**CHILD ABUSE REPORT**

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

|  |
| --- |
|  |
| **Presenting Problems** |
|  |
|  |
| **Recommendations** |
|  |
|  |
| **Parent Notified** (Yes/No) | **Date of Notification** |
|  |  |

|  |
| --- |
| **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)***

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