

## CONFIDENTIAL SCHOOL REPORT OF SUSPECTED CHILD ABUSE AND NEGLECT

Name of Child (Last, First, Middle)	Name of Mother
Street Address	Name of Father
City, State & Zip Code	Street Address of Parents (if different) (include city, state & zip code)
Grade                  Age                  Date of Birth	
Adult With Whom Child Resides	

List names of other children living in the home.

Name of Child	Age	Grade

Indicate reason for report. List observations, previous injuries, and any statements. Use the reverse side for additional information and/or use of the body diagram to document the observed site of the physical abuse.
---

Indicate any additional information from other professionals or relatives who have knowledge of family circumstances, directions to home, etc. Use reverse side if necessary.
---

Date of Oral Report	Received By	Referrer
Agency contacted		

Signature of Official Completing Form	Date	Telephone	Title
Name of School			

**NOTE:** Use of this form by school personnel shall be a decision jointly arrived at by the local school administration and children services agency.