



Confirmation of Investigation by Ministry of Social Services or Police Services

As an authorized investigating official, I will be investigating the following student(s):

Worker's Name (please print)

Signature

Date

Agency

Telephone

Worker's Name (please print)

Signature

Date

Agency

Telephone

Action Plan (please check applicable items):

- Investigation is ongoing. Student(s) will return home. Parents will be contacted as soon as possible.
- Student(s) has been apprehended.
- Student(s) will be returning to current school.
- Outcome unknown. Information to follow.
- Follow-up contact will be made with the principal/designate.

Other important conditions or information (e.g., effects of investigation on other children in the home, access to children by other individuals, etc.):

To be completed by school personnel:

Student	Date of Birth MM/DD/YYYY	Grade	Teacher	Counsellor	Other Agencies/ Personnel Involved (i.e., Ed. Psychologist, Mental Health, etc.) Please list name of person and agency involved.