

St Vrain Valley School District

REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT

This report serves as the written documentation for the incident below. Copies to Agency, School file, Reporting Person.

Child's School: _____ Race: _____

Name of Child: _____ D.O.B.: _____ Age: _____ Sex: _____

Parent/Guardian: _____

Address: _____ Phone: _____

Describe the nature and extent of abuse or neglect; include observations, injuries, statements, date(s), time. Including any evidence of previous cases known or suspected abuse or neglect of the child or the child's siblings:

Suspected Perpetrator: (Supply all information you may have)

Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

Comments: _____

Action taken by School Official:

Reported to: _____ Date: _____ Time: _____
(Name of Agency)

Agency Representative's Name/Position: _____

Reporting Party:

Name: _____ Position: _____ Address: _____

Signature of Reporting Party _____ Date _____ Signature of Principal or Dept. Head _____ Date _____

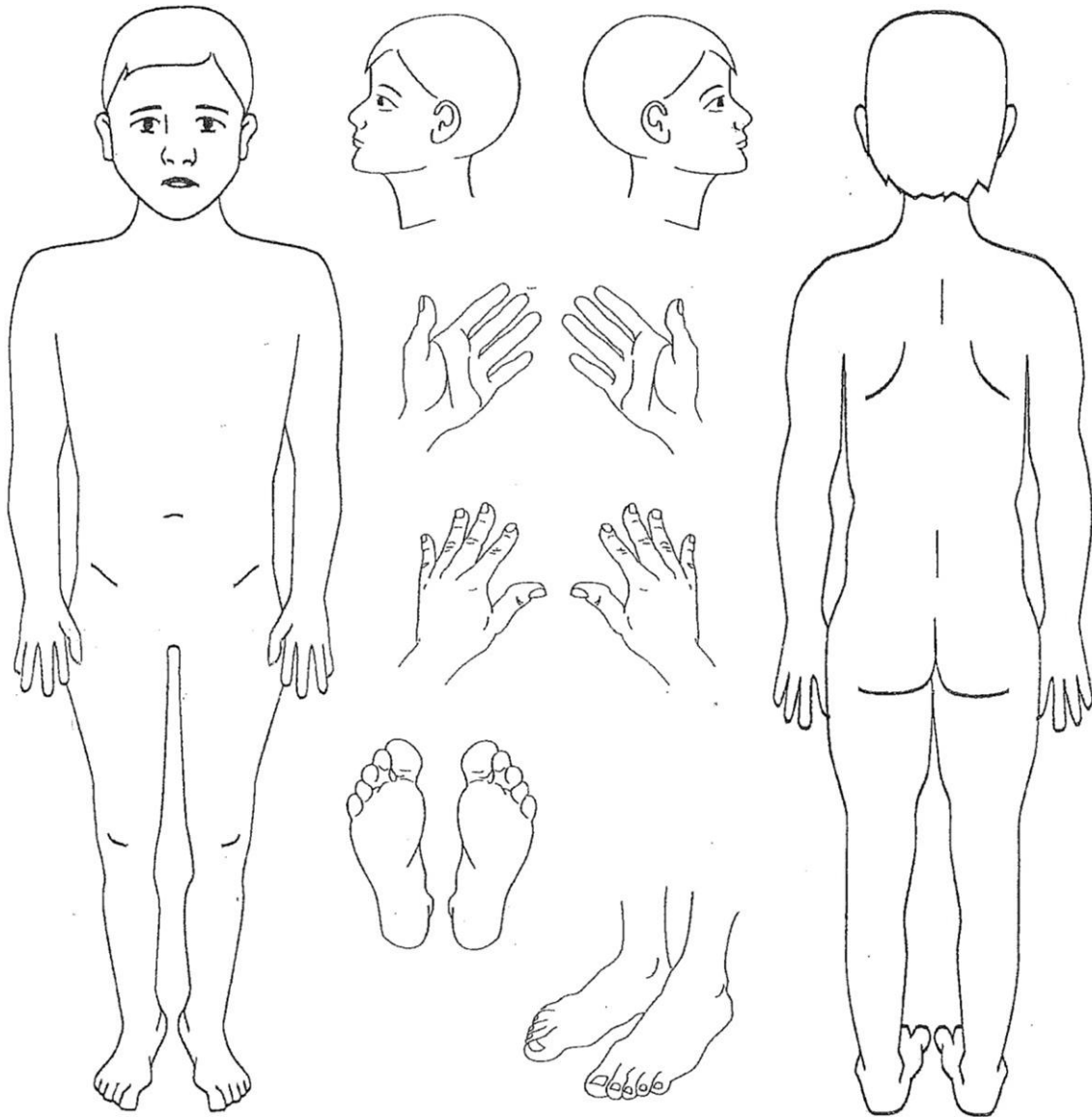
Additional Information:

Describe family composition, including siblings' names and ages, if known and under 18. Provide other information which may be helpful to the protection of the health and welfare of the student.

Follow-up, if applicable: _____

Please fax a copy of this report to the Director of Security and Emergency Management at 303-682-7436

BODY CHART



DATE OF OBSERVATION _____

NAME OF CHILD _____

D.O.B. _____

NAME OF PERSON REPORTING (PLEASE PRINT) _____

SIGNATURE OF REPORTING PARTY

NOTE: All marks need:

- to be measured in cm
- color of marks
- edema/without edema