforcement * Social Workers
Juvenile Justice Systems * Mental health Counselors etc...

FOR GATERING INFORMATION THAT CAN HELP US SOLVE THIS PROBLEM:

Our home address: _____ Telephone #: _____

City / State / Zip: _____

This interview is taking place at: _____

I give this written permission to the JUVENILE FIRESETTER INTERVENTIONIST for the FIRE DEPARTMENT voluntarily and without duress, threats, or promise of any kind. This consent form expires in 6 months.

Witnesses

Parent / Guardian

Juvenile's Name
#291402

Sex

Age

DOB



WILL-COOK-GRUNDY COUNTY
FIRE INVESTIGATION TASK FORCE



WAIVER OF LIABILITY

The undersigned hereby releases the _____ its
officials, officers and any other organizations assigned by the Juvenile Firesetter program
from any and all liability whatsoever, for any injuries, damages, and claims the
undersigned, his/her heirs, dependents and assigns may sustain in the course of
performing tasks or jobs assigned by the Juvenile Firesetter program per the Juvenile
Court Act 705 ILCS 405/5-6 (3) (j): 705 ILCS 405/1-12 and 405/1-13.

WAIVER OF CONFIDENTIALITY

The undersigned hereby releases the _____
and any fire or police officers, elected officials and appointed officials as necessary to
facilitate the Juvenile Intervention Program and as designated by the Fire Chief from any
claims of violations of confidentiality in regards to adjunction of case # _____.

We, the undersigned, agree to have this case handled through the _____
Department Station Adjustment Program as part of the Juvenile Intervention process. We
further understand that the decision reached by the Station Adjustment is binding. We
understand that the right to be represented by an attorney is waived.

We further understand that once a decision has been made by the Juvenile Intervention
Officer and all conditions have been fulfilled, no further actions will be taken by the
_____ Fire Department on:

_____	_____	_____
Offenders name	Date of Offense	Offense

We understand that if the juvenile fails to comply with all of the conditions imposed by
the Juvenile Intervention Officer, the case will be referred to the Juvenile
Probation/Court.

Your Station Adjustment is scheduled for _____ at _____.

Juvenile Offender

Parent or Guardian

Date: _____



WILL-COOK-GRUNDY COUNTY
FIRE INVESTIGATION TASK FORCE



Juvenile Miranda Rights

Name: _____ Address: _____
Address: _____ Date: _____
Phone: _____ Time: _____
DOB: _____ Case#: _____

- 1) You have the right to remain silent; you do not have to talk to me unless you want to do so. Initial: _____
- 2) If you do want to talk to me, I must advise you that whatever you say can and will be used as evidence against you in court. Initial: _____
- 3) You have the right to consult with a lawyer and to have a lawyer present with you while you are being questioned. Initial: _____
- 4) If you want a lawyer but are unable to pay for one, a lawyer will be appointed to represent you free of any cost to you. Initial: _____
- 5) Because of your age, you are considered a juvenile according to the law in the state of Illinois. This requires me to advise you that you could be tried as an adult in court. Initial: _____

Waiver of Rights

Knowing these rights, do you want to talk to me without a lawyer present?

Please circle: (YES) (NO)

You may stop talking to me at any time and you may also demand a lawyer at any time.

Witness Signed

Parents/Guardian Signed

Date: _____ Time: _____



WILL-COOK-GRUNDY COUNTY FIRE INVESTIGATION TASK FORCE



Policy and procedures for Juvenile Intervention Station Adjustments

The purpose of the Illinois Juvenile Act is to secure for each minor subject hereto such care and guidance, preferably in his or her own home, as will serve the safety and moral, emotional, mental, and physical welfare of the minor and the best interests of the community; to preserve and strengthen the minor's family ties whenever possible, removing him or her from the custody of his or her parents only when his or her safety or welfare or the protection of the public cannot be adequately safeguarded without removal. 705 ILCS 405/1-2 (from Ch. 37, par. 801-2).

It is the policy of the _____ Fire Department to adhere to and comply with the rules and regulations of the Illinois Juvenile Justice Act. (705 ILCS 405/5-301).

A minor arrested for the first offense of criminal damage to property or arson will have the opportunity to receive a station adjustment for the arrest provided herein, as long as no other aggravating factors exist such as: armed violence, aggravated arson, home invasion or felony use of a weapon.

The Juvenile Officer may make reasonable conditions of an Informal Station Adjustment which may include but are not limited to:

- 1) Curfew
- 2) Restricting entry into designated geographical areas.
- 3) No contact with specific persons
- 4) School attendance
- 5) Performing up to 25 hours of community service work
- 6) Teen or peer court.
- 7) Restitution limited to 90 days.
- 8) Assignment to peer Mentoring/Juvenile Officer Mentoring Program (Juvenile Firesetter Intervention Program).

The Juvenile Officer determines that there is probable cause to believe the minor has committed an offense and an admission by the minor of involvement in the offense.

The minor and parent, guardian or legal custodian must agree in writing to the Station adjustment.

If the minor refuses or fails to abide by the conditions of the station adjustment, the Juvenile Officer may refer the matter to the State's Attorney's Office.



Illinois Fire Safety Alliance
Juvenile Fire Setter Intervention Program
Juvenile Fire Setter Reporting System



Case Number (provided by JFSIP) _____ Fire Department _____

Interventionist _____ Contact Number _____

Date of Incident _____ Time of Incident _____ Alarm Number (if applicable) _____

Incident Address _____

Street _____ City _____ County _____ zip _____

Juvenile Name _____ Parent/Guardian Name _____

Juvenile Age _____ Grade Level _____ Gender _____ ☐ Check here if this is an update from a previous report.

