



Confidential School Report of Suspected Child Abuse and Neglect

Name of Child		Name of Mother/Legal Guardian	
Street Address		Name of Father/Legal Guardian	
City, State, and Zip Code		Telephone Number(s)	
Grade	Age	Date of Birth	Adult With Whom Child Resides
Indicate reason for report. List observations, previous injuries, and any statements. {Completed by Mandated Reporter}			
Indicate any additional information from other professionals or relatives who have knowledge of family circumstances.			
Date of Referral to DCFS (696-KIDS)	Name of DCFS Staff Receiving Referral		DCFS Identification Number
Name of SEL Mandated Reporter (Print First & Last Name)		School Counselor Present at the time of DCFS Referral	
SEL Report of Suspected Child Abuse and Neglect District Protocol: <ul style="list-style-type: none">✓ Mandated Reporter will call 696-KIDS upon suspecting abuse, neglect or dependency; report form is completed. While a School Counselor may assist in note-taking and completing demographic information, the “reason for report,” which includes observations and statements, is completed by the Mandated Reporter.✓ Mandated Reporter will call 696-KIDS with a School Counselor and from a School Counselor’s office for confidentiality and support. If a School Counselor is not available, please call with an Administrator present and from an Administrator’s office. Note, if sexual abuse is suspected, a School Social Worker must also be present.✓ School Counselor will place the original report form in the CONFIDENTIAL student file & will notify an Administrator.✓ School Counselor will give copy to School Social Workers, Mrs. Shannon Carlson and Mrs. Rachel Duber.✓ School Social Worker(s) will search for sibling(s) and will provide support as needed and indicated.✓ School Social Worker(s) will contact Director of Pupil Services for support as needed and indicated.			