

STATE OF CONNECTICUT - DEPARTMENT OF CHILDREN AND FAMILIES
WILDERNESS SCHOOL

Referring Agency Pre-Enrollment Interview Form
(To be filled out by Referring Agency staff)

Applicant Name _____ Male Female Date of Birth _____ Age as of course start date: _____

Referring Agent _____ Referring Agent: Day Time Phone _____

Referring Agency _____ Agent Cell Phone _____

Agency Address _____ After-Hours Phone _____

City _____ State _____ Zip _____ E-mail _____

Is there another Agent/Agency involved in this referral? yes no

If yes: Please Provide contact name and information: _____

DCF Involvement: None Non committed Voluntary Services Committed Committed Delinquent FWSN

DCF contact _____ Location/region _____

1. Is the applicant applying to the Wilderness School on a voluntary basis? yes no

2. Please rate the applicant's motivation to attend the expedition: Excellent Very Good Satisfactory Fair Poor

Please describe _____

3. Does the applicant live with: Biological Parents Adoptive Family Kinship Placement Foster Family
 Group Home or residential facility Other: _____

Please describe the applicant's relationships with his/her family: _____

4. Does the applicant have any of the following medical conditions that may prohibit participation: Bedwetting Medications that require refrigeration Diabetes Frequent blood monitoring Other medical issues identified by the physician

None of these. Please explain: _____

5. Does the applicant have any medical conditions that indicate a cause for concern for participating in the Wilderness School (please check all that apply): Asthma Allergies Dietary restrictions Injuries Illnesses Obesity

Seizure disorders Thyroid problems Bleeding conditions Epilepsy Arthritis None of these.

Please explain: _____

6. 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

7. 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

8. Has the applicant had Police/Court involvement (please check all that apply)? No Involvement Police Contact
 CSSD/Non-Judicial CSSD/Judicial Detention Conviction Incarceration Out of home placement
List offense(s), dates, and the nature of the offense(s) _____

List the primary juvenile justice worker (i.e. parole, probation, and juvenile justice center staff) _____

Office Location: _____ Phone _____ Email _____

9. Does the applicant have a behavioral history of any of the following: Fire starting Physical violence Threatening with a weapon
Sexually inappropriate behavior Sexually reactive or assaultive behavior Multiple criminal offenses
 None of these Provide details: _____

10. Does the applicant demonstrate any of the following behaviors: Running away Emotional immaturity Beyond control of
parent/guardian Non-Compliant behavior Impulsive behaviors Verbal aggression Physical aggression Anti-social behavior
 Gang involvement/suspected involvement Other. Please explain: _____

11. Does the applicant have a history of trauma: yes no. If yes, please elaborate: _____

12. When faced with stressful situations, please rate the applicant's resiliency: Excellent Good Fair Poor. Describe the youth's
resiliency/coping skills: _____

13. Does the applicant see a counselor or therapist? yes no. If yes, describe the reasons for seeking therapy: _____
Name of counselor or therapist: _____ Phone: _____ Email _____

14. Has the applicant been treated for a severe emotional disturbance (suicidal attempt, gesture, ideation, or self-injurious behaviors) within the past
six months? yes no. Within the past 24 months? yes no Please explain: _____

15. Has the applicant ever presented any of the following psychiatric issues (check all that apply): No issues
 Psychiatric Evaluation Admission to Hospital for Psychiatric Reasons. Attended Partial Hospital Program
 Out of Home Placement for Psychiatric Reasons.
Please list dates and details: _____

16. Does the applicant have any Psychiatric Diagnoses (past or present)? Please list: _____

17. Please describe the applicant's use of drugs/alcohol: Unknown Non-using Experimental/Occasional Frequent
 Addicted Received Substance Abuse Treatment (details): _____

18. Please describe the applicant's use of tobacco products: Unknown Non-using Experimental/Occasional Frequent
 Addicted (details): _____

19. School level: Check all that apply. Middle School High School Other: _____
 General Education Additional Support Needed Special Education Services Other: _____

20. What is the highest grade the applicant has attended? 6th 7th 8th 9th 10th 11th Other: _____

21. Does the applicant present any of the following educational issues (check all that apply): No issues Behavioral issues
 Frequent discipline required chronic absence Suspensions In-school arrests Expulsion. Please comment: _____

22. Has the applicant seen the Wilderness School DVD? yes no (if not, please make sure that the youth views the DVD).

23. Is the applicant scheduled for a Wilderness School Orientation Program? yes no (note: Orientation is required of 20-day applicants for acceptance and may be recommended by Enrollment office for shorter expeditions).

24. 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 like sleeping outside, hiking, climbing and canoeing): Excellent Very Good Satisfactory Fair Poor Please comment: _____

25. Have you explained the relationship between the Wilderness School Expedition and the Follow-Up Program: Yes No

26. 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): Yes No

27. Do you feel that the goals the applicant has set for the Expedition are appropriate? yes no

28. Do you feel that the goals the applicant has set for the Follow-Up Program are appropriate? yes no

I am recommending this applicant for a: 20-day Expedition 5-day Expedition Other: _____

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.