Known previous fire sets _____

Box A: Incident Information

Number of injuries _____
Number of people displaced _____
Dollar loss estimate (per report)
\$ _____

Box B: Referral source

- ☐ Parent/guardian
- ☐ Fire investigator
- ☐ Other fire department
- ☐ Law enforcement
- ☐ Mental health agency
- ☐ Juvenile justice
- ☐ School
- ☐ Other _____

Box C: Family Unit

- ☐ Biological parents
- ☐ Mother only/single parent
- ☐ Father only/single parent
- ☐ Step-family
- ☐ Adoptive family
- ☐ Foster family
- ☐ Mother w/partner
- ☐ Father w/partner
- ☐ Grandparents
- ☐ Other female relative
- ☐ Other male relative
- ☐ Friends-no relation
- ☐ Extended family/many relatives
- ☐ Other _____

Box D: Caregiver at time of incident

- ☐ Parent/Guardian
- ☐ Sitter (approximate age) _____
- ☐ School
- ☐ No one
- ☐ Other _____

Box E: Incident Involvement

- ☐ Juvenile acted alone
- ☐ Other known juveniles involved
- ☐ Other unknown juveniles involved
- ☐ Other _____

Box F: Where did the incident take place? Property use

- ☐ Single family home
- ☐ Apartment
- ☐ Vehicle
- ☐ Wildland
- ☐ Yard/park/landscaping
- ☐ Vacant lot
- ☐ Street/alley/sidewalk
- ☐ School
- ☐ Dumpster/trash
- ☐ Church
- ☐ Commercial building
- ☐ Other residence
- ☐ Other Structure
- ☐ Other _____

Area of origin: _____

Box G: What was the ignition source?

Form of heat

- ☐ Match
- ☐ Lighter
- ☐ Candle
- ☐ Flare
- ☐ Multi-purpose lighter (BBQ)
- ☐ Gas stove
- ☐ Wood burning stove
- ☐ Electric stove
- ☐ Explosive devices
- ☐ Fireworks
- ☐ Other _____

Accelerant used? Yes / No

Box H: Where was the ignition source obtained?

- ☐ Home
- ☐ Convenience store
- ☐ Other retail store
- ☐ Restaurant
- ☐ Motel/hotel
- ☐ School
- ☐ Outdoors
- ☐ Other person/friend
- ☐ Other _____

Box I: What material was ignited or attempted?

- ☐ Paper/tissue/cardboard
- ☐ Bedding/bed
- ☐ Clothing
- ☐ Furniture
- ☐ Part of a building
- ☐ Flammable liquids/aerosols
- ☐ Fireworks/explosives
- ☐ Toys
- ☐ Trash/leaves/grass/twigs
- ☐ Bushes/trees/shrubs
- ☐ Agricultural crops
- ☐ Wildland
- ☐ People/animals/self
- ☐ Insects
- ☐ Other _____

Box J: Intervention provided (check all that apply)

- ☐ Parent/child interviews
- ☐ Screening instrument completed
- ☐ Fire Safety Education
- ☐ Gave smoke alarms
- ☐ Referral to mental health agency
- ☐ Referral to juvenile justice: _____

- ☐ None available
- ☐ Family no show
- ☐ Family refused service
- ☐ Unable to contact
- ☐ Other _____

Contact the
**IFSA JUVENILE FIRE SETTER
INTERVENTION PROGRAM**
to obtain a case number.
800-634-0911
847-400-4864



Illinois Fire Safety Alliance
Juvenile Fire Setter Intervention Program
Juvenile Fire Setter Reporting System



Brief description of the incident: _____

Description of the Intervention/Fire Safety Education provided: _____

Release Information:

I _____ give _____
Parent/Guardian (Print) Name and Title (Print)
of the _____ permission to provide this completed document
Referring Agency (Print)
to the Illinois Fire Safety Alliance.

Signed _____ Date _____
{Relationship to child}

Signed _____ Date _____
{Relationship to child}

Witness _____ Date _____

The Juvenile Fire Setter Reporting System was created by the Illinois Fire Safety Alliance Juvenile Fire Setter Intervention Program Team to obtain statistics and recidivism rates for juvenile fire setting within Illinois.

Upon referral of a juvenile fire setter, contact the IFSA office to obtain a case number 847-390-0911 or 800-634-0911 or the JFSIP Helpline 847-400-4864. Upon completion of the intervention, this completed form can be submitted to the IFSA office via fax: 847-390-0920, email: jfsi@ifsa.org, or mail: PO Box 911, Mount Prospect, IL 60056.

PARENT QUESTIONNAIRE
(For the Parents of Children and Adolescents 3 to 18 Years of Age)
Scoring Key

PARENTS: Please complete this form. Mark the answer under "rarely to never," "sometimes" or "frequently" that best describes your child for each question. When marking the form, consider all parts of the child's life (at home, at school, etc.) where the events below might occur. If an item does not apply, leave it blank. If you do not understand a term of question, make a mark next to it in the left margin and ask the interviewer for clarification.

