SAFE ENVIRONMENT AUDIT FORM FOR PARISH RELIGIOUS EDUCATION AND YOUTH MINISTRY PROGRAMS (CHILDREN)

Audit Period: July 1, 2025-June 30, 2026



| Paristi Name: City: | |
|---|--|
| A separate form should be submitted for each parish in a pastorate. If the parish appropriate spaces. | does not have a religious education or youth ministry program, please mark "0" in th |
| | |
| Part 1: To be completed by the parish catechetical leader | |
| How many youth, grades PreK-8, are enrolled in your program? | How many PreK-8 catechists? |
| What is your primary catechetical textbook: | |
| Which training curriculum does your program use: Circle of Grace Family Faith | & Circle of Grace Safe & Sacred Children's Learning Program |
| How many youth, grades PreK-8, were trained during the audit period? | |
| Date(s) of Training | |
| Attendance records and opt-out forms for youth safe environment training should | |
| | |
| Signature of Parish Catechetical Leader | Date |
| D. d. J. Mariana | |
| Print Name Email Add | dress |

Safe Environment Audit Form for Parish Religious Education and Youth Ministry Programs (Children)

Audit Period: July 1, 2024-June 30, 2025



| Parish Name: | City: City: | es not have a religious education or youth ministry program, please mark "0" in | the |
|--|---|---|-----|
| Part 2: To be completed by the parish | catechetical leader or youth r | minster | |
| How many youth, grades 9-12, are enrolled in your catechetical and youth pro | | How many 9-12 catechists and youth ministers? | |
| What is your primary catechetical textbook or y | outh ministry curriculum: | | _ |
| Which training curriculum does your program (| use: Circle of Grace Family Faith & | Circle of Grace Safe & Sacred Children's Learning Program | |
| How many youth, grades 9-12, were trained du Reminder: materials sent home with parent | ring the audit period?ts does not count as being trained. | How many youth, grades 9-12, opted out of training? | - |
| Date(s) of Training | routh safe environment training should be | e kept at the parish for 7 years. | |
| Signature of Parish Catechetical Leader or Yout | | | |
| Print Name | Email Addre | ess | |
| Part 3: To be completed by the pastor | or administrator | | |
| I certify that the information on this form is cor | | | |
| Signature of Pastor or Administrator | | Date | |
| Please affix the parish seal to this form. | | | |
| | Return hard copy by December 1 Office of Pastorate Life Services Attn: Jonathan F. Sullivan 2300 S 9th Street Lafayette, Indiana 47909-2400 | 1, 2024, to: | |

Please do not staple anything to this form.