**CHILD ABUSE REPORT**

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| **School** | | | **Date** | | |
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| **Student Name** | | | **Grade** | | |
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| **Address** | | | **D.O.B.** | | |
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| **Parent/Guardian** | | **Parent/Guardian Telephone** | | | |
| **Name(s)** | | **Home #** | | **Work #** | **Cell #** |
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| **CPS Notified** (Yes/No) | **Date of Notification** | | **Name of individual contacted/ID #/**  **Case #** | | |
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| **By Whom** (person who notified CPS) | | | **Witness** | | |
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| **If appropriate, was law enforcement contacted** (Yes/No) | **Date of Law Enforcement contact** | | **Name of individual contacted** | | |
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| **Staff Members Involved** | | | | | |
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| **Presenting Problems** | |
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|  | |
| **Recommendations** | |
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|  | |
| **Parent Notified** (Yes/No) | **Date of Notification** |
|  |  |

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| --- |
| **Principal** |
|  |

**This Document must be Date and Time Stamped by the Building Administration**

**Insert Date/Time Stamps Immediately Before Saving this completed document to Google Drive**

***Type the format that follows* Day, Month Date, Year *(e.g .Monday, October 23, 2006).***

***Type the format that follows* Hour:Minute:Second AM/PM *(e.g. 2:45:13PM)***

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|  | |
| **Date Stamp** | **Time Stamp** |
|  |  |
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