ITEM	RARELY TO NEVER	SOMETIMES	FREQUENTLY
Hyperactivity at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of concentration	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Learning problems at school	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Behavior problems in school	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Impulsive (acts before he thinks)	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Impatient	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Fantasizes (day dreaming)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> C2
Likes school	<input type="checkbox"/> C2	<input type="checkbox"/> C1	<input type="checkbox"/> C1
Listens to teacher(s)/school authorities	<input type="checkbox"/> C2	<input type="checkbox"/>	<input type="checkbox"/> C1
Shows age appropriate interest in future school/jobs/careers	<input type="checkbox"/> C2	<input type="checkbox"/> C1	<input type="checkbox"/> C1
Truant/school runaway	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C2
<hr/>			
Convulsions, seizures, "spells"	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Need for excessive security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> C2
Need for affection	<input type="checkbox"/> C2	<input type="checkbox"/> C1	<input type="checkbox"/> C2
Loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> C2
Excessive weight loss	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Excessive overweight	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Knows what is moral	<input type="checkbox"/> C2	<input type="checkbox"/>	<input type="checkbox"/> C1
Feels good about self	<input type="checkbox"/> C2	<input type="checkbox"/>	<input type="checkbox"/> C1
Comfortable with own body	<input type="checkbox"/> C2	<input type="checkbox"/>	<input type="checkbox"/> C1
Likes overall looks	<input type="checkbox"/> C2	<input type="checkbox"/>	<input type="checkbox"/> C1
Stuttering	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Wets during the day (after age 3)	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Night time bed wetting (after age 3)	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Soiling (after age 3)	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Is good in sports	<input type="checkbox"/> C2	<input type="checkbox"/>	<input type="checkbox"/> C1
Injury prone	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Shyness	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Tries to please everyone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> C2
Relationships are socially appropriate	<input type="checkbox"/> C2	<input type="checkbox"/>	<input type="checkbox"/> C1

ITEM	RARELY TO NEVER	SOMETIMES	FREQUENTLY
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Physically fights with peers	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Withdrawn from peers/group	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Destroys toys/property of others	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Is a poor loser	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Shows off for peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> C2
Easily led by peers	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Plays with other children	<input type="checkbox"/> C2	<input type="checkbox"/>	<input type="checkbox"/> C1
Shows appropriate peer affection	<input type="checkbox"/> C2	<input type="checkbox"/>	<input type="checkbox"/> C1
Plays alone (not even with adults)	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Picked on by peers	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Has many friends	<input type="checkbox"/> C2	<input type="checkbox"/> C1	<input type="checkbox"/> C1
Participates in sports	<input type="checkbox"/> C2	<input type="checkbox"/>	<input type="checkbox"/> C1
Is a loner (few friends)	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C2

Lies	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Excessive & uncontrolled verbal anger	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Physically violent	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Steals	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Cruel to animals	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Cruel to children	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Is/was in a gang	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Expresses anger by damaging the property of others	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Destroys own toys/possessions (if age 3-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> C2
Destroys own toys/possessions (if age 7-18)	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Disobeys	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Severe behavior difficulties (past or present)	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Expresses anger by destroying others' things	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Has been in trouble with police	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Uses drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Jealous of peers/siblings	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Temper tantrums	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Unacceptable showing off	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Sexual activity with others	<input type="checkbox"/>	<input type="checkbox"/> C3	<input type="checkbox"/> C3

ITEM

RARELY TO NEVER SOMETIMES FREQUENTLY

Stomach aches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> C2
Nightmares	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Sleeps too deep or problem waking up	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Anxiety (nervousness)	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Has twitches (eyes, face, etc.)	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Cries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> C2
Bites nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> C2
Vomits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> C2
Aches and pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> C2
Chews odd/unusual things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> C2
Extreme mood swings	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Depressed mood or withdrawal	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> C2
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> C2
Self-imposed unnecessary, or excessive diet	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Sleep walking	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Phobias	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C2
General fears	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
<hr/>			
Curiosity about fire	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Plays with matches/lighters	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Plays with fire (singing, burning)	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Was concerned when fire got out of control	<input type="checkbox"/> C3	<input type="checkbox"/> C2	<input type="checkbox"/> C1
Was proud or boastful regarding fireplay or firestart	<input type="checkbox"/>	<input type="checkbox"/> C3	<input type="checkbox"/> C3
Stares at fire for long periods (fire fascination)	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Unusual look on child's face when he/she stars at fire(s)	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Daydreams or talks about fires	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Fear of fire	<input type="checkbox"/> C2	<input type="checkbox"/>	<input type="checkbox"/> C1
Other(s) in family set fire(s) (past or present)	<input type="checkbox"/>	<input type="checkbox"/> P2	<input type="checkbox"/> P3
Set occupied structure on fire	<input type="checkbox"/>	<input type="checkbox"/> C3	<input type="checkbox"/> C3
Appropriate reaction to fire(s) he/she set	<input type="checkbox"/> C3	<input type="checkbox"/> C2	<input type="checkbox"/> C1

