

WILDERNESS SCHOOL – REFERRING AGENCY BACKGROUND INTERVIEW FORM

DCF-2301

1/18 (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				
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: <input type="checkbox"/> Medication(s) that require(s) refrigeration <input type="checkbox"/> Other medical issues identified by the physician Please explain:				<input type="checkbox"/> Enuresis/Encopresis <input type="checkbox"/> Frequent blood monitoring		<input type="checkbox"/> Diabetes <input type="checkbox"/> None of these																			
Does the applicant have any medical conditions that indicate a cause for concern for participating in the Wilderness School: <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 <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 Please explain:																									
Does the applicant have any previous Wilderness School experience? (check all that apply): <input type="checkbox"/> No experience <input type="checkbox"/> 1-Day course <input type="checkbox"/> Multiple 1-Day courses (5 or more) <input type="checkbox"/> Overnight course <input type="checkbox"/> Expedition (5-days or more) <input type="checkbox"/> Follow-Up Courses																									
Has the applicant been involved in any of the following? (please check all that apply): <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																									
Has the applicant had any Juvenile Justice Involvement (please check all that apply)? <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 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:																			
E-mail:				Phone #:																					
Does the applicant have a behavioral history of any of the following?: <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 <input type="checkbox"/> Physical violence <input type="checkbox"/> Sexually inappropriate behavior <input type="checkbox"/> Sexual exploitation/victimization <input type="checkbox"/> 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): <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Anti-social behavior</td> <td style="width: 10%; text-align: center;"><input type="text"/></td> <td style="width: 30%;">Beyond control of parent/guardian</td> <td style="width: 10%; text-align: center;"><input type="text"/></td> <td style="width: 15%;">Emotional immaturity</td> <td style="width: 5%; text-align: center;"><input type="text"/></td> </tr> <tr> <td>Gang involvement/suspected involvement</td> <td style="text-align: center;"><input type="text"/></td> <td>Impulsive behaviors</td> <td style="text-align: center;"><input type="text"/></td> <td>Non-Compliant behavior</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Physical aggression</td> <td style="text-align: center;"><input type="text"/></td> <td>Running away</td> <td style="text-align: center;"><input type="text"/></td> <td>Verbal aggression</td> <td style="text-align: center;"><input type="text"/></td> </tr> </table> Provide details:								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"/>
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What is the applicant's trauma history?																									
Did this involve treatment or special intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No. What is the current status? Please explain:																									

When faced with stressful situations, please rate the applicant's resiliency Describe the youth's resiliency/coping skills:				<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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"/> 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"/> Frequent discipline required <input type="checkbox"/> chronic absence <input type="checkbox"/> Suspensions <input type="checkbox"/> No issues <input type="checkbox"/> In-school arrests <input type="checkbox"/> Behavioral issues <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.							