



LAKEHEAD DISTRICT SCHOOL BOARD

**RECORD OF REFERRAL FOR
CHILDREN IN NEED OF PROTECTION**

Date of Report: _____
Y/M/D

Child's Name: _____
Last Name Given Name(s)

Date of Birth: _____
Y/M/D

Address: _____
Apt./Street No. City Postal Code

Telephone: _____

Sibling(s) Under 16 Years: Yes No

Parent/Guardian Full Name: _____
Last Name Given Name(s)

Business Phone: () _____

Parent/Guardian Full Name: _____
Last Name Given Name(s)

Business Phone: () _____

School Name: _____ Phone: _____ Grade: _____

Agency Contacted: _____

Intake Worker: _____

Date and Time of Referral: _____

Briefly state details of Abuse/Neglect: *(If additional space is required, please use back of this form)*

1. What the child said and to whom and when.
2. When and where the incident(s) occurred.
3. Brief description of easily visible marks or injuries or evidence of neglect.
4. The alleged offender(s) and relationship to the child.
5. Names of any other children who might be involved.

Any special needs (i.e. learning disability, exceptionality, or language difficulty) which may impede the student in expressing or understanding written/oral communication _____

Report made by: _____
Name (please print) Position Signature

Principal: _____
Name (please print) Signature