

**REPORT OF SUSPECTED STUDENT ABUSE**  
**(CHILD PROTECTIVE SERVICE LAW TITLE 23 PA CSA CHAPTER 63)**

**INSTRUCTIONS TO SCHOOL EMPLOYEE AND ADMINISTRATOR**

A SCHOOL EMPLOYEE WHO HAS REASONABLE CAUSE TO SUSPECT, ON THE BASIS OF PROFESSIONAL OR OTHER TRAINING AND EXPERIENCE, THAT A STUDENT COMING BEFORE THEM IS A VICTIM OF SERIOUS BODILY INJURY OR SEXUAL EXPLOITATION BY A SCHOOL EMPLOYEE, SHALL IMMEDIATELY REPORT THAT SUSPICION TO THE ADMINISTRATOR. THE ADMINISTRATOR SHALL REPORT THE SUSPICION IMMEDIATELY AND PROVIDE A COPY OF THIS REPORT TO LAW ENFORCEMENT OFFICIALS AND THE APPROPRIATE DISTRICT ATTORNEY. (IF THE ACCUSED SCHOOL EMPLOYEE IS THE ADMINISTRATOR, THEN THE SCHOOL EMPLOYEE WHO HAS THE SUSPICION SHALL MAKE THIS REPORT.)

1. <b>NAME OF STUDENT</b> ( <i>Last, First, Middle Initial</i> )		SOC. SEC. NO.	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS ( <i>Street, City, State &amp; Zip Code</i> )			COUNTY	
2. <b>MOTHER</b> ( <i>Last, First, Middle Initial</i> )		SOC. SEC. NO.	BIRTHDATE	TELEPHONE NO.
ADDRESS ( <i>Street, City, State &amp; Zip Code</i> )			COUNTY	
3. <b>FATHER</b> ( <i>Last, First, Middle Initial</i> )		SOC. SEC. NO.	BIRTHDATE	TELEPHONE NO.
ADDRESS ( <i>Street, City, State &amp; Zip Code</i> )			COUNTY	
4. <b>AGENCY OR LEGAL GUARDIAN</b>		SOC. SEC. NO.	BIRTHDATE	RELATIONSHIP TO CHILD
ADDRESS ( <i>Street, City, State &amp; Zip Code</i> )		COUNTY		SEX <input type="checkbox"/> M <input type="checkbox"/> F
5. <b>NAME OF SCH EMPL SUSPECTED OF ABUSING STUDENT</b>		SOC. SEC. NO.	BIRTHDATE	RELATIONSHIP TO CHILD
HOME ADDRESS ( <i>Street, City, State &amp; Zip Code</i> )		COUNTY		SEX <input type="checkbox"/> M <input type="checkbox"/> F
SCHOOL ADDRESS ( <i>Street, City, State &amp; Zip Code</i> )				
NATURE OF ALLEGED OFFENSE (INCLUDE ANY SPECIFIC COMMENTS OR OBSERVATIONS THAT ARE DIRECTLY RELATED TO THE ALLEGED INCIDENT, THE INDIVIDUALS INVOLVED, AND THE SPECIFIC LOCATION OF THE INCIDENT).				
COUNTY WHERE ALLEGED INCIDENT OCCURRED			DATE OF INCIDENT	

<b>REPORTING SOURCE (CONFIDENTIAL)</b>			
NAME	TITLE	SCHOOL FACILITY OR LEO	
ADDRESS	TELEPHONE NUMBER	DATE OF REPORT	

**INSTRUCTIONS TO LAW ENFORCEMENT OFFICIALS**

IF YOUR INITIAL REVIEW GIVES EVIDENCE OF SERIOUS BODILY INJURY OR SEXUAL ABUSE OR SEXUAL EXPLOITATION, CALL THE COUNTY AGENCY IN THE COUNTY WHERE THE ABUSE OCCURED. FORWARD A COPY OF THIS FORM, ALONG WITH AY OTHER INFORMATION YOU HAVE GATHERED IN WRITING 48 HOURS. PLEASE NOTIFY THE COUNTY AGENCY OF THE RESULTS OF YOUR INVESTIGATION, SUCH AS ANY ARRESTS, CHARGES, OR CONVICTION (PLEASE USE FORM CY-LEO).