



<b>POLICY NUMBER:</b>	<b>APP.A.SMW.G.1</b>	<b>APPROVAL DATE:</b>	<b>LAST REVISED:</b>
		<b>May 1, 2000</b>	<b>September 2, 2003</b>

STUDENT ACTION FORM FOR CHILD ABUSE AND CHILDREN IN NEED OF PROTECTION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date & Time of Referral: \_\_\_\_\_

Teacher: \_\_\_\_\_

Name of person making this referral: \_\_\_\_\_

School: \_\_\_\_\_ Principal: \_\_\_\_\_

INDICATORS (Physical; Emotional; Sexual; Neglect)/ALLEGATIONS MADE BY STUDENT:  
(Factual information to support the claim)

**ACTION BY PERSON MAKING THE REFERRAL:**

Contacted: \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_  
Name Agency Date/Time

\_\_\_\_\_ A referral was made

\_\_\_\_\_ Hypothetical Consultation

\_\_\_\_\_  
Signature of Person Making the Referral

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date/Time

Authorization for the Collection of this information is pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act, and under the authority of the Child and Family Services Act s.72 users of this information will be principals, superintendents, and Child and Family Services, and the information will be used to verify cases of suspected child abuse. Contact person for queries concerning this information collection is the principal of the school.