



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: _____

(Optional) 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 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 24th 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 156th 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, 6.25