ITEM

RARELY TO NEVER SOMETIMES FREQUENTLY

Extensive absences by father	<input type="checkbox"/> P1	<input type="checkbox"/> P2	<input type="checkbox"/> P2
Extensive absences by mother	<input type="checkbox"/> P1	<input type="checkbox"/> P2	<input type="checkbox"/> P2
Family has moved	<input type="checkbox"/> P1	<input type="checkbox"/>	<input type="checkbox"/> P2
Runs away from home	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Has seen a counselor/therapist	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Other family member has seen a counselor/therapist	<input type="checkbox"/>	<input type="checkbox"/> P2	<input type="checkbox"/> P2
Makes attempts at age appropriate independence from parents	<input type="checkbox"/> C2	<input type="checkbox"/> C1	<input type="checkbox"/> C1
In trouble at home	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Parent or sibling with serious health problems	<input type="checkbox"/>	<input type="checkbox"/> P2	<input type="checkbox"/> P2
Marriage is unhappy	<input type="checkbox"/> P1	<input type="checkbox"/> P2	<input type="checkbox"/> P2
Mother's discipline is effective	<input type="checkbox"/> P2	<input type="checkbox"/>	<input type="checkbox"/> P1
Father's discipline is effective	<input type="checkbox"/> P2	<input type="checkbox"/>	<input type="checkbox"/> P1
Fighting with siblings	<input type="checkbox"/> C1	<input type="checkbox"/>	<input type="checkbox"/> C2
Conflicts in family	<input type="checkbox"/> P1	<input type="checkbox"/>	<input type="checkbox"/> P2

Unusual fantasies	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Strange thought patterns	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Bizarre, illogical, or irrational speech	<input type="checkbox"/>	<input type="checkbox"/> C3	<input type="checkbox"/> C3
Out of touch with reality	<input type="checkbox"/>	<input type="checkbox"/> C3	<input type="checkbox"/> C3
Strange quality about child	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Expresses anger by hurting self	<input type="checkbox"/>	<input type="checkbox"/> C3	<input type="checkbox"/> C3
Destroys own property or what he likes	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C2
Was/is in a cult	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C3
Severe depression or withdrawal	<input type="checkbox"/>	<input type="checkbox"/> C3	<input type="checkbox"/> C3
Poor or no eye contact	<input type="checkbox"/>	<input type="checkbox"/> C2	<input type="checkbox"/> C2

SUMMARY OF PARENT QUESTIONNAIRE						
	C-1	P-1	C-2	P-2	C-3	P-3
School Issues						
Health/Developmental Issues						
Peer Issues						
Antisocial Behavior						
Symptoms of Anxiety or Depression						
Fire History						
Family Issues						
Severe Dysfunction						
TOTAL						

Now that you have all the totals, use the totals to compute the percentages according to the formulae below.

Child Risk

Family Risk

Total Risk

$$\frac{C-2 + C-3}{C-1 + C-2 + C-3} = _ \%$$

$$\frac{P-2 + P-3}{P-1 + P-2 + P-3} = _ \%$$

$$\frac{C-2 + P-2 + C-3 + P-3}{C-1 + P-1 + C-2 + P-2 + C-3 + P-3} = _ \%$$

Family FireRisk Evaluation Form
(Questions to be asked of parents of Children and Adolescents 3 to 18 Years of Age)

INTERVIEWER _____ INTERVIEWEE _____ DATE _____

JUVENILE'S NAME _____

SEX _____ DOB _____ ETHNICITY/RACE _____

ADDRESS _____ PHONE _____

PREVIOUS ADDRESS(ES)-5 YRS. _____

HAVE THERE BEEN FIRES AT THESE ADDRESSES? _____

SCHOOL _____ GRADE _____

SCHOOL ADDRESS _____

FEMALE CAREGIVER _____ RELATIONSHIP _____

MALE CAREGIVER _____ RELATIONSHIP _____

MOTHER _____ ADDRESS (If not caregiver) _____

FATHER _____ ADDRESS (If not caregiver) _____

EMPLOYERS of caregivers and parents _____

FEMALE CAREGIVER MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Widow ☐ Separated ☐ Remarried

MALE CAREGIVER MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Widow ☐ Separated ☐ Remarried

MOTHER'S MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Widow ☐ Separated ☐ Remarried

FATHER'S MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Widow ☐ Separated ☐ Remarried

LIST ALL IN THE FAMILY Give their ages and relationship to the child _____

RELATIONSHIP OF CHILD TO YOU Birth ☐ Foster ☐ Adopted ☐ Friend ☐ Step ☐ Other _____

CHILD LIVES WITH Birth Parents ☐ Single Birth Parent ☐ Birth Parent + Step Parent ☐ Which Other _____

CIRCLE ALL ANSWERS BELOW THAT APPLY

HEALTH HISTORY

1. What medical or physical problems does your child have? _____
 Professionally diagnosed No Yes By whom _____
2. Has your child taken any medication in the past 3 months? If so, what? _____
3. Has your child been diagnosed with any impulse control conditions such as ADHD/ADD (hyperactivity)?
 Yes No Diagnosis _____
4. Is your child currently in counseling or has he/she been seen by a counselor before? Yes (C-2) No (C-1)
 For what _____ With whom: _____
5. Is any other family member currently in counseling or have they been seen before? Yes (P-2) No (P-1)
 By whom _____ For what reason _____
6. Are there smokers in your home? Yes (P-2) No (P-1)

Health- Column 1		Health- Column 2		Health- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

