

SUSPECTED CHILD ABUSE/CHILD PROTECTION REPORT FORM

1) Name/title/telephone number of person making report: _____

2) Date and time of first report: _____

3) Name/title of school department official first report made to: _____

4) Did the person making first report contact DHS independently? _____ Yes _____ No

5) Date/time/person making report to Superintendent: _____

6) Name of student who is subject of report: _____

Birthdate: _____ Sex: _____ Grade: _____

Known history of abuse/neglect? _____

Parent/Guardian Name(s): _____

Address: _____

Home and work telephone numbers: _____

Name(s) of sibling(s): _____

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

8) List any photographs taken or other materials collected related to the report: _____

BEALS SCHOOL DEPARTMENT

NEPN/NSBA FILE: JLF-E

9) Actions taken by school officials (list date, time and personnel involved):

10) Reports to authorities:

Agencies contacted by telephone: _____

Name and title of agency contact: _____

Date and time of telephone report: _____

Copy of report form sent (include date and addressee): _____

Signature and title of person completing form: _____

Date: _____

DATE ADOPTED: July 1, 2003