

---

**Report Form for Child Abuse  
Submit to Office of Associate Superintendent**

**Date Notified:** \_\_\_\_\_ **Campus:** \_\_\_\_\_

**Date Reported:** \_\_\_\_\_

**Reported to the Texas Department of Family and Protective Services via Telephone: (1-800-252-5400). Case #:** \_\_\_\_\_  
**Name of Person at Agency:** \_\_\_\_\_

**Reported to Department of Protective Services via Website:**  
<http://www.dfps.state.tx.us/> **Case #:** \_\_\_\_\_

**Reported to Sheriff's Department or El Paso Police Department**  
**Name of Person at Agency:** \_\_\_\_\_

**Reported to Other Agency:** \_\_\_\_\_  
**Name of Person at Agency:** \_\_\_\_\_

**Was parent notified?**     **Yes**     **No**

**Describe follow-up steps taken:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_ **District ID #** \_\_\_\_\_

**Name of Staff Member Making Referral:** \_\_\_\_\_