**Signature Form for Child Protection Workers or**

**Officers of the Law**

JO-E Student Records

(Reporting Cases of Child Abuse/Neglect)

Examination or Interview of Child at School

I, the undersigned, as a representative of the Shreveport Child Protection Center or Law Enforcement, have a reasonable cause to believe that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a child who must be examined or interviewed immediately.

Print name of person representing CPS/Law Enforcement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date Signature of person representing CPS/Law Enforcement

Adopted: August 6, 1986

Amended: February 7, 1990

Reviewed: July 23, 2002

School Name & School Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(include a copy of the badge or official identification of CPS worker/Law Enforcement officer)