

Date: \_\_\_\_\_

I have participated in **Lisbon Elementary's Volunteer Training regarding Child Abuse and Neglect Reporting procedures** as outlined in HCPSS POLICY #1030.

NAME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

(Please send all completed forms to LES Front Office/Debra Anoff)