

(Policy 5160.00 – 5162.00)

MOSCOW SCHOOL DISTRICT NO. 281

CHILD ABUSE/NEGLECT REPORTING FORM

CHILD'S NAME _____ DOB/AGE _____ SEX _____

STREET ADDRESS _____

SCHOOL _____ GRADE _____ TEACHER _____

NAMES OF PARENTS OR OTHER PERSONS RESPONSIBLE FOR THE CHILD'S CARE

FATHER _____ MOTHER _____

OTHER (NAME AND TITLE/RELATIONSHIP) _____

ALLEGED PERPETRATOR _____

CIRCUMSTANCES LEADING TO THE SUSPICION THAT THE CHILD IS A VICTIM OF ABUSE/NEGLECT.
SUPPLY TIME AND DATE OF OBSERVATION OR RECEIPT OF INFORMATION.

NATURE OF ABUSE/NEGLECT. INCLUDE TIME, DATE, DURATION, AND DESCRIPTION. USE BACK OF PAGE
FOR DRAWING OF INJURIES. SHOW RELATIVE SIZE, LOCATION, SHAPE, COLOR, ETC. OF INJURY.

ADDITIONAL INFORMATION FROM INTERVIEW WITH THE CHILD. INCLUDE TIME, DATE, LOCATION,
PARTICIPANTS.

DATE _____ TIME _____ ORAL REPORT MADE TO PRINCIPAL

INITIATOR OF THE REPORT – NAME _____

ADDRESS _____ PHONE _____

DATE _____ TIME _____ WRITTEN REPORT RECEIVED BY PRINCIPAL

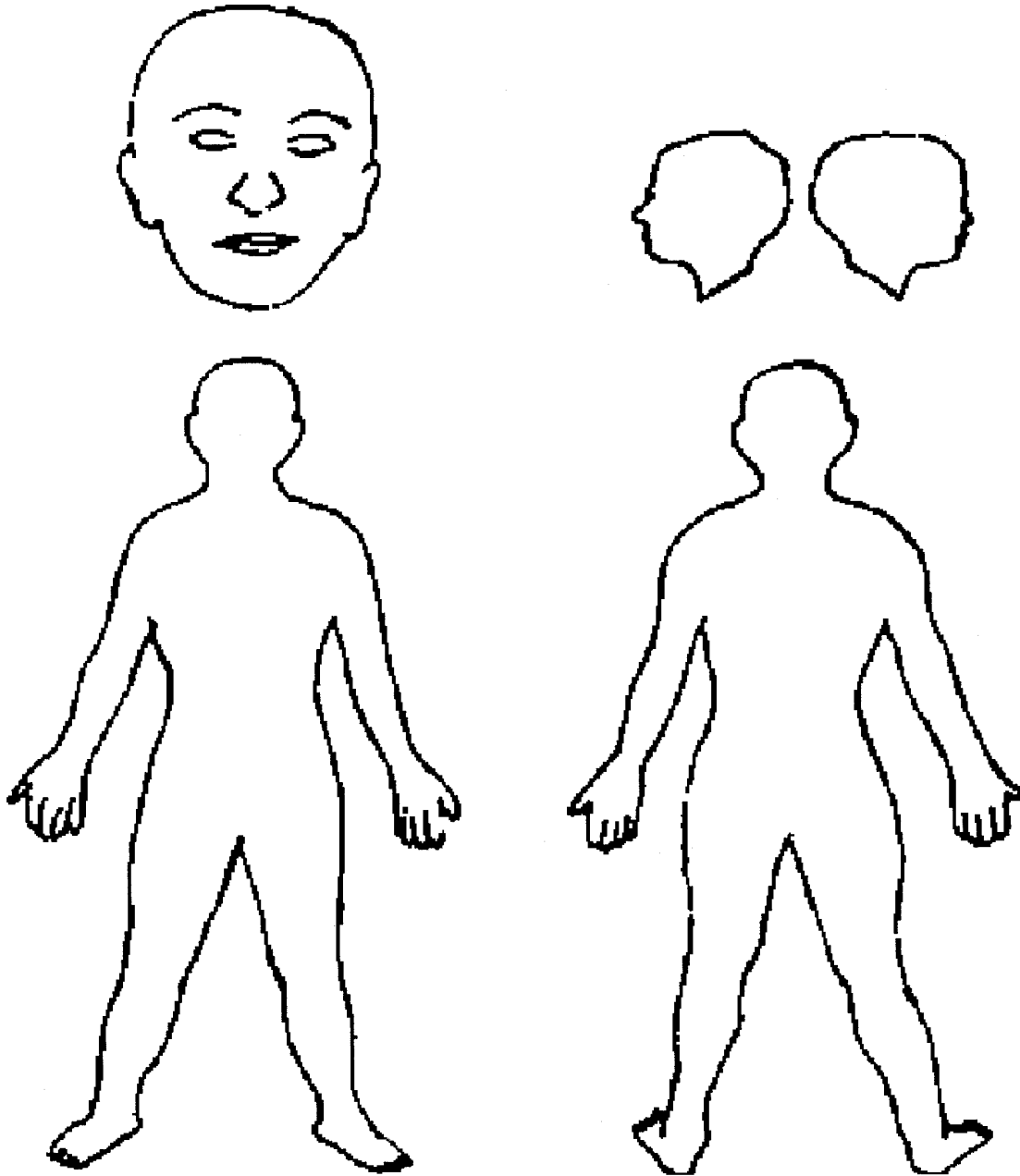
AGENCY CONTACT _____ DATE _____

(3-26-02)

SECTION V – STUDENTS
(5000-64)

Child's Name _____

Form Completed by _____



Date _____

MOSCOW SCHOOL DISTRICT NO. 281

(3-26-02)