REPORTING CHILD ABUSE / CHILD PROTECTION

To: Child Protective Services, D.E.S. (or law enforcement agency)

Student's name ________________________________ Birth date __________ Sex ____

Address ______________________________________________________

Names of parents/guardians _________________________________________

E-mail address ____________________________________________________

School _____________________ Grade _____ Teacher ______________

Description of suspected present or prior abuse, child abuse, physical injury, or neglect (use additional page if necessary) __________________________________________________________

_____________________________________________________________

_____________________________________________________________

Symbols | Severity: 1) Mild, 2) Moderate, 3) Severe
--- | ---
A=Abrasion |
Bl=Blister |
Bu=Burn |
<table>
<thead>
<tr>
<th>Br=Bruise</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>La=Laceration</td>
<td></td>
</tr>
<tr>
<td>Le=Lesions</td>
<td></td>
</tr>
<tr>
<td>S=Scar</td>
<td></td>
</tr>
<tr>
<td>R=Rash</td>
<td></td>
</tr>
<tr>
<td>V=Vermin</td>
<td></td>
</tr>
<tr>
<td>O=Other</td>
<td></td>
</tr>
</tbody>
</table>

Signature and Title of Person Making the Report  
Date

Oral Report to: Name ___________________________________________

Agency _____________________________  Position ________________

Date ________________________  Time _________________________

Written report to ___________________________  Date ______________

Copy filed in school nurse's office