

**CONFIDENTIAL**

**Scappoose School District**

**Suspected Child Abuse Reporting Form**

“Any school employee who has reasonable cause or reasonable suspicion to believe that any student with whom he/she has come in contact has suffered abuse or neglect, as defined in state law, or that any adult with whom he/she is in contact has abused a student, will immediately notify the Children's Services Division or the local law enforcement agency. The school employee shall also immediately inform his/her supervisor, building principal or superintendent.” –Scappoose School District Policy

**COLUMBIA COUNTY CHILD ABUSE HOTLINE (DHS): 1-855-503-7233**

**BASIC INFORMATION**

Name and Position of Person Reporting Suspected Abuse: \_\_\_\_\_

Child Whom You Reported: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Grade: \_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

List any Siblings in the District (include their age): \_\_\_\_\_

**AGENCY NOTIFICATION**

Agency/Person Notified: \_\_\_\_\_/\_\_\_\_\_

Date and Time of Notification: \_\_\_\_\_/\_\_\_\_\_

Agency Response/Decision: \_\_\_\_\_

**SUSPECTED ABUSE**

Type of Abuse Suspected  Emotional/Psychological  Neglect  Physical  
 Sexual  Other: \_\_\_\_\_

Person Suspected of Abuse: \_\_\_\_\_

