

School's Report of Suspected Child Abuse

To: Baltimore County Department of Social Services

From: _____
Name of person making report and name of school

Address of school: _____

Name of child: _____

Address (where child may be seen): _____

Phone numbers: (C) _____ (H) _____ (W) _____

Age or date of birth: _____

Name(s) of person(s) responsible for child's care: _____

Address: _____

Phone numbers: (C) _____ (H) _____ (W) _____

Relationship: _____

Name of suspected abuser: _____

Address _____

Relationship (of suspected abuser) to child _____

The nature and extent of the current injury to the child in question: circumstances leading to the suspicion that the child is a victim of abuse: (Continue on back if necessary)

Information concerning previous harm to this child or other children in this family situation, including previous action taken if any:

Signature of person making report

Date of this written report

Copies mailed to:

____ Department of Social Services
____ Office of School Counseling
____ State's Attorney's Office
____ Principal

Date of oral report

Oral report made to: _____

(Name of DSS staff who received oral report)