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

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