Compiled School Recording the Training

Fall Numbers: Due October 31st

1. **Complete** *Touching Safety* **Program Training Record** form below.
2. **Scan** form or email the form back to sep@seattlearch.org.
3. The Safe Environment Office will input the data into VIRTUS.
4. **Note**: Please include all Opt-Out forms

Please print clearly

School Name: _____

School Location (City): _____

Grade:

Lesson Number and Title:

Date Trained:

Educator Name:

Number of Children Trained:

Number of Children

who Opted Out:

Number of Children Absent:

Comments:

Kindergarten	First Grade
Lesson 1:	Lesson 3:
The Touching Safety Rules	Boundaries

Grade:

Lesson Number and Title:

Date Trained:

Educator Name:

Number of Children Trained:

Number of Children

who Opted Out:

Number of Children Absent:

Comments:

Second Grade	Third Grade
Lesson 5:	Lesson 1:
Grooming- Recognizing	The Touching Safety Rules
Risky Adult Behavior: Part I	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Grade:

Lesson Number and Title:

Date Trained:

Educator Name:

Number of Children Trained:

Number of Children

who Opted Out:

Number of Children Absent:

Comments:

Fourth Grade	Fifth Grade
Lesson 3:	Lesson 5:
Boundaries	Grooming- Recognizing
	Risky Adult Behavior: Part I
_____	_____
_____	_____
_____	_____
	_____
_____	_____
_____	_____
_____	_____
_____	_____

Grade:

Lesson Number and Title:

Date Trained:

Educator Name:

Number of Children Trained:

Number of Children

who Opted Out:

Number of Children Absent:

Comments:

Sixth Grade

Lesson 1:

The Touching Safety Rules

_____

_____

_____

_____

_____

_____

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_____

Seventh Grade

Lesson 3:

Boundaries

_____

_____

_____

_____

_____

_____

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_____

Grade:

Lesson Number and Title:

Date Trained:

Educator Name:

Number of Children Trained:

Number of Children

who Opted Out:

Number of Children Absent:

Comments:

Eighth Grade

Lesson 5:

Grooming- Recognizing

Risky Adult Behavior: Part I

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