

Student Referral/Action Form for Child Abuse/Child Protection

School _____ Current Date _____
Student's Name _____ Date of Birth _____
Age _____ Grade _____ Gender _____ Date of Referral _____
Home Address _____ Time of Referral _____
Parent Name(s) _____ Telephone _____
Siblings and Date of Birth _____

INDICATORS/SIGNS OF ABUSE

- *physical, emotional, sexual, neglect*
- *no reference should be made to the alleged offender*

ACTION OF BOARD EMPLOYEE

Contacted or Consulted: _____ at:
Name

Child & Family Services (D)

Family & Children's Services (G/W)

on _____
Date

F&CS/C&FS ACTION

- No action to be taken place at this time; continue to monitor; return concern to C&FS/F&CS if it reoccurs
- Investigation to be initiated by C&FS/F&CS

Signature of Principal/Supervisor

Date/Time

Record of subsequent '**contacts**':

From _____ to _____ on _____

Result:

Record of subsequent '**contacts**':

From _____ to _____ on _____

Result:

Record of subsequent '**contacts**':

From _____ to _____ on _____

Result:

The legal authority for the collection of this information is pursuant to the current Education Act. The purpose for this collection is for the improvement of the instruction of the student. Users of this information may be Supervisory Officers, the Principal and Teachers of the student's school. A copy of this referral will be kept confidential for a minimum of three years after which it will be documented on a Destruction Notice Form and shredded. In the event that the report becomes outdated or that the student leaves the Upper Grand District School Board, this report will be removed from the Documentation Folder of the OSR and shredded. Inquiries relating to this information may be made to the Principal.

PRINCIPALS: This form will be kept in the OSR Documentation File