



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.: _____
Student # _____ D.O.B. _____ Gender: _____ 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: _____

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:

- 1 copy to Director of Counseling, ESC
- Copy retained @ your school w/Principal, Counselor, or Nurse
- Fax one copy to CPS Central Intake – (206)464-7464** Date: _____ Time: _____
- 1 copy to appropriate law enforcement agency:

Bellevue Police Dept.
Special Assault Unit
450 110th Ave NE
Bellevue, WA 98009
425-452-6917

Clyde Hill Police Dept.
9605 NE 24th St.
Bellevue, WA 98004
425-454-7187

Medina Police Dept.
501 Evergreen Pt. Rd.
Medina, WA 98039
425-454-1332

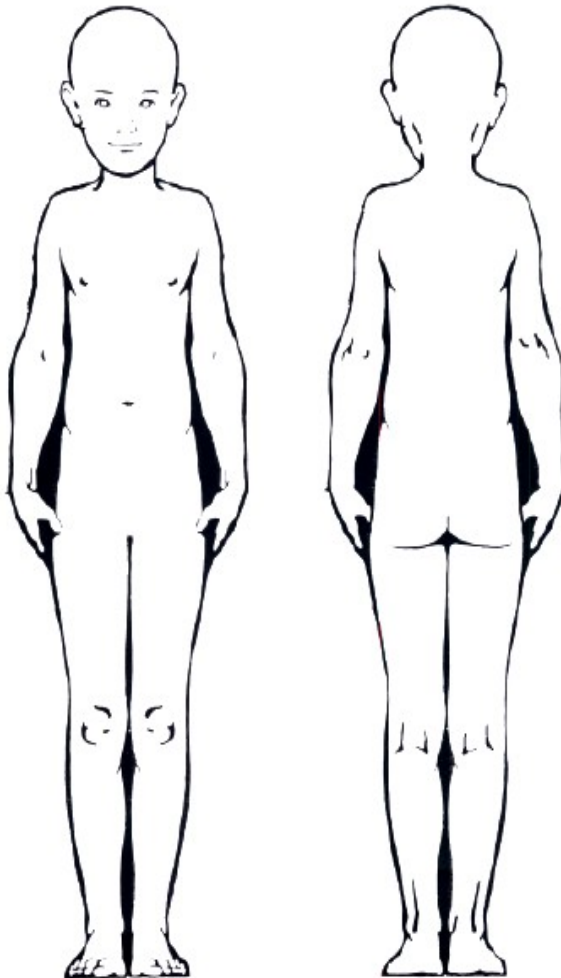
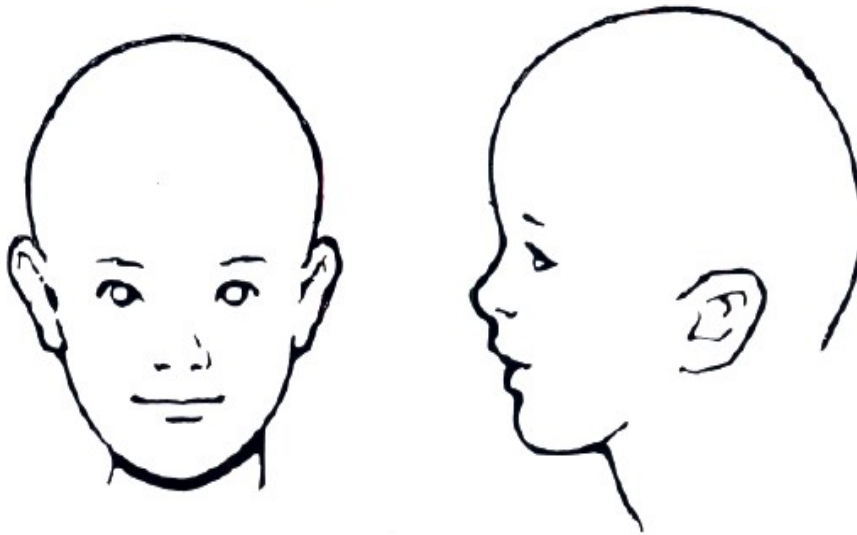
King County Sheriff's Office
Special Assault Unit
401 4th Avenue
Kent, WA 98032
206-296-7557

King East Office of Dept. of
Children, Youth
and Families
805 156th Avenue NE
Bellevue, WA 98007-6462
Reception: 425-590-3000
Fax: 425-590-3082
Toll Free: 1-800-962-0073

Child Protection Service Intake (for
referral)
Daytime (M-F) intake (8 am – 4:30 pm)
Tel. 1-866-363-4276
FAX 206-464-7464

Date: 10.18

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 _____