



Illinois Fire Safety Alliance
2008 Juvenile Fire Setter Intervention Specialist Survey
Return by May 23, 2008

Juvenile Fire Setter Intervention Specialist Name

Fire Department/Agency _____

Fire Chief's Name _____

Title _____

Home Address _____

City _____ **State** _____ **County** _____ **Zip** _____

Work Phone (____) _____ **Cell Phone** (____) _____

Home Email Address _____

Are you a Juvenile Fire Setter Interventionist? _____ **State Certified** _____ **Instructor I** _____

What minimum education or continuing education credit should be offered for completion of the JFSIS class?

How many interventions have you done in the last year? _____

Does your department allow you to do interventions outside your jurisdiction? _____

Is anyone else on your department a State Certified Intervention Specialist? If yes, please provide their contact information:

Does your department have a Bilingual Interventionist? _____

If yes, please indicate the language(s) they are able to translate.

Name of Bilingual Interventionist _____

(Over)

Do you have an interagency coalition in place? _____

If you do not have a JFS program, how and by whom are juvenile fire setter cases handled?

What do you feel the goals of a statewide Juvenile Fire Setter Intervention Program should be?

Comments or Additional Information