

**CHILD ABUSE IN AN EDUCATIONAL SETTING EXHIBIT  
CONFIDENTIAL REPORT OF ALLEGATION**

| SUBJECT CHILD   | PARENT/GUARDIAN OF SUBJECT CHILD                               |
|---|--|
| Name: _____<br>Last:                      First :                      MI:<br>Address: _____<br>School: _____<br>Grade: _____ Sex: (M, F, Unknown) _____<br>Date of Birth: (Mo/Day/Yr): _____   | Name: _____<br>Address: (if different) _____<br>_____<br>_____ |
| <b>SOURCE OF ALLEGATION (Check as Appropriate)</b><br><input type="checkbox"/> Child <input type="checkbox"/> Parent/Guardian<br><input type="checkbox"/> Other – Name _____ Relationship to Child: (if any) _____  |  |
| <b>ALLEGED PERPETRATOR (EMPLOYEE OR VOLUNTEER)</b><br>Name: _____ School District: _____<br>_____<br>School Building: _____ School Position: _____  |  |
| <b>SPECIFIC ALLEGATION</b><br>Use this space to provide information to describe or explain the circumstances surrounding the allegation.<br>(attach additional sheets if necessary)   |  |
| <b>REPORTER INFORMATION</b>   |  |
| Name: _____ School District: _____ School<br>Address: _____ School Telephone: _____<br>Relationship to Child (if any): _____<br><input type="checkbox"/> Teacher <input type="checkbox"/> School Guidance Counselor <input type="checkbox"/> School Nurse <input type="checkbox"/> School Psychologist<br><input type="checkbox"/> Administrator <input type="checkbox"/> School Board Member <input type="checkbox"/> School Social Worker<br><input type="checkbox"/> School personnel required to hold teaching or administrator license or certification<br>Date Submitted to Administrator ___/___/___ Signature _____ |  |
| <b>FOR ADMINISTRATOR USE ONLY</b>   | <b>FOR SUPERINTENDENT OF SCHOOL USE ONLY</b>                   |
| Reasonable Suspicion _____Yes    _____No  | Reasonable Suspicion _____Yes    _____No                       |
| Date Submitted to Superintendent ___/___/___  | Date Submitted to Law Enforcement ___/___/___                  |
| Name/Signature _____  | Name/Signature _____   |
| Date Submitted to Law Enforcement ___/___/___   | Date Submitted to Commissioner ___/___/___                     |
| Name/Signature _____  | Name/Signature _____   |