

EVANSVILLE COMMUNITY SCHOOL DISTRICT  
CHILD PROTECTIVE SERVICES REFERRAL

CONFIDENTIAL

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Needs of Child/Family (S/L, ESL, cognitive, disabilities, special ed): \_\_\_\_\_

Family Stressors (AODA, financial, marital, family violence, legal, mental health): \_\_\_\_\_

Describe Abuse and Neglect Regarding Student Concern of Injuries or Conditions: \_\_\_\_\_

Family Information (including all people in the home, custodial/non-custodial parents, stepparents, primary caregiver, siblings, court order contacts, adults not in the home):

| Name | Relationship | School | DOB | Home Phone/Work Phone |
|------|--------------|--------|-----|-----------------------|
|      |              |        |     |                       |
|      |              |        |     |                       |
|      |              |        |     |                       |

Previous DCHS Referrals/Interventions: \_\_\_\_\_

Current Worker: \_\_\_\_\_

Action Taken: \_\_\_\_\_

REPORTED TO: Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date/Hour: \_\_\_\_\_ Agency: \_\_\_\_\_

REPORTED FROM: Name: \_\_\_\_\_ School: \_\_\_\_\_ Phone: \_\_\_\_\_