

**Ashland
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 or Organization: Ashland Elementary School				Report Form Date & Time: Date: _____ Time: _____	
Child Information:					
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 KNOWN, Provide Sibling Information (or Information of other children in the home). If UNKNOWN, 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:					

Legal Parent/Guardian Name(s): 1. 2.	Address (Where Child Resides with Parent(s)/Guardian(s):
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Phone Number(s): (Provide any KNOWN Phone Number(s) & Work Names):			
Home:	Cell:	Work:	Work Name:
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:	
Reporter Name: First: Last:	Title/Role at Inter-Lakes School District:

School Address:

Date of Report to NH DCYF:	Time of Report to DCYF:	Mode of Report: (Check ONE) ☐ Disclosure Allowed ☐ Disclosure NOT Allowed ☐ Anonymous
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Person Completing this Report (If different from "Reporter Name" above)	
Name: First: Last:	Title/Role at Inter-Lakes School District

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 <u>child's EXACT words</u> and <u>any dialog</u> you had with the child. If NO, please explain what led to your suspicion of child abuse/neglect. Use additional paper as needed.
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NH DCYF Response:	☐ Screened-In ☐ Screened-Out	Report Number:
Additional DCYF Response Directions:		(Provided by NH DCYF Central Intake):
		DCYF Central Intake Worker Name:

Building Principal Informed: ☐ Yes ☐ No
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If YES, Principal Name/Title:	Check ALL that Apply: ☐ Verbally Notified ☐ Provided this Report Form
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Police Notification: ☐ Yes ☐ No
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If YES, Police Department Name: Officer Name/Title:	Check ALL that Apply: ☐ Verbally Notified ☐ Provided this Report Form
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Reporter Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____