

Documentation for Safe Environment Representing Youth
 (Articles 12 and 13 of the *Charter for the Protection of Children and Young People*)

Name of Parish/School/Diocesan Affiliated Organization: _____

Address/City/Zip Code: _____

For the Fiscal Year Ended June 30, 20__

| Grade Level | Number of Students Enrolled | Number of Students who completed SE Training | Date(s) Trained | | Number of students whose parent(s) declined to have their child participate | Parent received SE training materials? (If "no," explain in comments section) | | Number of students absent | Parent received SE training materials? (If "no," explain in comments section) | COMMENTS |
|--------------|-----------------------------|----------------------------------------------|-----------------|--|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--|----------------------------------|-------------------------------------------------------------------------------|----------|
| Preschool | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Kindergarten | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 1 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 2 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 4 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 5 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 6 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 7 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 8 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 9 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 10 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 11 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 12 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

***Audit requirement:** Attach copy of *Parent Acknowledgement Form* (Form SE-21) or official parish/school/Diocesan organization documentation indicating decline or provide written explanation

Please mark the curriculum resource used:

Grade(s) used (Preschool, Kindergarten, Grade 1, etc.)

| | |
|--------------------------------------------------|--|
| <input type="checkbox"/> Circles of Care | |
| <input type="checkbox"/> Learning About L.I.F.E. | |
| <input type="checkbox"/> My Body is Special | |
| <input type="checkbox"/> My Body, My Boundaries | |

Other curriculum resources used (write in the name of the curriculum):

Grade(s) used (Preschool, Kindergarten, Grade 1, etc.)

| | |
|--|--|
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| | |

Describe additional activities to the requirements of the Diocesan Safe Environment program to further the protection of children (e.g. Keiki I.D., participation in child abuse prevention campaign, etc.); please include dates:

Additional Comments:

TOTALS:

| Total Number of Children/Youth enrolled | Total Number of Children/Youth who completed Safe Environment | Total Number of Children/Youth whose parents declined to have their child participate |
|-----------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------|
| | | |

I certify that the parish/school/diocesan affiliated organization has implemented the diocesan safe environment program and that the information reported here is accurate.

Name of person completing this form *(please print clearly)*: _____ Title: _____

Signature: _____ Date: _____

Phone Number: _____ Email: _____

Name of Pastor or Principal *(please print clearly)*: _____ Title: _____

Signature: _____ Date: _____

Required for Parishes and Schools