

## Appendix D

### REPORT OF A SUSPICION OF A CHILD IN NEED OF PROTECTION

SCHOOL NAME: \_\_\_\_\_  
STUDENT'S NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ GRADE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**PARENT(S)/GUARDIAN(S):**

_____ Mother/Father/Guardian Name	_____ Phone: Home/Work
_____ Mother/Father/Guardian Name	_____ Phone: Home/Work
_____ Emergency Contact Name	_____ Phone: Home/Work

**1. Nature of Alleged Incident**

Physical       Emotional       Sexual       Neglect

Comments: | \_\_\_\_\_  
\_\_\_\_\_

**2. Alleged Incident Reported to Children's Aid Society by:**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**3. Children's Aid Society Contact Person:**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**4. Immediate Action or Response by Children's Aid Society and/or School Officials:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Report Completed by:**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINCIPAL: \_\_\_\_\_ DATE: \_\_\_\_\_

cc: Principal's File