

**RE-1 VALLEY SCHOOL DISTRICT  
WRITTEN REPORT ON POSSIBLE CHILD ABUSE**

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Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) Guardian \_\_\_\_\_

Parent's Address (if different) \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parent's Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Family Composition \_\_\_\_\_

**1. Check items that apply:**

☐ Dislocation/Sprains

☐ Lack of Supervision

☐ Emotional Neglect

☐ Twisting/Shaking

☐ Abandonment

☐ Educational Neglect

☐ Malnutrition

☐ Burns, Scalds

☐ Physical Neglect

☐ Exposure to Elements

☐ Medical Neglect

☐ Sexual Abuse

☐ Cuts, Bruises, Welts

Description \_\_\_\_\_

2. Briefly describe the reporter's concern for the child: \_\_\_\_\_

3. Describe the child's account of how the incident occurred and possible witnesses:

4. Describe any previously known or suspected abuse or neglect to child or siblings:

5. Names(s), address(es) and relationship to child of person(s) responsible for suspected abuse/neglect

(if known): \_\_\_\_\_

6. Call to Social Services \_\_\_\_\_  
or Police Department: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Person Taking Report \_\_\_\_\_

\_\_\_\_\_  
Name of Person Reporting \_\_\_\_\_ Position \_\_\_\_\_ School \_\_\_\_\_

Copies to: Logan County Department of Social Services  
Sterling Police Department or Logan County Sheriff's Office

Principal  
Superintendent of Schools