FAMILY STRUCTURE/ISSUES

7. How long have you rented or owned at present location? ____ If less than 1 yr. score (P-2) if more than 5 yrs. score (P-1)
8. Do you think that you or your spouse/partner may be overprotective of the child?
 always (P-3) usually (P-2) sometimes rarely never
9. Is Mother/female caregiver available to the child (not gone) as much as the child needs her?
 always (P-1) usually (P-1) sometimes rarely (P-2) never (P-3)
10. Is Father/male caregiver available to the child (not gone) as much as the child needs him?
 always (P-1) usually (P-1) sometimes rarely (P-2) never (P-3)
11. Do you feel you spend enough time with your child?
 always (P-1) usually (P-1) sometimes rarely (P-2) never (P-3)
12. Are there significant conflicts between this child and other members of the family?
 always (P-3) usually (P-2) sometimes rarely never
13. Do you believe that you have adequate influence and control over your child?
 always (P-1) usually (P-1) sometimes rarely (P-2) never (P-3)

14. What do you discipline your child for? _____ How often? _____

15. How do you normally discipline your child? _____

16. Is there a history of emotional abuse in the family? Yes (P-2) or (P-3) No (P-1)

Who? _____ Relationship? _____ Currently in the home? _____

17. Is there a history of physical abuse in the family? Yes (P-2) or (P-3) No (P-1)

Who? _____ Relationship? _____ Currently in the home? _____

18. Is there a history of sexual abuse in the family? Yes (P-2) or (P-3) No (P-1)

Who? _____ Relationship? _____ Currently in the home? _____

Family- Column 1		Family- Column 2		Family- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

PEER ISSUES

19. Does your child interact normally with peers? Yes (C-1) No (C-2)

20. Does your child get into fights frequently? Yes (C-2) No (C-1)

21. Does your child frequently get picked on by other children? Yes (C-2) No (C-1)

22. Does your child frequently play/stay alone rather than with other children? Yes (C-2) No (C-1)

23. Do you think his/her friends are a bad influence? Yes (C-2) No (C-1)

Peers- Column 1		Peers- Column 2		Peers- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

SCHOOL ISSUES

24. Is your child in the age appropriate grade? Yes No [Is your child ahead (C-1) or behind (C-2)]

25. How does your child perform academically? Well (C-1) Average (C-1) Poorly or below expectation (C-2)

26. Have there been any recent negative changes in your child's academic performance? Yes (C-2) No (C-1)

27. Does your child have any special educational [special ed.] learning needs?

Yes [e.g., learning disabled, developmentally disabled (retarded)] (C-2) No (C-1)

28. Have there been any discipline problems at school? Yes (C-2) No (C-1)

School- Column 1		School- Column 2		School- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

BEHAVIOR ISSUES

29 Has your child been in trouble outside of school for non-fire related behaviors? Yes (C-2) No (C-1)

What _____

30. Does your child frequently say no when he is asked to do something? Yes (C-2) No (C-1)

31. Has your child ever stolen or shoplifted? Yes (C-2) No (C-1)

32. Has your child ever lied excessively? Yes (C-2) No (C-1)

33. Has your child ever used drugs/alcohol/inhalants? Yes (C-2) No (C-1)

34. Has your child ever beat up or hurt others? Yes (C-2) or (C-3) No (C-1)

Behavior- Column 1		Behavior- Column 2		Behavior- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

FIRE HISTORY

35. What were you doing when the fire occurred?

appropriate supervision (P-1) not home, asleep, or other indication of inappropriate supervision, score (P-2)

36. Are matches or lighters readily available to the child in the home? Yes (P-2) No (P-1)

37. How did you teach your child about fire? appropriate (P-1) inappropriate (P-2)

38. Have any of your child's siblings engaged in inappropriate fire behavior? Yes (P-2) No (C-1)

39. If you had to describe your child's curiosity about fire, would you say it was:

absent? (C-1) mild? (C-1) moderate? (C-2) extreme? (C-3)

40. How many times has your child used fire inappropriately? 1 time =(C-1), 2-3 times =(C-2) more than 3=(C-3).

If no other times, skip #41

41. Tell me what you know about all the fires that he started before this one. [Use a common time frame i.e. Christmas, school starting, etc. to help parent describe when fires were started or fireplay initiated]

What Set	Date Set	Where Set	With Whom	Ignition Source	Accelerant or used
1.					
2.					
3.					
4.					
5.					
6.					

Fire Hx- Column 1		Fire Hx- Column 2		Fire Hx- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

CRISIS OR TRAUMA

42. Has anything bad happened in the family or in your child's life in the last year? Yes (C-2) or (P-2) No (P-1)
What _____

43. Has there been an ongoing (chronic) crisis/problem in your life or in the family? Yes (C-2) or (P-2) No (P-1)

44. Did the fire/fireplay occur after:

family fight (C-2) being angry at sibling (C-2) being angry at boss (C-2)
being angry with school authority (C-2) being angry with another (C-2)
recent move (P-2) other crisis (C-2) or (C-3) or (P-2) or (P-3) None

C or T- Column 1		C or T- Column 2		C or T- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

CHARACTERISTICS OF FIRESTART OR FIREPLAY (circle all that apply but only score the most severe response for each question)

45. Materials used to set the fire or fireplay

matches lighters flammable liquid/aerosol fireworks

other (butane torch, flare, stove, pilot light) What? _____

46. How did child get material to start fire or engage in fireplay?

found it (C-1) went out of his way to acquire it (C-2) from his hidden/saved incendiary supplies (C-2)
was readily available at home (P-2) another child had material (C-1)

47. Where was the fire set or did the fireplay occur?

home-occupied (C-3) other structure-occupied (C-3)
home-unoccupied at time (C-2) other structure-unoccupied at time (C-2)
other residence-occupied (C-3) vacant structure (C-2)
other residence-unoccupied at time (C-2) vehicle (C-2)
school-occupied (C-3) dumpster (C-2)
school-unoccupied at time (C-2) wildland (C-2) or (C-3)
outside (C-2)

