

1 **St. Regis School District**

5232F

2
3 **PERSONNEL**

4
5 **St. Regis School District**
6 **Report of Suspected Child Abuse or Neglect**

7
8 *Original to: Department of Public Health and Human Services*

9 *Copy to: Building Principal*

10
11 From: _____ Title: _____

12
13 School: _____ Phone: _____

14
15 Persons contacted: Principal Teacher School Nurse Other _____

16
17 Name of Minor: _____ Date of Birth: _____

18
19 Address: _____ Phone: _____

20
21 Date of Report: _____ Attendance Pattern: _____

22
23 Father: _____ Address: _____ Phone: _____

24
25 Mother: _____ Address: _____ Phone: _____

26
27 Guardian or
28 Stepparent: _____ Address: _____ Phone: _____

29
30 Any suspicion of injury/neglect to other family members: _____

31
32 Nature and extent of the child's injuries, including any evidence of previous injuries, and any
33 other information which may be helpful in showing abuse or neglect, including all acts which
34 lead you to believe the child has been abused or neglected: _____

35
36
37
38 Previous action taken, if any: _____

39
40
41
42 Follow-up by Department of Public Health and Human Services (DPHHS to complete and return
43 copy to the Building Principal):

44
45 Date Received: _____ Date of Investigation: _____