

**Diocese of Fort Wayne-South Bend  
SAFE ENVIRONMENT PROGRAM  
Education Report**

**FORM 3**

**Purpose: To document the teaching of annual safe environment education to all students in diocesan high schools or parish religious education programs.**

Directions:

1. The time period for this report is July 1, 2024 – June 30, 2025.
2. For each session, provide the date of the session, grade level of students, number of students present, number of students absent, number opted-out, presenter name, and program name, e.g. Grade 9 – Internet & Social Media Use. If parents train their children at home after being absent from the school session and return the verification form to document, then enter them in the row for at home learning. **Do not include them in the absent number for the in-person training at the school.** This would double count the students.
3. Total the numbers.
4. Please complete the information below the chart.
5. Please send any questions about the safe environment department at [safe@diocesefwsb.org](mailto:safe@diocesefwsb.org).
6. **Return to:**     **Babette Zielinski** – Safe Environment  
                          St John Paul II Center  
                          1328 W Dragoon Train  
                          Mishawaka IN 46545

**OR**     Scan and Email to [Safe@diocesefwsb.org](mailto:Safe@diocesefwsb.org)

**THANK YOU VERY MUCH!**



Training Report for High School age Name \_\_\_\_\_

School year – July 1, 2024 - June 30, 2025

Date(s) of session	Location	number Trained	number Absent	number Opt-out	Presenter of material to students	Material presented (check box or boxes)			
						Using the Internet & Social Media (Gr. 9)	Grooming (Gr. 10)	Relationships & Dating (Gr. 11)	You're Legal, What Now? (Gr. 12)
<b>Grade 9</b>									
	in person		NA	NA					
	at home								
<b>Grade 10</b>									
	in person								
	at home		NA	NA					
<b>Grade 11</b>									
	In person								
	at home		NA	NA					
<b>Grade 12</b>									
	In person		NA	NA					
	at home								
<b>TOTALS</b>									

Total number of students enrolled: \_\_\_\_\_

Form completed by \_\_\_\_\_

telephone: \_\_\_\_\_

Position: \_\_\_\_\_

e-mail: \_\_\_\_\_

Principal signature: \_\_\_\_\_

Date: \_\_\_\_\_