



Highland Joint School District #305

112 Boulevard Ave. - PO Box 130

Craigmont, Idaho 83523-0130

Phone 208-924-5211 FAX 208-924-5614

<http://www.sd305.org>

Child Abuse Report Form

Name of Person completing this report _____

Phone Number _____ Date of Report _____

Student's Name _____

Please describe the suspected child abuse that has come to your attention. Indicate the nature and extent of any visible injuries. Remember it is not your duty to investigate, just to report.

NOTE: You must report suspected cases of child abuse (physical, verbal, or sexual) to one of the following entities. Please indicate which agency you made your report to by placing a check-mark in the appropriate box.

Child Protective Services (24 hour reporting) 877-799-4360

Lewis County Sherriff's Office 208- 937-2447

Idaho CareLine 800-926-2588

Idaho Code Sec. 16-1619 requires educators or school personnel to call one of the above agencies if you have reason to believe a child under the age of 18 has been abused, neglected, or abandoned.

Signature of Person Completing Report

Date

Administrator's Signature

Date

Information you will need to obtain prior to reporting

1. Child(s) Name
2. Child(s) Date of Birth
3. Address and Phone number of the Child(s) Parent(s)
4. Name of person that reported the information to you and their phone # and address.
5. Any information you have about the suspected child abuse/neglect or what happened or was reported to you. (when, where, how, etc.)
6. Be sure to get the name of the person/agency you made your report to.

Name of Person and Agency you made this report to

Date