

**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) <b>declined</b> to have their child participate	Parent received SE training materials? (If "no," explain in comments section)	Number of students <b>absent</b>	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"/> Conversations 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.)


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:

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Additional Comments:

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**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***