



# REPORTING CHILD PROTECTION CONCERNS

**\*\*Confidential\*\***

*Call 1-866-829-2153 to make a referral. When a referral is made, a copy of this form will be sent to the Children's Protective Services as a written confirmation of the referral, and a copy will be retained by the Principal or designated school personnel. If, after facts are gathered, the decision is made for no referral to CPS, a filled out copy of this form shall be kept in the confidential principal's file for future reference.*

Date _____	Time _____	Spoke with _____
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School \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Home language \_\_\_\_\_

Student's Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_ Phone - -

1. Please give specific details, dates, times, and incidents that have given rise to concern for the safety and welfare of this student.

2. Were there any physical or behavior signs? Are there any causes for concern?

3. Have you spoken to the student? If so, what was said?

4. Describe evidence of any previous injuries or neglect (include date, if known).

5. Have you spoken to the student's parent or guardian? If so, what was said?

Feel free to attach additional information on a separate sheet of paper, if necessary. This form must be completed and sent to the Smokey Point CPS Office within 48 hours. A copy must be turned in to the principal to be kept in the principal's confidential file.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date