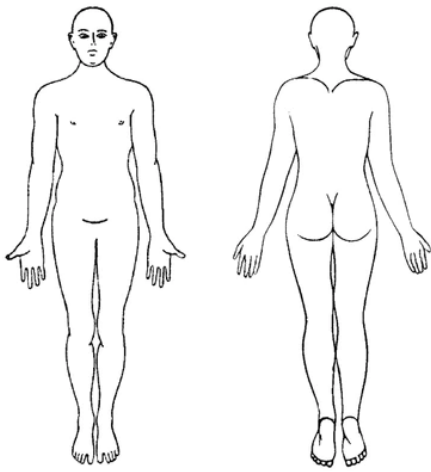




Record of child protection concern - Form 1

Student's Name	Date and Time of concern
Mother tongue	Grade and homeroom teacher
DOB	Age
Reporting Teacher/ Staff Name	Are you aware that anyone else has been informed or has information?
Account of concern (what was said, heard, reported and by who)	
Indicate any markings on the body images below related to the concern: 	Additional information (eg context of concern, disclosure details of any physical harm, emotional signs of concern, witnesses)
Is the family aware of the concern?	Outcome of review
<input type="checkbox"/> Form submitted to DPCP <input type="checkbox"/> Name of DPCP and date submitted	<input type="checkbox"/> Date DPCP notifies counsellor, Child Welfare Committee to determine next steps