48. List room or specific place of fire origin _____

49. Address and time of fire or fireplay incident _____

50. What was set on fire?

object of little or no value (C-2) object of value to child (C-2)
..object of value to others (C-2) part of a building (C-2)
people, self (C-3) flammable liquids/aerosols (C-3)
fireworks (C-2) wildland (C-2) or (C-3) [intentional = C-3]
paper, tissue, cardboard, twigs (C-1) bedding/bed-child's own (C-2)
bedding/bed-someone elses (C-2) clothing-child's own (C-2)
clothing-someone elses (C-2) toys (C-2)
furniture (C-2) trash, leaves, grass (C-2)
animals (C-3) insects (C-2)
matches only (C-1) Lighter only (C-)

51. What did he do after the fire started?

put it out (C-1) or (C-2) called for help (C-1) ran away [if appropriate] C-1 if not (C-2)
stayed and watched (C-2) or (C-3) panicked (C-1) tried to extinguish (C-1) or (C-2)
other (C-1) or (C-2) or (C-3)

52. Did child lie about involvement? total denial, minimizing, score (C-2) denial at first and then confessed, score (C-1)
no denial (C-1)

53. Did child act alone?

List names _____

54. Was child pressured or coerced into firesetting or fireplay behavior by his peers? Yes (C-2) No (C-2)
Child was instigator (C-3)

55. Did the child respond to the fire or fireplay as if it were a positive or humorous experience? (C-2)

or as a negative (remorseful) experience? (C-1)

56. Does the child believe that fire has spiritual qualities or extraordinary powers? Yes (C-2) or (C-3) No (C-1)

57. Is there an impulsive quality to the child's firesetting or fireplay? Yes (C-2) No (C-1)

58. Did your child set the fire or play with fire in an intentional, deliberate or planned manner? Yes (C-2) No (C-1)

59. What did you do to the child in response to the fire or fireplay?

grounded him/her (P-1)

nothing (P-2)

sought outside help (P-1)

other (P-1) or (P-2)

physical punishment (P-1) or (P-2)

talked/lectured (P-1) or (P-2)

yelled (P-1) or (P-2)

abused (P-2) or (P-3)

Explain _____

C.O.F.- Column 1		C.O.F.- Column 2		C.O.F.- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

OBSERVATIONS

60. How does the mother act toward the child?

Appropriately concerned (P-1) inappropriately concerned (P-2) indifferent or hostile (P-3)

61. How does the father act toward the child?

Child FireRisk Evaluation Form
(Questions to be asked of Children and Adolescents 3 to 18 Years of Age)

INTERVIEWER _____ DATE _____
JUVENILE'S NAME _____
SEX _____ DOB _____ ETHNICITY/RACE _____
ADDRESS _____ PHONE _____
SCHOOL _____ GRADE _____

DEVELOPMENT OF RAPPORT

The purpose of this section is to make the child comfortable with you. The more at ease you can make him, the greater the likelihood that he will answer all of your questions. If the following questions aren't enough, add your own. Questions or language can be modified throughout this form to accommodate the age of the child or adolescent.

- A. [Introduce yourself] I'm _____ what's your name? _____
- B. How old are you? _____
- C. What school do you go to? _____
What grade are you in? _____
Do you like your school? _____ Are there nice/okay teachers at your school? _____
- D. What classes/subjects do you like/not like? _____
- E. What do you do for fun?. Do you have hobbies? _____
- F. Who's your best friend? _____
- G. What do you like to play/do with your friend? _____
- H. What do you watch on TV and/or what videos do you watch? _____
- I. What is your favorite person/show on TV? _____
- J. What is your favorite video/computer game? _____
- K. What do you like about that game? [Is there is extreme interest in violence or fire?] _____

[When rapport is established, determine level of understanding if the child is under 7, or appears to have problems communicating.]

Comments: _____

DETERMINE LEVEL OF UNDERSTANDING

It is often difficult to determine if a young child really understands you. (This section may be skipped if you are interviewing an older child). There may be an age barrier, a language barrier, a learning problem, or sub-normal intelligence. It is fruitless to go through an entire interview unless you are first assured that the child has enough understanding to complete the interview. There are several ways to gauge whether you are on the same "wave length" as the child. The following are suggested ways to do so:

a. Obtain information from rapport section above:

By paying close attention to the manner in which a young child responds to the 11 questions above, you can estimate whether he can understand and respond to the other questions in this instrument.

b. Using crayons/paper as a tool:

You can ask the child to draw pictures of common objects, his favorite toys, houses, trees and people. Then, ask him to describe what he has drawn. Clear explanations of his drawings and the action taking place in some of those drawings will tell you something about the child's vocabulary and his ability to understand.

c. Using toys and games:

Have toys of the appropriate developmental level of the child available. Engage the child in a game with the toys or allow the child free play with the toys. After a while ask the child about the toys and the game he is playing. Inquire about the rules, the purpose, etc. Estimate the child's vocabulary in terms of his ability to complete the interview.

d. Using puppets:

Have hand puppets available. Allow the child to set the interaction, with the child playing all parts or with you playing some of the parts. Quiet children can become quite verbal with this approach. Focus on the child's ability to understand your questions during the puppet play and determine if this level of communication is sufficient for continued interviewing.

