



Positive
Prevention
Plus

Sexual Health Education for America's Youth

APPENDIX A



**Guidelines for
Sexual Health Education**

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National Sexuality Education Standards (NSES)

National Sexuality Education Standards

Core Content and Skills, K–12



FoSE
Future of Sex Education



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The American Association of Health Education (www.aahperd.org/aahe) serves educators and other professionals who promote the health of all people through education and health promotion strategies.

The American School Health Association (www.ashaweb.org) works to build the capacity of its members to plan, develop, coordinate, implement, evaluate and advocate for effective school health strategies that contribute to optimal health and academic outcomes for all children and youth.

The National Education Association – Health Information Network (www.neahin.org) works to improve the health and safety of the school community through disseminating information that empowers school professionals and positively impacts the lives of their students.

The Society of State Leaders of Health and Physical Education (www.thesociety.org) utilizes advocacy, partnerships, professional development and resources to build the capacity of school health leaders to implement effective health education and physical education policies and practices that support success in school, work and life.

The Future of Sex Education (FoSE) Initiative is a partnership between **Advocates for Youth, Answer** and the **Sexuality Information and Education Council of the U.S. (SIECUS)** that seeks to create a national dialogue about the future of sex education and to promote the institutionalization of comprehensive sexuality education in public schools. To learn more, please visit **www.futureofsexed.org**.

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Introduction and Background

The goal of the *National Sexuality Education Standards: Core Content and Skills, K–12* is to provide clear, consistent and straightforward guidance on the *essential minimum, core content* for sexuality education that is developmentally and age-appropriate for students in grades K–12. The development of these standards is a result of an ongoing initiative, the Future of Sex Education (FoSE). Forty individuals from the fields of health education, sexuality education, public health, public policy, philanthropy and advocacy convened for a two-day meeting in December 2008 to create a strategic plan for sexuality education policy and implementation. A key strategic priority that emerged from this work was the creation of national sexuality education standards to advance the implementation of sexuality education in US public schools.

Specifically, the *National Sexuality Education Standards* were developed to address the inconsistent implementation of sexuality education nationwide and the limited time allocated to teaching the topic. Health education, which typically covers a broad range of topics including sexuality education, is given very little time in the school curriculum. According to the School Health Policies and Practices Study, a national survey conducted by the Centers for Disease Control and Prevention's Division of Adolescent School Health to assess school health policies and practices, a median total of 17.2 hours is devoted to instruction in HIV, pregnancy and STD prevention: 3.1 hours in elementary, 6 hours in middle and 8.1 hours in high school.¹

Given these realities, the *National Sexuality Education Standards* were designed to:

- Outline what, based on research and extensive professional expertise, are the **minimum, essential content and skills** for sexuality education K–12 given student needs, limited teacher preparation and typically available time and resources.
- Assist schools in designing and delivering sexuality education K–12 that is **planned, sequential** and **part of a comprehensive school health education approach**.

- Provide a clear rationale for teaching sexuality education content and skills at different grade levels that is **evidence-informed, age-appropriate** and **theory-driven**.
- Support schools in **improving academic performance** by addressing a content area that is both **highly relevant to students** and **directly related to high school graduation rates**.
- Present sexual development as a **normal, natural, healthy part of human development** that should be a part of every health education curriculum.
- Offer clear, concise **recommendations for school personnel** on what is age-appropriate to teach students at different grade levels.
- Translate an emerging body of **research related to school-based sexuality education** so that it can be put into practice in the classroom.

The *National Health Education Standards*² (NHES) heavily influenced the development of the *National Sexuality Education Standards*. First created in 1995 and updated in 2007, the NHES were developed by the Joint Committee on National Health Education Standards of the American Cancer Society and widely adopted by states and local school districts. The NHES focus on a student's ability to understand key concepts and learn particular skills for using that content. These standards were developed to serve as the underpinning for health education knowledge and skills students should attain by grades 2, 5, 8 and 12. **The NHES do not address any specific health content areas, including content for sexuality education.**

The *National Sexuality Education Standards* were further informed by the work of the CDC's *Health Education Curriculum Analysis Tool (HECAT)*³; existing state and international education standards that include sexual health content; the *Guidelines for Comprehensive Sexuality Education: Kindergarten – 12th Grade*⁴; and the *Common Core State Standards for English Language Arts and Mathematics*⁵, recently adopted by most states.



