DIOCESE OF KNOXVILLE
CHILD AND ADOLESCENT PROTECTION PROGRAM
Grades PreK – 12

Parish/School_____

Teacher_____ Grade_____

Date of Instruction: _____

STUDENT NAME	ATTENDED INSTRUCTION	OPTED OUT OF INSTRUCTION	MAKE-UP DATE

*Please indicate if a student was absent during instruction. Provide the make-up date on which the student received the instruction.

**100% student accountability is required.