



Alachua County Public Schools
Early Intervention Services

CHILD ABUSE/NEGLECT REPORT

Date: _____

Center: _____

Teacher: _____

Name of Child: _____

Parent's Name: _____ Phone: _____

Address (911): _____

Type of Suspected Abuse/Neglect

Physical Sexual Emotional Medical

Other (specify): _____

Physical indicators, date(s) observed:

Behavioral indicators, date(s) observed:

Was parent notified? Yes No Date: _____ Method: _____

Action Taken:

Action Date: _____

Signature of Person Making Report

Relationship to Child or Position, Occupation or Agency