

SUSPECTED CHILD ABUSE AND NEGLECT REPORTING FORM

The following information must be filled out by the administrator or designee and the staff member(s) dealing with the suspected abuse or neglect. A copy of this report is to be sent to the Superintendent's Office marked CONFIDENTIAL.

To Be Completed by Staff Member with Initial Evidence or Suspicion

Student Information:

Name: _____ Age: _____ DOB _____
Street Address: _____ M/F: _____ School: _____
Mailing Address: _____ Known history of abuse/neglect? ___Yes ___No

Parent/Guardian Name(s): _____ (State relationship if other than parent)

Home and Work Telephone Numbers: _____

Other siblings (or other children) in the household:

Table with 4 columns: Name, Age, School, Relationship. Includes four rows of blank lines for data entry.

Nature and Extent of Suspected Abuse or Neglect:

a. Statements or indicators leading to the suspicion of abuse/neglect (include all known information, including date, time, location, and name of alleged abuser (and relationship, if known):

Seven horizontal lines for text entry under section a.

b. Describe the nature of the suspected abuse or neglect, including a description of any injuries or physical markings and any explanation for such:

Seven horizontal lines for text entry under section b.

b. List any photographs taken or other materials collected related to this report:

Two horizontal lines for text entry under section b.

Staff Member Name

Date of Report