Rationale for Sexuality Education in Public Schools

For years, research has highlighted the need to provide effective, comprehensive sexuality education to young people. The US has one of the highest teen pregnancy rates in the industrialized world.⁶ Each year in the US, more than 750,000 women ages 15–19 become pregnant,⁷ with more than 80 percent of these pregnancies unintended.⁸ Furthermore, while young people in the US ages 15–25 make up only one-quarter of the sexually active population, they contract about half of the 19 million sexually transmitted diseases (STDs) annually. This equates to one in four sexually active teenagers contracting a sexually transmitted disease each year.⁹ And young people ages 13–29 account for about one-third of the estimated 50,000 new HIV infections each year, the largest share of any age group.¹⁰

There is also a pressing need to address harassment, bullying and relationship violence in our schools, which have a significant impact on a student's emotional and physical well-being as well as on academic success. According to the 2009 National School Climate Survey, nearly 9 out of 10 lesbian, gay, bisexual or transgender (LGBT) students reported being harassed in the previous year. Two-thirds of LGBT students reported feeling unsafe and nearly one-third skipped at least one day of school because of concerns about their personal safety. LGBT students who reported frequent harassment also suffered from lower grade point averages.¹¹

Similarly, teen relationship violence continues to be a pressing problem. Although frequently under-reported, ten percent of teens are physically harmed by their boyfriend or girlfriend in a given year.¹²

Studies have repeatedly found that health programs in school can help young people succeed academically. The most effective strategy is a strategic and coordinated approach to health that includes family and community involvement, school health services, a healthy school environment and health education, which includes sexual-ity education.^{13 14 15} In fact, an extensive review of school health initiatives found that **programs that included health education had a positive effect on overall academic outcomes, including reading and math scores.**¹⁵

Evaluations of comprehensive sexuality education programs show that many of these programs can help youth delay the onset of sexual activity, reduce the frequency of sexual activity, reduce the number of sexual partners, and increase condom and contraceptive use.^{16 17} Researchers recently examined the National Survey of Family Growth to determine the impact of sexuality education on sexual risk-taking for young people ages 15–19, and found that **teens who received comprehensive sexuality education were 50 percent less likely to report a pregnancy** than those who received abstinence-only education.¹⁸

The CDC has also repeatedly found that student health behaviors and good grades are related, stating: “...students who do not engage in health-risk behaviors receive higher grades than their classmates who do engage in health-risk behaviors.”¹⁹

Further, studies show that physical and emotional health-related problems may inhibit young people from learning by reducing their motivation to learn; diminishing their feelings of connectedness to school; and contributing to absenteeism and drop out.^{13 20}

An example related to sexuality education is teen pregnancy. Teen pregnancy often takes a particular toll on school connectedness for both partners, representing a major disruption in many teens' lives and making it difficult to remain in and/or engaged in school. Many pregnant and parenting teens experience lower grades and higher dropout rates than their non-parenting peers. In fact, research shows that only 51 percent of pregnant and parenting teens graduate from high school as compared to 89 percent of their non-pregnant and parenting peers.²¹

Given the evidence that connects lower risk behaviors to academic success, schools clearly have as vested an interest in keeping students healthy as do parents and other community members. In providing comprehensive sexuality education programs, schools support student health and as such further foster young people's academic achievement.

Parents overwhelmingly favor comprehensive sexuality education in public school at the national and state



levels.^{22 23 24 25} In 2004, National Public Radio (NPR), the Kaiser Family Foundation and the Kennedy School of Government released a poll that indicated:

- Ninety-three percent of parents of junior high school students and 91 percent of parents of high school students believe it is very or somewhat important to have sexuality education as part of the school curriculum.
- Ninety-five percent of parents of junior high school students and 93 percent of parents of high school students believe that birth control and other methods of preventing pregnancy are appropriate topics for sexuality education programs in schools.
- Approximately 75 percent of parents believed that the topic of sexual orientation should be included in sexuality education programs and “discussed in a way that provides a fair and balanced presentation of the facts and different views in society.”
- Eighty-eight percent of parents of junior high school students and 85 percent of parents of high school students believe information on how to use and where to get contraceptives is an appropriate topic for sexuality education programs in schools.²⁶

The *National Sexuality Education Standards* set forth minimum, essential sexuality education core content and skills responsive to the needs of students and in service to their overall academic achievement and sexual health. They

fulfill a key recommendation of the White House Office of National AIDS Policy’s *National HIV and AIDS Strategy for the United States*, which calls for educating all Americans about the threat of HIV and how to prevent it. This recommendation includes the goal of educating young people about HIV and emphasizes the important role schools can play in providing access to current and accurate information. The strategy notes that it is important to provide access to a baseline of information that is grounded in the benefits of abstinence and delaying or limiting sexual activity, while ensuring that youth who make the decision to be sexually active have the information they need to take steps to protect themselves.²⁷

