

District #2
Division of Instruction
P.O. Box 2098
Everett, WA 98213

## 3421P

## **Child Abuse Report Form**

State law requires professional school personnel to report within 48 hours after there is a reasonable cause to believe that a child or dependent adult has suffered abuse or neglect. In conjunction with a phone report report, complete this form and send to the appropriate CPS office. (Refer to District Policy and Procedure 3421)

| Student Legal Name  | e:                |                                   |           |               |   |                     |  |
|---|-------------------|-----------------------------------|-----------|---------------|---|---------------------|--|
| First   |                   |                                   | Middle    |               |   | Last                |  |
| School:   |                   |                                   | Grade:    | Age:          | M/F:  | DOB:                |  |
| Student Address:<br>Street, Apartment   |                   |                                   |           |               |   |                     |  |
| City, State, Zip  |                   |                                   |           |               |   |                     |  |
| Parent/ Guardian In   | fo:               |                                   |           |               |   |                     |  |
| Name, Relationship  |                   |                                   |           |               |   |                     |  |
| Address, City, Zip  |                   |                                   |           |               |   |                     |  |
| Phones  | Cell              |                                   | Work      |               | Hon   | ne                  |  |
| Name, Relationship  |                   |                                   |           |               |   |                     |  |
| Address, City, Zip  |                   |                                   |           |               |   |                     |  |
| Phones  | Cell              |                                   | Work      |               | Hom   | ne                  |  |
| Check appropriate   | e space indicatin | g type of sus                     | pected ab | use being rep | oorted: (Che  | eck ALL that apply) |  |
| Physical Abuse Neglect Other (Specify):   |                   | _Sexual Abuse<br>_Medical Neglect |           |               | Emotional Neglect/ Abuse <u>Sexual Exploitation</u> |                     |  |
| State the nature and extent of the alleged injury(ies), neglect, or sexual abuse as indicated above. (Refer to District Procedure 3421P). |                   |                                   |           |               |   |                     |  |
|   |                   |                                   |           |               |   |                     |  |
|   |                   |                                   |           |               |   |                     |  |
|   |                   |                                   |           |               |   |                     |  |
|   |                   |                                   |           |               |   |                     |  |
|   |                   |                                   |           |               |   |                     |  |
|   |                   |                                   |           |               |   |                     |  |

Do you believe this information is a result of Personal Safety Instruction?



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Child Abuse Report Form continued:

| State evidence, nature, and extent of any previous suspected abuse and/ or reports to CPS: |  |   |  |  |  |  |
|--|--|---|--|--|--|--|
|  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
| State any other information th injuries, and the identity of the                           | -  | he cause of the child's death, injury or  |  |  |  |  |
|  |  |   |  |  |  |  |
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|  |  |   |  |  |  |  |
|  |  | Principal:Phone:  |  |  |  |  |
| School:  | Address:   | Phone:  |  |  |  |  |
| Distribution:  |  |   |  |  |  |  |
| 1. Appropriate CPS Office  | Monroe/Sky Valley<br>INTAKE HOTLINE (866) 829-2153       | DSHS Children's Administration<br>953 Village Way, Suite #100<br>Monroe, WA 98272 |  |  |  |  |
|  | Monroe/Sky Valley Intake Fax#: (360)805-3055             |   |  |  |  |  |
| 2. District Mail to <u>Special Services</u>  | Community Resource Center                                |   |  |  |  |  |
|  | 3900 Broadway Ave<br>Everett, WA 98201<br>(425) 385-5250 |   |  |  |  |  |
| 3. Principal's Copy  | (-12) JUJ-J2JU   |   |  |  |  |  |

Updated: November 2001 Updated: August 2007 Updated: November 2007
Revised: January 2008
Update: February 2009 Update: January 2010
Update: February 2013
Update: October 2013