



WELLPINIT SCHOOL DISTRICT #49

PO Box 390 / 6270 Ford-Wellpinit Road Wellpinit WA 99040
Telephone: (509) 258.4535 Fax: (509) 258.7378

CHILD ABUSE & NEGLECT REPORT FORM

Student's Name: _____ Age: ____ Sex: ____ Birth Date: ____/____/____

School: _____ Grade: _____ Teacher: _____

Parent/Guardian's Name: _____

Address: _____

Other children in school:

Name	Age	Grade	Teacher
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHECK APPROPRIATE SPACE INDICATING TYPE OF ABUSE BEING REPORTED:

- Physical Abuse
 Emotional Neglect/abuse
 Physical Neglect
 Sexual Abuse
 Other (specify) _____

Briefly describe the nature and extent of abuse. (Refer to indicator check list):

Additional information which may be helpful. (Child characteristics, caretaker characteristics, history of child abuse and/or neglect if known):

Are parents aware of your intent to report? ____ Yes ____ No

Reported by: _____ Date/Time reported: _____

Name & title of person reported to: _____

Principal's Signature

Date