## **Child Abuse/Neglect Checklist for School Personnel**

<b>PURPOSE:</b> To aid school personnel in documenting child abuse/neglect concerns							
Student's Name				DOB			
Observation	Date	Date	Date	Date	Date	Date	Date
Torn, dirty or inappropriate clothing							
Unexplained bruises, cuts, burns, baldness							
Gross dental needs							
Fatigue/listlessness							
Poor body hygiene							
Begging/stealing food							
Absence, tardiness or staying late							
Inappropriate seeking of affection							
Overt/inappropriate sexualized behavior							
Statements made by	student						
Other							
Observation of a sing A pattern of obse							_
Teacher's Signature					 Date		