

Woodridge Local School District

CONFIDENTIAL SCHOOL REPORT OF SUSPECTED CHILD ABUSE AND NEGLECT

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

MOTHER'S NAME _____

FATHER'S NAME _____

GRADE _____

AGE _____

DATE OF BIRTH _____

ADULT WITH WHOM CHILD RESIDES _____

Indicate reason for report. List observations, previous injuries and statements. (Use back if necessary)

Indicate any additional information from other professionals or relatives who have knowledge of family circumstances, directions to home, etc. (Use back if necessary)

Date of Oral Report _____ Person spoken to _____

Referrer _____ Title _____

Phone Number _____ Date _____