

<b>Student's Last Name</b>	<b>First Name</b>	<b>Date of Report</b>	
		MONTH	DAY
		YEAR	

<b>Date of Birth</b>	<b>Student Number</b>	<b>Grade/Class</b>	<b>Teacher</b>
MONTH			
DAY			
YEAR			

<b>School</b>	<b>School Address</b>	<b>School Telephone #</b>
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<b>Home Address</b> (Street No. /Apt.)	<b>City</b>	<b>Postal Code</b>	<b>Home Telephone #</b>
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<b>Religion or Culture (if known)</b>	<b>Language(s) Spoken at Home</b>
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<b>Medical Concern(s) or Relevant Special Needs</b>
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<b>Sibling(s) Last Name</b>	<b>First Name</b>	<b>Last Name</b>	<b>First Name</b>

<b>Parent/Guardian Last Name</b>	<b>First Name</b>	<b>Business #</b>	<b>Cell #</b>
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<b>Parent/Guardian Last Name</b>	<b>First Name</b>	<b>Business #</b>	<b>Cell #</b>
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**Keep your consultation to the minimum. This report form and any other written records may be subpoenaed in subsequent legal proceedings.**

- What the child said and to whom
- The alleged offender(s) and relationship to the child
- When and where the incident(s) occurred
- Names of any other children who might be involved
- Brief description of easily visible marks or injuries or evidence of neglect

<b>Details of Alleged Abuse/Neglect</b> (use the back of this form if more writing space is needed)
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<b>PERSON MAKING THE REPORT</b>	
<b>Last Name</b>	<b>First Name</b>
<b>Position</b>	

<b>Name of Children's Aid Society</b>	<b>Name of the Person to Whom the Information was Reported</b>
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Investigation undertaken?  YES  NO

School/Department (if different from above) \_\_\_\_\_ Principal, Supervisor, or Designate Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**NOTE:** Also see Appendix G of the procedure document, PR. 560: Abuse and Neglect of Students

**Send the ORIGINAL COPY marked "PRIVATE AND CONFIDENTIAL" to the Manager of Social Work and Attendance Services for your Learning Centre**