

Fond du Lac County Youth Fire Intervention School Referral Form

School _____ School District _____ Date _____

Contact name _____ Phone _____ Fax _____

Child's Name _____ DOB _____ Age _____ Sex _____ Grade level _____

Parent/guardian _____ Relationship _____

Parent/guardian's address _____ City _____ Zip _____

Phone (H/C) _____ (W) _____ Email _____

Does child have any alternative learning needs? Yes/No If yes, please describe _____

Were parent(s)/guardian(s) notified? Yes/No By whom _____ When _____

Was the school counselor/intervention specialist notified? Yes/No If yes, provide name of Counselor _____

Was the school resource officer notified? Yes/No If yes, provide name of Officer _____

Incident Information:

Location of incident _____ Date/Time _____

Ignition source _____ How did child obtain items? _____

Was the child alone or with others during the fire incident? Alone/With others If with others, provide names _____

Were the others referred to the Youth Fire Intervention Program? Yes/No

How was the incident brought to the school's attention _____

Synopsis of current incident(s) _____

Please attach a recent attendance, grade report, and documentation concerning behavioral and/or disciplinary referrals.

Please mail or fax to:

**City of Fond du Lac Fire Department
C/O Fond du Lac County Youth Fire Intervention Program
815 S. Main Street
Fond du Lac WI 54935
Fax (920) 3223801**

