

**GOVERNOR WENTWORTH  
REGIONAL SCHOOL DISTRICT**

# JLF-F Child Abuse and/or Neglect Reporting Form

Report to the New Hampshire Division for Children, Youth and Families (DCYF) Central Intake:

CALL: 1 (800) 894-5533 / (603) 271-6562

Central Intake Fax: 603-271-6565

In cases of current emergency, imminent danger, or safety concerns, call 911.

School: <input type="checkbox"/>				Report Form Date & Time: Date: _____ Time: _____	
<b>Child Information:</b>					
Child Name: First: Last: Nickname(s):	DOB:	Age:	Sex:	School Name:	Grade:
Additional Information Regarding Special Needs/Considerations: (e.g., communication, developmental delays, IEP, etc.)					
If <b>KNOWN</b> , Provide Sibling Information (or Information of other children in the home). If <b>UNKNOWN</b> , skip.					
Sibling# 1 Name: First: Last: Nickname(s):	DOB:	Age:	Sex:	School Name:	Grade:
Sibling# 2 Name: First: Last: Nickname(s):	DOB:	Age:	Sex:	School Name:	Grade:
Sibling# 3 Name: First: Last: Nickname(s):	DOB:	Age:	Sex:	School Name:	Grade:
Sibling# 4 Name: First: Last: Nickname(s):	DOB:	Age:	Sex:	School Name:	Grade:
Sibling# 5 Name: First: Last: Nickname(s):	DOB:	Age:	Sex:	School Name:	Grade:
Additional Information Regarding Special Needs/Considerations of Siblings: (e.g., communication, developmental delays, IEP, etc.)					

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

<b>Legal Parent/Guardian Name(s):</b>	<b>Address</b> (Where Child Resides with Parent(s)/Guardian(s):
1.	
2.	

**Phone Number(s):** (Provide any KNOWN Phone Number(s) & Work Names):

<b>Home:</b>	<b>Cell:</b>	<b>Work:</b>	<b>Work Name:</b>
1.	1.	1.	1.
2.	2.	2.	2.

**Additional Information Regarding Special Needs/Considerations of Parent(s)/Guardian(s):** (e.g., communication, developmental delays, mental health, substance use, domestic violence, etc.)

**Incident Information:**

<b>Reporter Name:</b> First: Last:	<b>Title/Role at School:</b>
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**School Address:**

<b>Date of Report to NH DCYF:</b>	<b>Time of Report to DCYF:</b>	<b>Mode of Report:</b> (Check ONE) <input type="checkbox"/> Disclosure Allowed <input type="checkbox"/> Disclosure NOT Allowed <input type="checkbox"/> Anonymous
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**Person Completing this Report** (If different from "Reporter Name" above)

<b>Name:</b> First: Last:	<b>Title/Role at School:</b>
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**Reason for Report** (e.g., Alleged Perpetrator, Type of Suspected Abuse (Physical/Sexual/Emotional)/Neglect and Date)

**NOTE:** For suspected physical or sexual abuse, do NOT contact the parent(s)/guardian(s) regarding this report. Let DCYF/Law Enforcement be the first point of contact with the parent(s)/guardian(s) to protect the child and any potential evidence.

**Did the Child Disclose Information?**     Yes                       No

**If YES, provide the child's EXACT words and any dialogue you had with the child. If NO, please explain what led to your suspicion of child abuse/neglect.** Use additional paper as needed.

<b>NH DCYF Response:</b> <input type="checkbox"/> Screened-In <input type="checkbox"/> Screened-Out	<b>Report Number:</b>
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<b>Additional DCYF Response Directions:</b>	(Provided by NHDCYF Central Intake):
	<b>DCYF Central Intake Worker Name:</b>

**School Principal Informed:**                       Yes                       No

<b>If YES, Principal Name:</b>	<b>Check ALL that Apply:</b> <input type="checkbox"/> <i>Verbally Notified</i> <input type="checkbox"/> <i>Provided this Report Form</i>
<b>Police Notification:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

<b>If YES, Police Department Name:</b> <b>Officer Name/Title:</b>	<b>Check ALL that Apply:</b> <input type="checkbox"/> <i>Verbally Notified</i> <input type="checkbox"/> <i>Provided this Report Form</i>
<b>Reporter Degree of Concern Communicated:</b> <small>(Circle ONE)</small> <b>{low) 1 2 3 4 5 6 7 8 9 10 {High)</b>	

**Reporter Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_