_____School District

PERSONNEL **5270**

Report of Suspected Child Abuse, Abandonment or Neglect

Original to: Local Law Enforcement ____
Department of Health and Welfare ____
Copy to: Superintendent ____
Building Principal ____

From: _____ Title: _____

School: _____ Phone: _____

Persons contacted: ☐ Principal ☐ Teacher ☐ School Nurse ☐ Other _____

Name of Minor: _____ Date of Birth: _____

Address: _____ Phone: _____

Date of Report: _____ Attendance Pattern: _____

Father: _____ Address: _____ Phone: _____

Mother: _____ Address: _____ Phone: _____

Guardian or Step-Parent: _____ Address: _____ Phone: _____

Any suspicion of injury/neglect to other family members: _____

Nature and extent of the child's injuries, including any evidence of previous injuries, and any other information which may be helpful in showing abuse or neglect, including all acts which lead you to believe the child has been abused, abandoned and/or neglected: _____

_____

Previous action taken, if any: _____

_____

Follow-up by Local Law Enforcement / Department of Health and Welfare (copy to be completed and returned to the Superintendent/Building Principal):

Date Received: _____ Date of Investigation: _____