



SCHOOL NAME: _____

SCHOOL ADDRESS: _____

1. STUDENT INFORMATION

FIRST NAME

LAST NAME

DOB (YYYY-MM-DD)

AGE IN YEARS

GRADE

FEMALE

MALE

STUDENT HOME ADDRESS

HOME ADDRESS OF LEGAL GUARDIAN WHO HAS LEGAL CUSTODY OF CHILD

PHONE NUMBER OF LEGAL GUARDIAN

NAME OF CLASSROOM /HOMEROOM TEACHER

Special Needs, if any, including any barriers to communication:

Sibling names, ages, and schools, if known:

2. PERSON MAKING THE INITIAL REPORT:

FIRST NAME

LAST NAME

RELATIONSHIP TO CHILD

CELL #

HOME #

3. PERSON TO WHOM THE INITIAL REPORT WAS MADE

FIRST NAME

LAST NAME

POSITION

CELL #

HOME #

OFFICE ADDRESS _____

4. ATTACHMENTS

- Attach all the student’s writing, drawing, or artwork that supports this report.
- Sign and date them.

5. DISCLOSURE INFORMATION

- Include your reasons to believe the student has been or is likely to be abused (conversation, events, observations or circumstances):

6. INFORMATION FROM THE CHILD PROTECTION SOCIAL WORKER (CPSW)

YOUR SIGNATURE

DATE (YYYY-MM-DD)

TIME

Safeguard the original copy of the report for yourself (including supporting notes and documents) **in a secure and confidential place**. Do not share this confidential information with anyone other than the Child Protection Social Worker (CPSW), the Police or as required by law.

- If requested by the Ministry of Children and Families, send a copy of the report including supporting notes and documents via postal mail.

*****PLEASE NOTE: Record only facts and observations**