If you are satisfied that the child has adequate understanding, proceed with the interview.

Comments: _____

CIRCLE ALL ANSWERS BELOW THAT APPLY

SCHOOL (If home schooled skip question 2)

1. Do you like school/learning? No (C-2) Yes (C-1)
2. Do you listen to your teacher(s) most of the time? No (C-2) Yes (C-1)
3. Have there been any problems with your school performance in the last year? Yes (C-2) No (C-1)
4. Have you gotten in trouble at school? Yes (C-2) No (C-1)

School- Column 1		School- Column 2		School- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

PEER ISSUES

5. Do you get along with most of your friends? No (C-2) Yes (C-1)
6. Do you get picked on? (C-2) or are you accepted by peers (C-1)
7. Do you have as many friends as you want? No (C-2) Yes (C-1)

8. Do you want to be alone or with other kids? Alone (C-2) With Kids (C-1)
9. Do you think your friends are a bad influence on you? (C-2) or a good influence (C-1)

Peers- Column 1		Peers -Column 2		Peers -Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

BEHAVIOR ISSUES

10. Do you get in trouble a lot outside of school? Yes (C-2) No (C-1)
11. Do you usually not do things that you are asked to do? Yes (C-2) No (C-1)
12. Have you ever stolen or shoplifted? Yes (C-2) No (C-1)
13. Have you lied a lot, ever? Yes (C-2) No (C-1)
14. Have you ever used drugs, alcohol, or inhalents? Yes (C-2) No (C-1)
15. Have you ever beat up or hurt others? Yes (C-2) or (C-3) No (C-1)

Behavior- Column 1		Behavior- Column 2		Behavior- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

FAMILY ISSUES

circle all that apply but only score the most severe response for each question]

16. Do you like going home? Yes No Why _____
17. Usually, how well do you get along with your mother (female caregiver)?
always get along (P-1) usually get along (P-1) sometimes get along (P-2)
don't get along very often (P-2) never get along (P-3)
18. Do you fight or argue with your mother?
always (P-3) usually (P-2) sometimes (P-1) rarely (P-1) never (P-1)
19. Are you afraid of your mother?
always (P-3) usually (P-2) sometimes (P-2) rarely (P-1) never (P-1)
20. Usually, how well do you get along with your father (male caregiver)?
always get along (P-1) usually get along (P-1) sometimes get along (P-2)
don't get along very often (P-2) never get along (P-3)
21. Do you fight or argue with your father?
always (P-3) usually (P-2) sometimes (P-1) rarely (P-1) never (P-1)
22. Are you afraid of your father?
always (P-3) usually (P-2) sometimes (P-2) rarely (P-1) never (P-1)
23. Do your mother and father fight? [have child elaborate on the fights] _____
always (P-3) usually (P-2) sometimes (P-1) rarely (P-1) never (P-1)
24. Tell me about your brothers and/or sisters. Usually, how well do you get along with them?
always get along (P-1) usually get along (P-1) sometimes get along (P-2)
don't get along very often (P-2) never get along (P-3)

25. Do you see your mom as much as you'd like? No (P-2) Yes (P-1)

26. Do you see your dad as much as you'd like? No (P-2) Yes (P-1)

27. What do you do that gets you into trouble at home? _____

28. What happens at home when you get in trouble?

grounded (P-1)

physical punishment (P-1) or (P-2)

nothing (P-2)

talked/lectured (P-1) or (P-2)

sought outside help (P-1)

yelled (P-1) or (P-2)

abused (P-2) or (P-3)

other (P-1) or (P-2) Explain _____

29. Do you get spanked/punished too much? Yes (P-2) No (P-1) If so, by whom _____

Family- Column 1		Family- Column 2		Family- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

CRISIS OR TRAUMA

30. Within the last year has anything bad happened in your life? Yes (C-2) or (P-2) No (C-1)
What? _____

31. Has there been an ongoing (chronic) crisis/problem in your life or in the family?
Yes (C-2) or (P-2) No (C-1)

32. Was the fire set after:

family fight (C-2)

being angry at sibling (C-2)

being angry with boss (C-2)

being angry with school authority (C-2)

being angry at another (C-2)

other crises such as stress, death, depression (C-2) or (C-3) or (P-2) or (P-3)

None

What? _____

C or T- Column 1		C or T- Column 2		C or T- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

FIRE HISTORY

33. Do you like to look at fire for long periods of time? Yes (C-2) or (C-3) No (C-1)

34. Do you dream about fires at night? Yes (C-2) or (C-3) No (C-1)

35. Do you think about or day dream about fires in the day? Yes (C-2) or (C-3) No (C-1)

36. Number of past (inappropriate) fires or fireplay incidents _____ 1 (C-1) _____ 2-3 (C-2) _____ 4+ (C-3)

37. Tell me about all the fires that you started or your fire play before this one. [Use a common time frame
i.e. Christmas, school starting, etc. to help child describe when fires were started or fireplay occurred]

What Set	Date Set	Where Set	With Whom	Ignition Source	Accelerant if used
1.					
2.					
3.					
4.					
5.					
6.					

