Safe Environment Program

Continuing Education

Providing Adequate Supervision **Date:**_____

Staff / Volunteers in Attendance:

Name:	Parent*		Parish / Program
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____

Comments: _____

_____

_____

_____

_____

_____

*Parent of Child(ren) enrolled in Parish / Parochial School programs (Y=Yes, N=No)

Submit a copy to Diocesan Child Protection Office / Retain original for your records.