

Parish Report Form

VIRTUS Protecting God's Children Touching Safety Program

Parish: _____ City: _____

Setting: ____ Catholic School ____ Religious Education Program

Academic Year: _____

The following grades received instruction during the course of the academic year:

[Please check the grade levels that apply]

___K ___1 ___2 ___3 ___4 ___5 ___6

___7 ___8 ___9 ___10 ___11 ___12

TOTAL number of students receiving instruction: _____

TOTAL number of students not participating in instruction (i.e. absent): _____

TOTAL number of students who opted out: _____

Were parents who chose to opt out given the program brochure under the "Educator's Tab"? _____

Name(s) of Teaching Touching Safety instructor(s) _____

Signature

Position

Date

Please send the completed form to: Office of Child and Youth Protection
2207 West Main Street
Jefferson City, Missouri 65109-0914
Fax: 573-635-0386
Email: cschepers@diojeffcity.org

Revised 9/17/2020