### *CHERRYFIELD SCHOOL DEPARTMENT*

***NEPN/NSBA CODE: JLF-E***

**SUSPECTED CHILD ABUSE/CHILD PROTECTION REPORT FORM**

1) Name/title/telephone number of person making report:

2) Date and time of first report:

3) Name/title of school department official first report made to:

4) Did the person making first report contact DHS independently? Yes No

5) Date/time/person making report to Superintendent:

6) Name of student who is subject of report:

 Birthdate: Sex: Grade:

 Known history of abuse/neglect?

 Parent/Guardian Name(s):

 Address:

 Home and work telephone numbers:

 Name(s) of sibling(s):

7) Statements or indicators leading to the suspicion of abuse/neglect (include all known information, including date, time and location, name of alleged abuser, and relationship to student):

8) List any photographs taken or other materials collected related to the report:

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9) Actions taken by school officials (list date, time and personnel involved):

10) Reports to authorities:

 Agencies contacted by telephone:

 Name and title of agency contact:

 Date and time of telephone report:

 Copy of report form sent (include date and addressee):

 Signature of person completing form:

 Title of person completing form:

 Date:

DATE ADOPTED: August 11, 2015

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