

CHILD ABUSE REPORTING FORM

Praticum counselor and position _____

Date and time _____

Alleged perpetrator _____ DOB _____

Address _____ S.S. # _____

Alleged victim _____ DOB _____

Address _____ S.S. # _____

Information obtained from _____ DOB _____

Address _____

Relationship to alleged perpetrator _____

Relationship to alleged victim _____

Brief description of incident or concern _____

Incident(s) ongoing? _____ Or specific date _____

Reported to immediate supervisor on _____

Supervisor's name and position _____

Reported to children and youth services on _____ Time _____

Children and youth worker name _____

Alleged perpetrator aware of report? Yes _____ No _____

Alleged victim aware of report? Yes _____ No _____

Alleged perpetrator in counseling? Yes _____ No _____

Where _____

Alleged victim in counseling? Yes _____ No _____

Where _____

Results _____

Student counselor signature _____

Field supervisor signature _____

cc: Client's file
Agency file