

©
REPORTING CHILD ABUSE / CHILD PROTECTION

SUSPECTED ABUSE, PHYSICAL INJURY, CHILD ABUSE,
REPORTABLE OFFENSE OR NEGLECT

To: Child Protective Services, D.E.S. (or law enforcement agency)

Student's Name _____ Birth date _____ Sex _____

Address _____

Names of parents/guardians _____

E-mail address _____

School _____ Grade _____ Teacher _____

Description of suspected present or prior abuse, child abuse, physical injury, or neglect (use additional page if necessary)

Symbols:

- A = Abrasion
- Bl = Blister
- Bu = Burn
- Br = Bruise
- La = Laceration
- Le = Lesions
- S = Scar
- R = Rash
- V = Vermin
- O = Other (describe)

Severity:

- (1) = Mild
- (2) = Moderate
- (3) = Severe

Signature and Title of Person Making the Report

Date

Oral Report to:

Name _____

Agency _____ Position _____

Date _____ Time _____

Written report to _____ Date _____

Copy filed in school nurse's office