



AP 2-312 – CHILD PROTECTION/SUSPICION OF ABUSE REPORT

Entry Date: _____ Entry Time: _____

Date of disclosure: (if applicable) _____ Time of disclosure: (if applicable) _____

Full name of student: _____

Student's Date of Birth: _____

School: _____

Nature of concern: neglect physical sexual emotional

Description of the type of suspected abuse: (if physical, include size, shape, colour, location on body - see diagram on reverse side of page)

Description of Incident: (include direct quotes; use facts only)

Immediate concerns about students safety: (include drastic changes in behaviour or health, chronic problems, relevant artwork, or acting out)

Time of day parent/guardian is expected to pick student up from school: _____

Signature

Relationship to student

original report to: _____ Date: _____ Time: _____

school division copy to: _____ Date: _____ Time: _____

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Full name of student: _____ Gender: _____

Name of custodial parent(s)/guardian(s) (indicate *P* or *G*):

Names and ages of siblings: _____

Address: _____

Telephone: _____

Name and address of individual(s) disclosed as (*a*) or suspected of (*s*) causing incident (if known):

PHYSICAL LOCATION OF INJURY

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