

**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, and DHS is to be notified, per SPS policy FFG.

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) (if known): _____

DHS intake worker receiving the phone report: _____ Referral #: _____

Signature of Principal

Signature of Person Filing Report *****OPTIONAL*****
(The person filing this report may remain anonymous.)

Signature of Counselor

Copy filed with SRO or Local Law Enforcement Notified