

THIS REPORT IS CONFIDENTIAL

CHILD PROTECTIVE REPORTING FORM

Policy No. 406 – Idaho Code 16-1602, 1619, 1620, 1620A

From: _____ School: _____
Date: _____ Time: _____

Student Name: _____ Grade _____

Sex: M F Birthdate: _____ Home Phone: _____

Address: _____

Custodial Parent or Legal Guardian: _____

Mother: _____ Work Phone: _____ Cell: _____

Father: _____ Work Phone: _____ Cell: _____

Person Making Referral: _____

Reported To: _____ Title: _____

Date Reported: _____ Time: _____ AM or PM

Date of Alleged Abuse _____ Type of Abuse: _____
Physical, Sexual, Abandonment or Neglect

Witness to Inspection in Case of Physical Abuse: _____

Reported Incident:

Person Calling Child Protection or Law Enforcement: _____

Date Contact Made: _____ Time: _____ AM or PM

Child Protection or Law Enforcement Officer: _____

Disposition of Case: _____

Person to Whom Report of Alleged Abuse Given _____ Date _____ Time _____

Signature of Counselor _____ Date _____ Time _____

Signature of Principal _____ Date _____ Time _____

Signature of Superintendent _____ Date _____ Time _____

Copies:
Person Reporting _____ Counseling Office
Building Principal _____ Superintendent
Law Enforcement (if applicable) _____
Child Protective Services: 455-7000 Health & Welfare, 3402 Franklin Rd., Caldwell, ID 83605-6932