

HELENA FLATS SCHOOL REPORT OF SUSPECTED CHILD ABUSE AND NEGLECT

Name of Contact at Centralized Intake: \_\_\_\_\_

Original to: Teacher's Student File

Copies to: Building Superintendent, Counselor and Special Services Director (if applicable)

From: \_\_\_\_\_

Title: \_\_\_\_\_

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

Person(s) Contacted: (Circle all that apply)

Teacher      Principal      Counselor      Other: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Currently residing with: \_\_\_\_\_

(Name of parent(s), legal guardian, or other care giver)

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

Attendance History:

Father: \_\_\_\_\_ Father's Address: \_\_\_\_\_

Father's Phone:(H) \_\_\_\_\_ (W): \_\_\_\_\_

Mother: \_\_\_\_\_ Mother's Address: \_\_\_\_\_

Mother's Phone:(H) \_\_\_\_\_ (W): \_\_\_\_\_

Guardian or Step-Parent: \_\_\_\_\_

Guardian or Step-Parent's Address: \_\_\_\_\_

Guardian/Step-Parent's Phone:(H) \_\_\_\_\_ (W): \_\_\_\_\_

Any suspicion of injury/neglect to other family members:

Phone Number for Centralized Intake at Child Protective Services: 1-866-820-5437

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 that the child has been abused or neglected:

Previous action taken and dates, if any: