



**Bellevue School District**

**REPORT OF SUSPECTED CHILD ABUSE AND/OR NEGLECT**

**(Do NOT place in student cumulative folder)**

**Student Information:**

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

(Optional) Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Counselor: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Race/tribal status: \_\_\_\_\_

Home Language: \_\_\_\_\_ IEP: YES NO 504: YES NO

**Parent(s)/Guardian Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other children and adults in the home (name and age):

CHECK APPROPRIATE SPACE INDICATING TYPE OF SUSPECTED ABUSE BEING REPORTED:

Physical Abuse

Sexual Abuse

Emotional Abuse

Physical Neglect

Sexual Exploitation

Describe specifically the nature and extent of current injuries, abuse, neglect, sexual abuse and/or sexual exploitation, as well as source of information. Be specific, objective, and observable.

Describe evidence of any previous injuries, abuse, or neglect. Include dates if known. Provide additional information relevant to the concern, if known, such as domestic violence and/or illegal substance abuse. Be specific, objective, and observable.

Details of Report Proceedings

Person Initially Identifying Concern:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Other Persons Aware of Concern:

Disclosure by student to:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Physical abuse evidence observed by two people:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reporting to CPS: Call 1-800-609-8764

Verbal report to (CPS Intake Worker): \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Intake case number: \_\_\_\_\_

Caseworker assigned: \_\_\_\_\_ Phone: \_\_\_\_\_

Summary of contact and action taken by CPS:

Person Completing CPS Form/Contact CPS:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Distribution:

Email copy to Director of Counseling, ESC & Support Coordinator for Counseling, school counselor and building admin

Copy retained in admin confidential location in school (not student cumulative or student confidential file)

UPON REQUEST: Copy to CPS office or [cacilereports@dcyf.wa.gov](mailto:cacilereports@dcyf.wa.gov) Date: \_\_\_\_\_ Time: \_\_\_\_\_

UPON REQUEST: Copy to appropriate law enforcement agency Date: \_\_\_\_\_ Time: \_\_\_\_\_

Bellevue Police Department  
Special Assault Unit  
450 110th Ave. NE  
425-577-5656

Clyde Hill Police Department  
9605 NE 24<sup>th</sup> St.  
Bellevue, WA 98004  
425-577-5656

Medina Police Department  
501 Evergreen Pt. Rd.  
Medina, WA 98039  
425-577-5656

Redmond Police Department  
8701 160th Avenue NE  
Redmond, WA 98052  
425-556-2500

King East Division of Children and Family  
Services  
805 156<sup>th</sup> Ave. NE  
Bellevue, WA 98007  
Reception: 425-590-3000  
Fax: 425-590-3082  
Toll Free: 1-800-962-0073

Child Protective Services  
(M-F, 8AM-4:30PM)  
Tel.: 1-800-609-8764  
Fax: 206-464-7464  
WA State After-Hours/State  
Holidays: 1-800-562-5624

Date: 6.24