

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				
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:				

REFERRING AGENCY BACKGROUND INTERVIEW FORM

Page 2 of 3

<p>Does the applicant have any of the following medical conditions that may prohibit participation:</p> <p><input type="checkbox"/> Medication(s) that require(s) refrigeration <input type="checkbox"/> Other medical issues identified by the physician <input type="checkbox"/> Enuresis/Encopresis <input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Please explain:</p>																							
<p>Does the applicant have any medical conditions that indicate a cause for concern for participating in the Wilderness School:</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Arthritis <input type="checkbox"/> Dietary restrictions <input type="checkbox"/> Illnesses <input type="checkbox"/> Injuries</p> <p><input type="checkbox"/> Seizure disorders <input type="checkbox"/> Epilepsy <input type="checkbox"/> Thyroid problems <input type="checkbox"/> Bleeding conditions <input type="checkbox"/> Obesity <input type="checkbox"/> None of these</p> <p><input type="checkbox"/> Please explain:</p>																							
<p>Does the applicant have any previous Wilderness School experience? (check all that apply):</p> <p><input type="checkbox"/> No experience <input type="checkbox"/> 1-Day course <input type="checkbox"/> Multiple 1-Day courses (5 or more)</p> <p><input type="checkbox"/> Overnight course <input type="checkbox"/> Expedition (5-days or more) <input type="checkbox"/> Follow-Up Courses</p>																							
<p>Has the applicant been involved in any of the following? (please check all that apply):</p> <p><input type="checkbox"/> Juvenile Diversion/Juvenile Review Board <input type="checkbox"/> Therapeutic services <input type="checkbox"/> Positive Youth Development Programs <input type="checkbox"/> Youth Service Bureau programs</p>																							
<p>Has the applicant had any Juvenile Justice Involvement (please check all that apply)?</p> <p><input type="checkbox"/> No Involvement <input type="checkbox"/> Police Contact <input type="checkbox"/> CSSD/Non-Judicial <input type="checkbox"/> CSSD/Judicial <input type="checkbox"/> DCF Parole Services</p> <p>List offense(s), dates, and the nature of the offense(s)</p>																							
<p>List the Primary Juvenile Justice Worker Name (i.e. parole, probation, and juvenile justice center staff):</p>																							
Office Address (No. and Street):	City:	State:	Zip:																				
E-mail:	Phone #:																						
<p>Does the applicant have a behavioral history of any of the following?:</p> <p><input type="checkbox"/> Fire starting <input type="checkbox"/> Threatening with a weapon <input type="checkbox"/> Sexually reactive or assaultive behavior <input type="checkbox"/> Multiple criminal offenses</p> <p><input type="checkbox"/> Physical violence <input type="checkbox"/> Sexually inappropriate behavior <input type="checkbox"/> Sexual exploitation/victimization <input type="checkbox"/> None of these</p> <p>If any boxes are checked above, please provide details:</p>																							
<p>Please rate the following behaviors on a scale of 0-5 (0 being no problem, 5 being most severe):</p> <table> <tr> <td>Anti-social behavior</td> <td><input type="text"/></td> <td>Beyond control of parent/guardian</td> <td><input type="text"/></td> <td>Emotional immaturity</td> <td><input type="text"/></td> </tr> <tr> <td>Gang involvement/suspected involvement</td> <td><input type="text"/></td> <td>Impulsive behaviors</td> <td><input type="text"/></td> <td>Non-Compliant behavior</td> <td><input type="text"/></td> </tr> <tr> <td>Physical aggression</td> <td><input type="text"/></td> <td>Running away</td> <td><input type="text"/></td> <td>Verbal aggression</td> <td><input type="text"/></td> </tr> </table> <p>Provide details:</p>						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"/>
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"/>																		
<p>What is the applicant's trauma history?</p>																							
<p>Did this involve treatment or special intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No. What is the current status? Please explain:</p>																							

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"/> Admission to Hospital for Psychiatric Reasons.		<input type="checkbox"/> Attended Partial Hospital Program		<input type="checkbox"/> None of these <input type="checkbox"/> Psychiatric Evaluation <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					
Do you feel that the goals the applicant has set for the Follow-Up Program 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.					