3421P Exhibit A

Clear Form

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 ☐ 504

Parent(s)/Guardian Information:

Last Name: _____ First Name: _____ Relationship to Student: _____

Phone Number: _____

Last Name: _____ First Name: _____ Relationship to Student: _____

Phone Number: _____

Other adults in the home *(name and phone number, if known)*: _____

Siblings/other children in the home (if known or listed in Synergy):

Name: _____ DOB: _____ Age: _____ BSD School *(if applicable)*: _____

Name: _____ DOB: _____ Age: _____ BSD School *(if applicable)*: _____

Name: _____ DOB: _____ Age: _____ BSD School *(if applicable)*: _____

Name: _____ DOB: _____ Age: _____ BSD School *(if applicable)*: _____

CHECK APPROPRIATE SPACE INDICATING TYPE OF SUSPECTED ABUSE BEING REPORTED:

☐ Physical Abuse ☐ Sexual Abuse ☐ Emotional Abuse

☐ Sexual Exploitation ☐ Neglect

Describe 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.

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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:

☐ **Reporting to Law Enforcement: see next page for phone numbers**
(refer to Procedure 3421 for cases in which both CPS and law enforcement must be called)

Verbal report to (police department): _____

Date: _____ Time: _____ Case number: _____

(Optional) Officer assigned: _____ Phone/contact: _____

Summary of contact and action taken by law enforcement:

Person Completing CPS Form/Contact CPS:

Name: _____ Signature: _____

Date: _____ Time: _____

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Distribution:

- ☐ Email copy to Director of Student Support Services, ESC & Support Coordinator for Counseling, school counselor, school nurse, and principal or designee
- ☐ Copy retained in admin confidential location in school (not student cumulative or student confidential file)
- ☐ **IF APPLICABLE:** Copy to sibling's BSD school counselor and principal or designee
- ☐ **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

Redmond Police Department
8701 160th Ave. NE
Redmond, WA 98052
425-556-2500

Clyde Hill Police Department

9605 NE 24th St.
Bellevue, WA 98004

425-577-5656

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

Medina Police Department
501 Evergreen Pt. Rd.
Medina, WA 98039
425-577-5656

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, 6.26, 9.26