IOWA Health and Human Services

Student Abuse Intake

Date	Time	Incident Number
Intake Worker		
School Name		District Name
School Address		School Phone Number

Student Information		
Name		DOB
Home Address	Home Phone	Sex: Male (M), Female(F)
School Name (if different from above)	School Address (If different from above)	

Parent/Guardian Information		
Name	Relationship	DOB
Address		Phone
Email Address		

Name	Relationship	DOB
Address		Phone
Email Address		

Name	Relationship	DOB
Address		Phone
Email Address		

Reporter (Identifiable Source)	
Name	Relationship To Student
Agency/Address	
Phone Number	Email Address

School Employee Responsible for Alleged Abuse		
Name	Role/Position	DOB
Home Address	Email Address	
School Name (if different from above)	School Address (If different from above)	
Phone (Work)	Phone (Home)	

Alleged Abuse Type			
☐ Physical abuse	☐ Sexual Abuse	☐ Prostitution	☐ NA-Not Student Abuse

Allegation

Additional Information
Explain how the reporter became aware of the allegation
History or knowledge of language barriers and disabilities
Witnesses to the alleged incident and/or any person who examined, counseled or treated the student for the alleged abuse

Intake Screening Tool

Intake Screening Criteria

Check the box for **ALL** statements that are known to be true.

- ☐ The person alleged responsible for the act or omission is identifiable.
- ☐ The person alleged responsible was a school employee at the time of the alleged incident.
- ☐ The person alleged responsible is a current school employee.
- ☐ The acts alleged to have occurred on school grounds during school time, or at a school-related curricular or extracurricular activity.
- ☐ The alleged act or omission of the school employee meets the definition of student abuse.
- ☐ The alleged student victim is identifiable and is a student or was a student at the time of the alleged incident.
- ☐ The alleged person responsible is not a parent (birth or adoptive), legal guardian, or a member of the child's household.
- ☐ The alleged incident occurred within 3 years of the report to HHS and on or after 7/1/25.

All of the boxes above must be checked to accept the allegation for investigation. Otherwise, this allegation is not investigable

Check the appropriate box

- ☐ **All criteria met - Assign as a Student Abuse Investigation**
- ☐ **One or more of the criteria are unmet – Reject the report and inform the identifiable reporter of remaining options**

Reporter Signature (Identifiable Source)		
Signature	Date	Time

Witness to Above Signature (Signature above must be witnessed by a person of majority age and signed below)		
Name (print or type)		
Signature	Date	Time

Supervisory Decision		
Supervisor Name		
☐ Accepted	Date	Time
☐ Accepted to current investigation	Date	Time
☐ Rejected	Date	Time

Rejection reasons

- ☐ Victim not a student and/or was not a student at the time of the alleged abuse
- ☐ Victim not identified
- ☐ Perp not identified
- ☐ Perp not a school employee when alleged incident occurred
- ☐ Perp not a current school employee in any Iowa school district
- ☐ The incident did not occur on school grounds during school time, or during curricular or extracurricular activities
- ☐ The incident occurred before July 1, 2025 and more than three years from the date of the report.
- ☐ A reasonable belief does not exist to suspect student abuse occurred
- ☐ Not in Iowa's jurisdiction
- ☐ Duplicate prior investigation

☐ Further action taken
- ☐ Refer to law enforcement
- ☐ Other action

Additional reject rationale (if needed)