

EVERGREEN SCHOOL DISTRICT 114

CHILD ABUSE AND NEGLECT REFERRAL Person initialing this referral must (1) Report incident within 48 hours, by telephone to C.P.S. **1-866-764-2233**, then (2) send completed referral form to ASC-CPS District Representative

ALLEGED VICTIM

Last Name First M.I.

Spec. Ed. Yes No

D.O.B. M/F Name of School Grade

☐ Has oral report been submitted to C.P.S.? Yes No

Name of Contact

Name Relationship

PARENT(S)/GUARDIAN(S) IDENTIFICATION

Last Name First Middle

Address City Zip Code Phone No.

REFERRER'S IDENTIFICATION

Name of Referrer

Principal Teacher Other (Specify)

PRIMARY LANGUAGE

Date of Intake

Are parents aware that a referral to C.P.S. is being made? Yes No

DISTRICT OFFICE USE ONLY

OTHER CHILDREN IN FAMILY

Last Name First M.I. D.O.B. M/F Name of School Grade

TYPE OF CHILD ABUSE - Check all that apply Physical Abuse

Neglect

Sexual Abuse

Medical Neglect

Emotional Neglect/Abuse

Sexual Exploitation

Other (Explain/Describe)

OTHERS IN HOUSEHOLD

SPECIFIC ALLEGATIONS - Please be detailed and factual (where, when, etc.). Attach additional sheet if needed.

ALLEGED PERPETRATOR IDENTIFICATION

Relationship to Victim: _____

Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

Principal/Designee Date