

Morris County Juvenile Firesetter Prevention Program Screening Tool

Directions: This screening tool is to be filled out by the interviewer *ONLY*. The parent and/or child do not receive a copy of this form. The completed form must be submitted to the Department of Human Services with a completed Firesetter Referral Form and Information Consent Authorization form. The purpose of this form is to screen cases for their evaluation needs.

Juvenile's Name

Completed by

Questions	Yes	No
1. Was this an intentionally set fire? (Intent to harm others or destroy property)		
2. Did the child go out of his/her way to gather the fire starting materials?		
3. Has the child set more than one damage-causing fire to date?		
4. Did the child attempt to destroy a specific person's property or that of his/her own?		
5. Did the child set the fire in response to a family problem, such as spanking or discipline?		
6. Was the fire set out of anger, spite, or revenge? (Circle appropriate traits)		
7. Was a time delay or incendiary device used to start the fire?		
8. Was the fire malicious or delinquent in origin? (i.e. vandalism, dumpster, or trash fire, etc) (Circle appropriate)		
9. Is or was the child involved in gangs, drugs, or alcohol use? (Circle appropriate traits)		
10. Has the child demonstrated any cruelty towards animals?		
11. Has fire been a focal point in the child's play or artwork?		
12. Was the child a victim of abuse? (physical, emotional, sexual, or neglect) (With or Without treatment?) (Circle appropriate)		
13. Has the child ever talked about hurting him/herself or others?		
14. Is there a history of Firesetting behavior in the family?		
15. Has anyone in the family been injured in a fire?		
16. Does the child collect or hoard lighters, matches, fireworks, or candles? (Circle appropriate)		
17. Does the child have poor relations with other children? (frequent jealousy, frequent fighting, refusal to play with others, frequent breaking of other children's toys) (Circle appropriate)		
18. Is the child a bed wetter?		
19. After the fire started, the child did not attempt to summon help or extinguish the fire. True=Yes, False=No		

Questions	Yes	No
20.Does the child show extreme curiosity about fire, stare at fire for long periods of time, or dream about fire? (Circle appropriate)		
21.Has there been any important change or stress in the child's life in the past year, such as a move, school change, death of a friend or family member, divorce, or new baby? (Circle appropriate)		
22.Is there severe or chronic stress within the family?		
23.Does the child suffer from depression, mood swings, distress, alienation, ADD, ADHD, or excessive anger? (Circle appropriate)		
24.Does the child refuse to take responsibility for his/her actions?		
25.Does the child have problems at school, such as discipline, learning problems, or unexplained absences? (*Please note if incident occurred on school grounds) (Circle appropriate)		
26.Would you describe the child as a loner, a risk taker, or a fighter (Circle appropriate)		
27.Does the child have a problem with impulsive behavior, stealing, showing off, or running away from home/school? (Circle appropriate)		
28.Does the child frequently play with fire or fire setting tools?		

- ◆ If a **YES** response was given for any question #'s 1 to 13, the child will be referred for a Mental Health evaluation, before the education sessions.
- ◆ If **3 OR MORE** questions were answered **YES** from #'s 14 to 28, the child will be referred for a Mental Health evaluation, before the education sessions.
- ◆ If a **NO** response was given for questions 1 to 13, and **LESS THAN 3 QUESTIONS** were answered **YES** from #'s 14 to 28, the child will only be referred for the Firesetter Education Sessions.

Additional Comments: _____

***IF YOU FEEL THE CASE WOULD BENEFIT FROM AN EVALUATION, PLEASE INDICATE ABOVE.
WHEN IN DOUBT, REFER FOR EVALUATION.***

Please return this form to:

*Jessica Mondino Youth Services Coordinator
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P.O. Box 900
Morristown, New Jersey 07963-0900
Phone: (973) 285-6850 Fax: (973) 285-6713*