

APPENDIX D

| CHILD IN POSSIBLE NEED OF PROTECTIVE INTERVENTION* | | | | |
|--|--|--|--|----------------|
| CHILD'S NAME | | | | |
| | | FIRST | MIDDLE | LAST |
| DATE OF BIRTH | | | | |
| | | DAY | MONTH | YEAR |
| DATE OF CONTACT D/M/Y | TYPE OF CONTACT (e.g., EMAIL, PHONE CALL) | NAME OF CSSD WORKER WHO WAS CONTACTED | PRINCIPAL NAME (PRINT) AND SIGNATURE | DATE SIGNED |
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**To be completed by school administrator or designate regarding school report to CSSD and be placed in the Confidential Student File.*