



Circle of Grace Summary Evaluation

Parish _____ School _____ Please check one

Parish or School Name: _____ City: _____

Date trained: _____

Number of students trained: _____ Number of Opt-outs*: _____

Name: _____

Title/Role: _____

Signature: _____

**Please return this form, along with any signed opt-out forms. Please do not submit grade level evaluations.*