

Faith Formation: Recording the Training

1. **Complete** *Touching Safety Program Training Record* form below.
2. **DRE/PAFF Collect** all *Touching Safety Program Training numbers* and record them below.
3. **Scan** form or email the forms back to sep@seattlearch.org by April 15th.
4. The Safe Environment Office will input the data into VIRTUS.

Please print clearly

Note: Please include all Opt-Out forms

Parish Name: _____

Parish Location (City): _____

Grade:

Lesson Number and Title:

Date Trained:

Educator Name:

Number of Children Trained:

Number of Children who Opted Out:

Number of Children Absent:

Comments:

Kindergarten:

Lesson 1 and 2:

The Touching Safety Rules

Understanding Safe Friends, Safe Adults, and Safe Touches

Grade:

Lesson Number and Title:

Date Trained:

Educator Name:

Number of Children Trained:

Number of Children who Opted Out:

Number of Children Absent:

Comments:

First Grade:

Lesson 1 and 2:

The Touching Safety Rules

Understanding Safe Friends, Safe Adults, and Safe Touches

Grade:

Lesson Number and Title:

Date Trained:

Educator Name:

Number of Children Trained:

Number of Children who Opted Out:

Number of Children Absent:

Comments:

Second Grade:

Lesson 1 and 2:

The Touching Safety Rules

Understanding Safe Friends, Safe Adults, and Safe Touches

Grade:

Lesson Number and Title:

Date Trained:

Educator Name:

Number of Children Trained:

Number of Children who Opted Out:

Number of Children Absent:

Comments:

Third Grade: Lesson 1 and 2: The Touching Safety Rules Understanding Safe Friends, Safe Adults, and Safe Touches <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Grade:

Lesson Number and Title:

Date Trained:

Educator Name:

Number of Children Trained:

Number of Children who Opted Out:

Number of Children Absent:

Comments:

Fourth Grade: Lesson 1 and 2: The Touching Safety Rules Understanding Safe Friends, Safe Adults, and Safe Touches <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Grade:

Lesson Number and Title:

Date Trained:

Educator Name:

Number of Children Trained:

Number of Children who Opted Out:

Number of Children Absent:

Comments:

Fifth Grade:

Lesson 1 and 2:

The Touching Safety Rules

Understanding Safe Friends, Safe Adults, and Safe Touches

Grade:

Lesson Number and Title:

Date Trained:

Educator Name:

Number of Children Trained:

Number of Children who Opted Out:

Number of Children Absent:

Comments:

Sixth Grade:

Lesson 1 and 2:

The Touching Safety Rules

Understanding Safe Friends, Safe Adults, and Safe Touches

Grade:

Lesson Number and Title:

Date Trained:

Educator Name:

Number of Children Trained:

Number of Children who Opted Out:

Number of Children Absent:

Comments:

Seventh Grade:

Lesson 1 and 2:

The Touching Safety Rules

Understanding Safe Friends, Safe Adults, and Safe Touches

Grade:

Lesson Number and Title:

Date Trained:

Educator Name:

Number of Children Trained:

Number of Children who Opted Out:

Number of Children Absent:

Comments:

Eighth Grade:

Lesson 1 and 2:

The Touching Safety Rules

Understanding Safe Friends, Safe Adults, and Safe Touches

Grade:

Lesson Number and Title:

Date Trained:

Educator Name:

Number of Children Trained:

Number of Children who Opted Out:

Number of Children Absent:

Comments:

High School: 9-12

Lesson 1 and 2:

The Touching Safety Rules

Understanding Safe Friends, Safe Adults, and Safe Touches
