

**STILLWATER PUBLIC SCHOOLS  
SUSPECTED CHILD ABUSE or NEGLECT REPORT**

**CONFIDENTIAL**----Confidential----**CONFIDENTIAL**----Confidential----**CONFIDENTIAL**

Date of Report: \_\_\_\_\_ Time of Report: \_\_\_\_\_ School: \_\_\_\_\_ Grade of Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's/Guardian's Name and Address: \_\_\_\_\_

**A copy of this suspected child abuse or neglect report is to be submitted to the school principal and filed with the site counselor.**

Describe the nature and extent of the child's potential abuse or neglect, including any evidence of previous abuse or neglect: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Supply any other information that might be helpful in establishing the cause of the potential abuse or neglect: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the nature and extent of the child's dependence on a controlled substance (if applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of suspected perpetrator(s) ( <u>if known</u> ): _____	
DHS intake worker receiving the phone report: _____	Referral #: _____
_____ Signature of Principal	_____ Signature of Person Filing Report <b>***OPTIONAL***</b> (The person filing this report may remain anonymous.)
_____ Signature of Counselor	<input type="checkbox"/> <b>Copy filed with SRO or Local Law Enforcement Notified</b>