

Sample Journal Entry

Date Observed Behavior(s): _____

Child's Name & Age if known: _____
(Name) (Age)

Name of adult, teen or child whose behavior concerns you:

(Name)

Time of Day: _____

Describe activity and people involved
(e.g., nap time with siblings, games at family picnic):

Describe behaviors as specifically as you can
(e.g., what you saw and heard):

Note: when you first noticed the behavior, how often you have seen it,
and any other behaviors that may concern you:

Note: anything you said, or did; what happened:



Stop It Now! Georgia

Together we can prevent the sexual abuse of children

A program of  Prevent Child Abuse
Georgia

1720 Peachtree St. NW, Suite 600
Atlanta, GA 30309
Office: (404) 870-6565 Fax: (404) 870-6541
Helpline: 1-800-CHILDREN (244-5373)
info@stopitnowga.org www.stopitnowga.org

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