



*Teaching Safety - Empowering God's Children*  
Instructor's Training Record

Please complete this attendance sheet after teaching the *Teaching Safety - Empowering God's Children* lesson and provide it to your Coordinator with any Opt-Out forms.

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

Instructor's Name: \_\_\_\_\_

School/Parish & City: \_\_\_\_\_

School: \_\_\_\_\_ RE: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Lesson #: \_\_\_\_\_ Activity #: \_\_\_\_\_

Date of Lesson: \_\_\_\_\_

Number of students trained: \_\_\_\_\_

Number of students Opted-Out  
(Please include the signed forms) \_\_\_\_\_

Number of students absent: \_\_\_\_\_

Total classroom enrollment: \_\_\_\_\_