



Bellevue School District
Procedure 3421P – Exhibit A
(Do NOT place in student cumulative folder)
REPORT OF SUSPECTED CHILD ABUSE AND/OR NEGLECT

Student Information:

Last Name: _____ First Name: _____ M.I.: _____
 D.O.B. _____ Sex: _____ Age: _____
 Address: _____ City, State: _____ Zip: _____
 School: _____ Teacher: _____
 Race/tribal status: _____ Home Language: _____

Parent(s)/Guardian Information:

Last Name: _____ First Name: _____ Relationship to Student: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Last Name: _____ First Name: _____ Relationship to Student: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Other children in the home: _____

CHECK APPROPRIATE SPACE INDICATING TYPE OF SUSPECTED ABUSE BEING REPORTED

- Physical Abuse Emotional Abuse Sexual Exploitation
 Physical Neglect Sexual Abuse

Describe the nature and extent of current injuries, neglect, maltreatment, sexual abuse and/or sexual exploitation, as well as source of information. Describe the surrounding circumstances.

Additional information that may be helpful: Child characteristics, caretaker characteristics, history of child abuse/neglect if known, other factors such as Mental Health status, Domestic Violence and Social/Economic Factors.

Details of Report Proceedings

Person Initially Identifying Concern:

Last Name: _____ First Name: _____ Relationship to Student: _____

Other Persons Aware of Concern:

Disclosure by student to:

Name: _____ Position: _____

Date: _____ Time: _____

Name: _____ Position: _____

Date: _____ Time: _____

Abuse evidence observed by:

Name: _____ Position: _____

Date: _____ Time: _____

Name: _____ Position: _____

Date: _____ Time: _____

Reporting to CPS:

Verbal report to (CPS Intake Worker) _____

Date: _____ Time: _____ Intake case number: _____

Caseworker assigned: _____ Phone: _____

Summary of contact and action taken by CPS:

Person Completing CPS Form/Contacting CPS:

Name: _____ Signature: _____

Date: _____ Time: _____

Distribution:

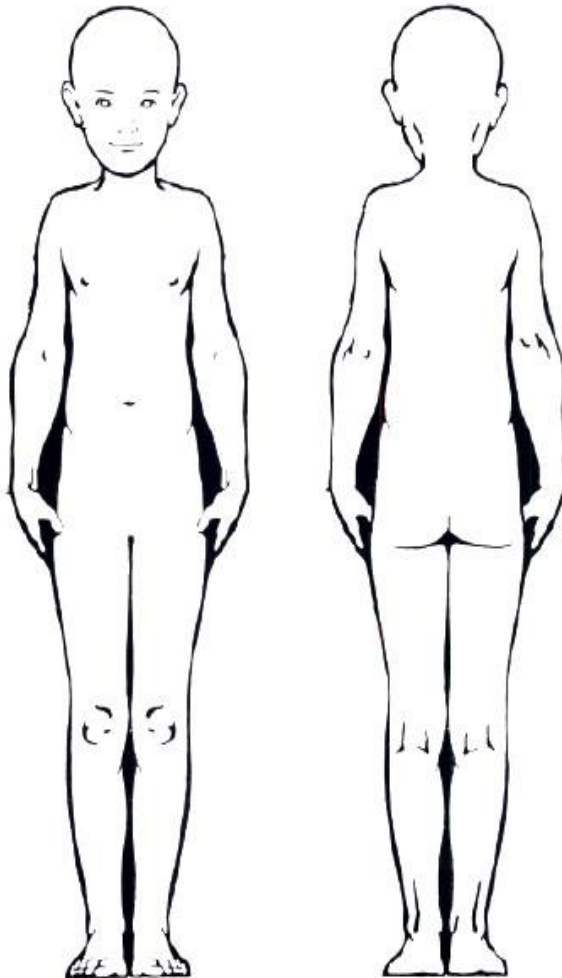
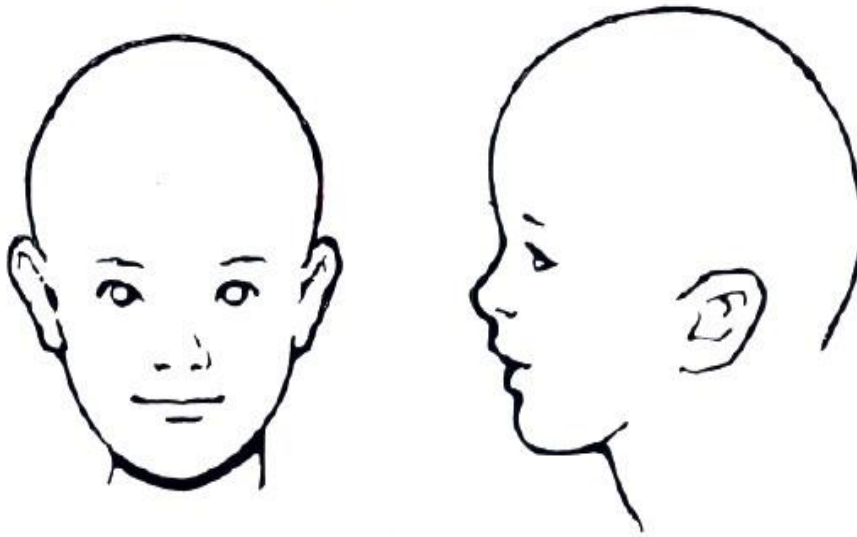
Copy to Director of Counseling, ESC

Copy retained @ your school w/Principal, Counselor, or Nurse

Email copy to CPS Central Intake cacilereports@dcyf.wa.gov Date: _____ Time: _____

Date: 9.18, 9.21

Suspected Abuse



Symbols

- A Abrasion
- Bl Blister
- Bu Burn
- Br Bruise
- La Laceration
- Le Lesions
- S Scar
- R Rash
- O Other (describe)

Name of Student _____ Date _____ Observer _____