

WILDERNESS SCHOOL – REFERRING AGENCY BACKGROUND INTERVIEW FORM

DCF-2301

2/19 (Rev.)



STUDENT INFORMATION (To be filled out by Referring Agency staff)				
Student LAST Name:	Student FIRST Name:	DOB:	Age: (at course start date):	Phone:
Address (No. and Street):		City:	State:	Zip:
Student's Race:	Student's Ethnicity:	Student E-mail:		
Student's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender (M to F) <input type="checkbox"/> Transgender (F to M) <input type="checkbox"/> Non-Binary Male <input type="checkbox"/> Non-Binary Female				
REFERRAL AGENCY INFORMATION				
Referring Agent Name:	Agency Name:	E-mail:		
Address (No. and Street, if different from above):		City:	State:	Zip:
Daytime Phone #:	Cell Phone #:	Evening Phone #:		
Is there another Agent/Agency involved in this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide contact name and information (below):				
DCF INFORMATION				
Social Worker LAST Name:	Social Worker FIRST Name:	E-mail		
DCF Location/Address			Phone:	
Applicant Status (please check one):				
<input type="checkbox"/> Committed-Abuse/Neglect <input type="checkbox"/> Committed-Delinquent <input type="checkbox"/> Committed-Dual <input type="checkbox"/> Not Committed <input type="checkbox"/> FWSN <input type="checkbox"/> Not DCF-involved				
Referral Source (check one):				
<input type="checkbox"/> CJTS <input type="checkbox"/> Solnit North <input type="checkbox"/> Solnit South <input type="checkbox"/> Youth Service Bureau <input type="checkbox"/> DCF Contracted Provider <input type="checkbox"/> DCF Area Office <input type="checkbox"/> Congregate Care / Group Home <input type="checkbox"/> CSSD/Juvenile Court <input type="checkbox"/> Juvenile Review Board <input type="checkbox"/> DCF Parole <input type="checkbox"/> Private Therapist <input type="checkbox"/> Community Provider <input type="checkbox"/> School System <input type="checkbox"/> Private <input type="checkbox"/> Other				
Is the applicant applying to the Wilderness School on a voluntary basis? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please rate the applicant's motivation to attend the expedition: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Fair <input type="checkbox"/> Poor				
Please describe:				
The applicants living situation is: <input type="checkbox"/> Home with Parents/Legal Guardians <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home				
<input type="checkbox"/> Temporary Shelter <input type="checkbox"/> Other (Residential Facility, CJTS, Detention):				
Has the applicant been adopted or is being raised by a relative (Explain)?				
Please describe the applicant's relationships with his/her family:				

Does the applicant have any of the following medical conditions that may prohibit participation: Enuresis/Encopresis Diabetes
 Medication(s) that require(s) refrigeration Other medical issues identified by the physician Frequent blood monitoring None of these
 Please explain:

Does the applicant have any medical conditions that indicate a cause for concern for participating in the Wilderness School:
 Asthma Allergies Arthritis Dietary restrictions Illnesses Injuries
 Seizure disorders Epilepsy Thyroid problems Bleeding conditions Obesity None of these
 Please explain:

Does the applicant have any previous Wilderness School experience? (check all that apply):
 No experience 1-Day course Multiple 1-Day courses (5 or more)
 Overnight course Expedition (5-days or more) Follow-Up Courses

Has the applicant been involved in any of the following? (please check all that apply):
 Juvenile Diversion/Juvenile Review Board Therapeutic services Positive Youth Development Programs Youth Service Bureau programs

Has the applicant had any Juvenile Justice Involvement (please check all that apply)?
 No Involvement Police Contact CSSD/Non-Judicial CSSD/Judicial Detention/Placement
 List offense(s), dates, and the nature of the offense(s)

List the Primary Juvenile Justice Worker Name (i.e. parole, probation, and juvenile justice center staff):

Office Address (No. and Street):	City:	State:	Zip:
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E-mail:	Phone #:
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Does the applicant have a behavioral history of any of the following?:
 Fire starting Threatening with a weapon Sexually reactive or assaultive behavior Multiple criminal offenses
 Physical violence Sexually inappropriate behavior Sexual exploitation/victimization None of these
 If any boxes are checked above, please provide details:

Please rate the following behaviors on a scale of 0-5 (0 being no problem, 5 being most severe):

Anti-social behavior	<input type="text"/>	Beyond control of parent/guardian	<input type="text"/>	Emotional immaturity	<input type="text"/>
Gang involvement/suspected involvement	<input type="text"/>	Impulsive behaviors	<input type="text"/>	Non-Compliant behavior	<input type="text"/>
Physical aggression	<input type="text"/>	Running away	<input type="text"/>	Verbal aggression	<input type="text"/>

Provide details:

What is the applicant's trauma history?

Did this involve treatment or special intervention? Yes No What is the current status? Please explain:

When faced with stressful situations, please rate the applicant's resiliency <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Describe the youth's resiliency/coping skills:				
Does the applicant see a counselor or therapist? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the reasons for seeking therapy:				
Name of counselor or therapist:		E-mail:		Phone #:
Has the applicant been treated for a severe emotional disturbance (suicidal attempt, gesture, ideation, or self-injurious behaviors)? Within the past six months? <input type="checkbox"/> Yes <input type="checkbox"/> No Within the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:				
Has the applicant ever needed any of the following psychiatric interventions (check all that apply): <input type="checkbox"/> None of these <input type="checkbox"/> Psychiatric Evaluation <input type="checkbox"/> Admission to Hospital for Psychiatric Reasons <input type="checkbox"/> Attended Partial Hospital Program <input type="checkbox"/> Out of Home Placement for Psychiatric Reasons Please list dates and details:				
Does the applicant have any previous or current diagnosis of: <input type="checkbox"/> Asperger's <input type="checkbox"/> Autism <input type="checkbox"/> Pervasive Developmental Disorders <input type="checkbox"/> Limited Cognitive Functioning? Provide details:				
Please describe the applicant's use of drugs/alcohol: <input type="checkbox"/> Unknown <input type="checkbox"/> Non-using <input type="checkbox"/> Experimental/Occasional <input type="checkbox"/> Frequent <input type="checkbox"/> Addicted <input type="checkbox"/> Received Substance Abuse Treatment (Please provide details):				
Please describe the applicant's use of tobacco products: <input type="checkbox"/> Unknown <input type="checkbox"/> Non-using <input type="checkbox"/> Experimental/Occasional <input type="checkbox"/> Frequent <input type="checkbox"/> Addicted (details):				
School level: Check all that apply. <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Other: _____ <input type="checkbox"/> General Education <input type="checkbox"/> Additional Support Needed <input type="checkbox"/> Special Ed. Services <input type="checkbox"/> Other: _____				
What is the highest grade the applicant has attended? <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> Other: _____				
Does the applicant present any of the following educational issues (check all that apply): <input type="checkbox"/> No issues <input type="checkbox"/> Behavioral issues <input type="checkbox"/> Frequent discipline required <input type="checkbox"/> Chronic absence <input type="checkbox"/> Suspensions <input type="checkbox"/> In-school arrests <input type="checkbox"/> Expulsion Please comment:				
Has the applicant seen the Wilderness School DVD? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, please make sure that the youth views the DVD)				
Is the applicant scheduled for a Wilderness School Orientation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Orientation is required for all 20-day applicants)				
Please rate how well the applicant understands the nature of the Wilderness School experience (i.e. environmental challenges like weather and bugs, personal challenges, group challenges, wilderness activities - sleeping outside, hiking, climbing and canoeing): <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Fair <input type="checkbox"/> Poor Please comment:				
Have you explained the relationship between the Wilderness School Expedition and the Follow-Up Program: <input type="checkbox"/> Yes <input type="checkbox"/> No After reviewing the Student Contract with the applicant, do you feel that he/she understands the Basic Expectations (Behavioral Policies, Basic Safety Rules and Rules of Participation, and Contract Agreement) <input type="checkbox"/> Yes <input type="checkbox"/> No Do you feel that the goals the applicant has set for the Expedition are appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
I am recommending this applicant for a: <input type="checkbox"/> 20-day Expedition <input type="checkbox"/> 7-day Expedition <input type="checkbox"/> 5-day Expedition <input type="checkbox"/> Other:				
Name of Referring Agent:		Signature of Referring Agent:		Date:
* You may be required to provide additional paperwork, a psychological, social or other written evaluation to assist in the screening process. Additional medical information or a consult with a specialist may be required.				