


Diocese of Springfield in Illinois

School/PSR Program - Personal Safety Training Record

School Year _____ / _____ School/Parish _____

Location _____ Principal/DRE/CRE _____

Training Method: Explain the type of training presented to the students (Personal Safety Training Video Title, ICASA Prevention Educator, or the name of other approved training)

Grade Level	Topic	Training Method	Date Completed	Number of Students Trained
			TOTAL 	
			TRAINED	

Number of Parents that did not give permission for their child to participate in the personal safety training program _____ Permission slips on file: ____ Yes ____ No
 Number of children not in attendance _____

I _____ Principal/DRE or CRE of the above listed school or Parish School of Religion certify the above training was completed on the dates noted for the grade level and topic listed.

_____ Date ____/____/____
 Principal/DRE/CRE Signature

Return Instructions: Please return the completed record to the Office for Human Resources, Catholic Pastoral Center, P.O. Box 3187, Springfield, IL 62708-3187 by May 31, of each school year.