38. Do you feel the need to set fires over and over again? Yes (C-2) or (C-3) No (C-1)

39. If fires are more than 1 ask, do you always set your fires in exactly the same way? Yes No

Fire Hx- Column 1		Fire Hx- Column 2		Fire Hx- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

CHARACTERISTICS OF FIRESTART OR FIREPLAY

[circle all that apply but only score the most severe response for each question]

40. Tell me about how you think the fire/fire play started?

Admits/confesses (C-1) denies or minimizes (C-2) denial then truth (C-1)

41. What did you use to set the fire or start the fire play?

matches lighter flammable liquid/aerosol fireworks

other (butane torch, flare, stove, pilot light) What? _____

42. How did you get the (above) ignitor to start the fire or the fire play?

went out of way to acquire (C-2) found it (C-1) hidden stockpile (C-2)

readily available at home (P-2) another child had material (C-1)

43. What was set on fire?

object of little or no value (C-1) or (C-2)

object of value to child (C-2)

object of value to others (C-2)

part of a building (C-2)

people, animals, self (C-3)

flammable liquids/aerosols (C-3)

fireworks (C-2)

wildland (C-2) or (C-3) intentional= C-3

paper, tissue, cardboard, twigs (C-1)

bedding/bed-child's own (C-2)

bedding/bed-someone else's (C-2)

clothing-child's own (C-2)

clothing-someone else's (C-2)

toys (C-2)

furniture (C-2)

trash, leaves, grass (C-2) animals (C-3)

matches only (C-1)

lighter only (C-1) insects (C-2)

44. Where was the fire set or did the fire play occur?

home-occupied (C-3)

other structure-occupied (C-3)

home-unoccupied at time (C-2)

other structure-unoccupied at time (C-2)

other residence-occupied (C-3)

vacant structure (C-2)

other residence-unoccupied at time (C-2)

vehicle (C-2)

school-occupied (C-3)

dumpster (C-2)

school-unoccupied at time (C-2)

wildland (C-2) or (C-3)

outside (C-2)

45. Did you intend to set the fire? Yes (C-2) No (C-1)

46. What do you think made you want to start the fire or the fire play/what happened?

to express anger (C-2)

to see it burn (C-2)

bored (C-2)

to show power or control (C-2)

didn't want to (accident or curiosity) (C-1)

reaction to stress (C-2)

from peer pressure (C-2)

to destroy something (C-2)

to hurt self (C-3)

to hurt others (C-3)

to get attention (C-2)

don't know (C-2)

rebellion - was told not to do so (C-2)

47. Did you drink or take any drugs before, during or after the fire or fire play? Yes (C-2) No (C-1)

48. What did you do after the fire or fire play started?

put it out (C-1) or (C-2)

called for help (C-1) ran away [if appropriate] C-1 else (C-2)

stayed and watched (C-2) or (C-3)

panicked (C-1)

tried to extinguish (C-1) or (C-2)

other (C-1) or (C-2) or (C-3)

49. How did your parents punish you for the fire?

grounded/restricted (P-1)

physical punishment (P-1) or (P-2)

nothing (P-1) or (P-2)

talked/lectured (P-1) or (P-2)

sought outside help (P-1)

yelled (P-1) or (P-2)

abused (P-2) or (P-3)

other (P-1) or (P-2) Explain _____

50. Did the fire or fires you started make you happy or make you laugh? Yes (C-2) No (C-1)

51. Can fire do magical, special or miraculous things? Yes (C-2) or (C-3) No (C-1)

If yes, explain _____

52. After the fire how did you feel?

happy (C-2) nervous (C-1) sad (C-1) powerful (C-2) angry (C-2)
 hateful (C-2) vengeful (C-2) scared (C-1) remorseful (C-1) elated (C-3)
 guilty (C-1) ashamed (C-1) excited (C-3)
 aroused sexually (C-3) aroused sensually (C-3) curious (C-2)

C.O.F.- Column 1		C.O.F.- Column 2		C.O.F.- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

OBSERVATIONS

53. Are child's behavior and mannerisms:

normal (C-1) troubled (C-2) very troubled (C-3)

54. Is the child's mood:

normal (C-1) troubled (C-2) very troubled (C-3)

55. Is the child's way of thinking:

normal (C-1) troubled (C-2) very troubled (C-3)

56. Are there signs of abuse? Yes (P-2) or (P-3) No (P-1) Explain _____

57. Are there signs of neglect? Yes (P-2) or (P-3) No (P-1) Explain _____

Observ.- Column 1		Observ.- Column 2		Observ.- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

Transfer the information you placed in Summary Boxes 1-8 to the Summary of Child Interview Form below. Then total each column and put the sum at the bottom.

SUMMARY OF CHILD INTERVIEW						
	C-1	P-1	C-2	P-2	C-3	P-3
School Issues						
Peer Issues						
Behavior Issues						
Family Issues						
Crisis or Trauma						
Fire History						
Characteristics of Firestart/play						
Observations						
TOTAL						

Now that you have all the totals, use the totals to compute the percentages according to the formulae below.

Child Risk

$$\frac{C-2 + C-3}{C-1 + C-2 + C-3} = \frac{\quad}{\quad} = \quad\%$$

$$C-1 + C-2 + C-3$$

Total Risk

$$\frac{C-2 + P-2 + C-3 + P-3}{C-1 + P-1 + C-2 + P-2 + C-3 + P-3} = \frac{\quad}{\quad} = \quad\%$$

$$C-1 + P-1 + C-2 + P-2 + C-3 + P-3$$

Family Risk

$$\frac{P-2 + P-3}{P-1 + P-2 + P-3} = \frac{\quad}{\quad} = \quad\%$$

$$P-1 + P-2 + P-3$$

* Kenneth R. Fineman, Ph.D. *

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[illegible]