

**FOLLOW-UP TO ORAL REPORT OF SUSPECTED CHILD ABUSE**

Duplicate to Coordinator of Student Services

**CHILD PROTECTION/SUSPICION OF ABUSE REPORT**

Date: \_\_\_\_\_

Name of Person Making Report: \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

Full Name of Student: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Gender: \_\_\_\_\_

Name of custodial parent(s)/guardian(s). Indicate *P* or *G*.

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

This report is a follow-up to an oral/telephone report made (*date, time of oral report*):

\_\_\_\_\_

Name of agency and person to whom information was reported:

\_\_\_\_\_

Nature of Concern:

\_\_\_\_ Neglect      \_\_\_\_ Physical      \_\_\_\_ Sexual      \_\_\_\_ Emotional

Description of Injury: *If physical, include size, shape, colour, location on body*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Description of Incident: *(Include direct quotes)*

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Description of Student's Health or Behaviour: *(Include drastic changes, chronic problems, relevant artwork or acting out)*

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Name and address of individual(s) disclosed (D) as or suspected (S) of causing incident (if known):

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\_\_\_\_\_  
**Signature**

**Physical Location of Injury**

