

PARISH REPORT FORM

*VIRTUS™ Protecting God's Children®
Teaching Safety – Empowering God's Children™ Program*

Parish: _____ City: _____

Setting: Catholic School Religious Education Program Academic Year: _____

The following grades received instruction during the course of the academic year (*check all 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 (e.g., absent) _____

TOTAL number of students who opted out _____

Were parents who chose to opt out given the program brochure under the "Educator's Tab"? Yes No

Name(s) of Teaching Safety instructors: _____

Signature Position (principal/administrator, DRE, etc.) Date

Signature of pastor/administrator/PLC

Please send completed form to: Office of Child and Youth Protection
2207 West Main Street
Jefferson City, Missouri 65109-0914
vmcelwaine@diojeffcity.org

