

USDB
CHILD / STUDENT ABUSE-NEGLECT REPORT FORM
For School Personnel Use

Use one form for each referral. Be sure to inform Protective Services or law enforcement intake personnel what time the child/student is leaving the school and if he/she needs to be seen immediately.

THE FOLLOWING QUESTIONS ARE LIKELY TO BE ASKED BY CHILD PROTECTIVE SERVICES (1-855-323-3237) AND ADULT PROTECTIVE SERVICES. ANSWER THESE QUESTIONS WITH INFORMATION YOU ALREADY HAVE; DO NOT START AN INVESTIGATION.

CHILD/STUDENT'S NAME: _____ **REFERRAL DATE:** _____ **TIME:** _____

SCHOOL/SETTING CHILD/STUDENT ATTENDS: _____ **GRADE:** _____ **BIRTH DATE** _____

CHILD/STUDENT'S PRIMARY DISABILITY: _____

OTHER DISABILITIES (Indicate if child/student is cognitively impaired): _____

PARENT/CARETAKER: _____

PRIMARY LANGUAGE OF THE FAMILY: _____

PRIMARY LANGUAGE OF THE STUDENT: _____

(Indicate the need for an interpreter during the interview): CPS/APS worker was told of this need:

CHILD/STUDENT'S ADDRESS: _____ **PARENT'S WORK PHONE:** _____

REFERRING INDIVIDUAL: _____ **TITLE:** _____ **HOME PHONE:** _____

ADDRESS: _____ **WORK PHONE:** _____

RELATIONSHIP TO CHILD: _____

AGENCY/AGENCIES CONTACTED: CHILD PROTECTIVE SERVICES

ADULT PROTECTIVE SERVICES LAW ENFORCEMENT

NAME/NAMES OF INTAKE PERSON/PERSONNEL: _____

DATE COPY GIVEN TO CHILD/STUDENT'S DIVISION DIRECTOR: _____

DATE COPY GIVEN TO YOUR DIVISION DIRECTOR, (IF DIFFERENT): _____

DATE COPY GIVEN TO USDB SUPERINTENDENT: _____

ADDITIONAL CORRESPONDENCE: _____

INDICATE AND DESCRIBE IN DETAIL CIRCUMSTANCES OR SIGNS THAT HAVE LED YOU TO SUSPECT THE CHILD/STUDENT IS A VICTIM OF ABUSE.

TYPE OF ABUSE SUSPECTED (Check ALL that are relevant):

Physical _____ Sexual _____ Emotional _____ Physical Neglect _____ Educational Neglect _____

WHEN DID THE SUSPECTED ABUSE OCCUR (i.e., date(s) or approximations): _____

WHERE DID THE SUSPECTED ABUSE OCCUR (i.e., home, school, neighbor's house, etc.): _____

IN WHICH CITY AND STATE DID THE SUSPECTED ABUSE OCCUR: _____

INDICATORS/PHYSICAL SIGNS NOTED: _____

INDICATORS/BEHAVIORAL SIGNS NOTED: _____

CHILD/STUDENT'S VERBAL DISCLOSURES AND/OR EXPLANATION (Use quotation marks if/when quoting the child/student): _____

CIRCUMSTANCE(S) UNDER WHICH THE PROBLEM WAS DISCLOSED: _____

CHILD/STUDENT'S CONDITION (What was the child/student's emotional state at the time of the disclosure/explanation? Where is the child/student now? How is the child/student doing now?): _____

ANYONE ELSE HAS THE CHILD/STUDENT TALKED TO ABOUT THE ABUSE (i.e., friend, counselor, etc.): _____

PARENT/CARETAKER INFORMATION (The parent's behavior, attitude and comments, if any): _____

FAMILY INFORMATION (Are there any conditions of concern at home?): _____

OTHER SIBLINGS/CHILDREN IN THE FAMILY/HOME (Include names and ages if possible): _____

FAMILY'S REACTION TO CPS/APS/LAW ENFORCEMENT INTERVENTION WILL LIKELY BE? _____

- **IMMEDIATELY REPORT YOUR SUSPICIONS TO CPS/APS AND/OR YOUR LOCAL LAW ENFORCEMENT AGENCY AND YOUR PROGRAM DIRECTOR.**
 - NOTE: A SCHOOL EMPLOYEE WHO REPORTS CHILD ABUSE TO A PROGRAM DIRECTOR IS *NOT* RELIEVED OF THE LEGAL OBLIGATIONS TO IMMEDIATELY REPORT THE SUSPECTED ABUSE TO CPS/APS AND/OR LAW ENFORCEMENT.
- **EACH NEW INCIDENT REQUIRES ANOTHER REFERRAL TO CPS/APS AND/OR LAW ENFORCEMENT. COMPLETE A NEW FORM FOR EACH SUBSEQUENT REFERRAL AND ATTACH TO THE FIRST ONE.**