

**Portland Public Schools
Child Abuse Report Log**

(To be kept on file in the school office)

Date: _____ School: _____ Grade: _____

Student's Name: _____ Date of Birth: _____

Does the student have a current IEP or 504 Plan? __Yes __No

Does the student have any medical problems or disabilities? __Yes __No

__Unknown If yes, please describe:

Student's ethnicity: _____ Parent/Guardian preferred language: _____

_____ Interpreter needed? __Yes __No

Parent/Guardian: _____ Teacher: _____

Student's Address: _____

Home Phone: _____ Date of Alleged Abuse: _____

Alleged Incident:

Hotline Contact:

Employee reporting suspected abuse
to principal or principal's designee: _____

Hotline Person Contacted: _____