

**IRVING INDEPENDENT SCHOOL DISTRICT  
REPORTING SUSPECTED CHILD ABUSE**

School \_\_\_\_\_

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone: Residence \_\_\_\_\_ Work \_\_\_\_\_

Siblings : / D.O.B. \_\_\_\_\_

Does child have any disabilities? \_\_\_\_\_

Time, Place, Date, Incidence Occurred \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Description of existing conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does alleged perpetrator reside in the home: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Reported to: CPS \_\_\_\_\_ or Law Enforcement Agency \_\_\_\_\_ Case \_\_\_\_\_

Report Completed by: \_\_\_\_\_ Position \_\_\_\_\_

Distribution: White copy (original): Tx Dept. of Protective & Regulatory Services (Child Protective Services) (Within 5 days)  
2355 N. Stemmons Frwy. Dallas, Tx 75207

Copies to: Coordinator of Health Service  
Principal  
Reporter