

Form 330-1

Report of Suspected Child Abuse and Neglect Form
CONFIDENTIAL

School Name: _____

PLEASE PRINT AND PROVIDE DETAILS

1. PERSON MAKING THE VERBAL REPORT

Name: _____

Relationship to Student: _____

Telephone Numbers: (home) _____ (work) _____

School and Address: _____

2. RECORD OF THE VERBAL REPORT TO THE MINISTRY FOR CHILDREN AND FAMILY

Date and time of verbal report: _____

Name of person to whom you reported: _____

Position: _____ Phone number _____

Office Address: _____

3. STUDENT INFORMATION – COLLECT DATA FROM VERIFICATION SHEET

Name: _____ Date of birth (d/m/y): _____

Home address where student currently lives: _____

Male: Female: Grade: _____

Classroom or homework teacher: _____

Name and address of person(s) who has legal custody of the child at the time of report: _____

Home Phone Number: _____ Work Number: _____ Cell Number: _____

Special Needs, if any, including any barriers to communication: _____

Sibling names, ages and schools, if known: _____

4. INFORMATION FROM THE STUDENT’S DISCLOSURE OR YOUR REASONS TO BELIEVE THE STUDENT HAS BEEN OR IS LIKELY TO BE IN NEED OF PROTECTION (CONVERSATION, EVENTS, OBSERVATIONS OR CIRCUMSTANCES): ATTACH ANOTHER SHEET IF NECESSARY.

Attach all of the child’s writing, drawing, or artwork that supports this report. Sign and date these.

5. DOCUMENT ANY INFORMATION THE CHILD PROTECTION SOCIAL WORKER SHARED WITH YOU.

6. WERE THE POLICE INVOLVED IN THE INVESTIGATIONS? Yes: No:

7. YOUR SIGNATURE _____ DATE: _____ TIME: _____

8. PLACE THE ORIGINAL COPY OF ALL INFORMATION IN AN ENVELOPE. DATE, SIGN, MARK IT 'CONFIDENTIAL' AND 'TO THE ATTENTION OF THE EXECUTIVE ASSISTANT OF THE SUPERINTENDENT'. TAKE IT TO THE EXECUTIVE ASSISTANT OF THE OFFICE OF THE SUPERINTENDENT AT THE SCHOOL BOARD OFFICE. IT WILL BE FILED CONFIDENTIALLY. DO NOT PLACE IN STUDENT FILE.