In addition, the *National Sexuality Education Standards* satisfy a key recommendation of the Office of the Surgeon General’s *National Prevention and Health Promotion Strategy*, which calls for the provision of effective sexual health education, especially for adolescents. This strategy notes that medically accurate, developmentally appropriate, and evidence-based sexual health education provides students with the skills and resources that help them make informed and responsible decisions.²⁸

National Sexuality Education Standards

The Role of Education Standards

Educational standards are commonplace in public education and are a key component in developing a rich learning experience for students. The purpose of standards in general is to provide clear expectations about what students should know and be able to do by the conclusion of certain grade levels. Other equally important components of the student learning experience include pre-service teacher training, professional development and ongoing support and mentoring for teachers, clear school policies that support sexuality education implementation and the teachers who deliver sexuality education, a sequential, age-appropriate curriculum that allows students to practice key skills and assessment tools for all of these elements.

Standards are an important part of the educational process, but they do not provide specific guidance on *how* a topic area should be taught. They also generally do not address special needs students, students for whom English is their second language, or students with any of the other unique attributes of a given classroom or school setting.

In addition, although recommendations made here are based on grade level, children of the same age often

develop at different rates and some content may need to be adapted based on the needs of the students.

Sexuality education standards specifically should accomplish the following:

- Provide a framework for curriculum development, instruction and student assessment.
- Reflect the research-based characteristics of effective sexuality education.
- Be informed by relevant health behavior theories and models.
- Focus on health within the context of the world in which students live.
- Focus on the emotional, intellectual, physical and social dimensions of sexual health.
- Teach functional knowledge and essential personal and social skills that contribute directly to healthy sexuality.
- Focus on health promotion, including both abstinence from and risk reduction pertaining to unsafe sexual behaviors.
- Consider the developmental appropriateness of material for students in specific grade spans.
- Include a progression from more concrete to higher-order thinking skills.



- Allow for the integration of more general health content as appropriate.²

Goal of the National Sexuality Education Standards

The goal of the *National Sexuality Education Standards: Core Content and Skills, K–12* is:

To provide clear, consistent and straightforward guidance on the essential minimum, core content for sexuality education that is age-appropriate for students in grades K–12.

Guiding Values and Principles

The *National Sexuality Education Standards* are informed by the following guiding values and principles based on current theory, research in the field and the *National Health Education Standards* Review and Revision Panel:

1. Academic achievement and the health status of students are interrelated, and should be recognized as such.
2. All students, regardless of physical or intellectual ability, deserve the opportunity to achieve personal health and wellness, including sexual health.
3. Instruction by qualified sexuality education teachers is essential for student achievement.
4. Sexuality education should teach both information and essential skills that are necessary to adopt, practice, and maintain healthy relationships and behaviors.
5. Students need opportunities to engage in cooperative and active learning strategies, and sufficient time must be allocated for students to practice skills relating to sexuality education.
6. Sexuality education should encourage the use of technology to access multiple valid sources of information, recognizing the significant role that technology plays in young people's lives.
7. Local curriculum planners should implement existing or develop new curricula based on local health needs.
8. Students need multiple opportunities and a variety of assessment strategies to determine their achievement of the sexuality education standards and performance indicators.
9. Improvements in public health, including sexual health, can contribute to a reduction in health care costs.
10. Effective health education can contribute to the establishment of a healthy and productive citizenry.²

Theoretical Framework

The *National Sexuality Education Standards* seek to address both the functional knowledge related to sexuality and the specific skills necessary to adopt healthy behaviors and reflect the tenets of social learning theory, social cognitive theory and the social ecological model of prevention. From *social learning theory*, which recognizes that

CHARACTERISTICS OF EFFECTIVE SEXUALITY EDUCATION

Focuses on specific behavioral outcomes.

Addresses individual values and group norms that support health-enhancing behaviors.

Focuses on increasing personal perceptions of risk and harmfulness of engaging in specific health risk behaviors, as well as reinforcing protective factors.

Addresses social pressures and influences.

Builds personal and social competence.

Provides functional knowledge that is basic, accurate and directly contributes to health-promoting decisions and behaviors.

Uses strategies designed to personalize information and engage students.

Provides age- and developmentally-appropriate information, learning strategies, teaching methods and materials.

Incorporates learning strategies, teaching methods and materials that are culturally inclusive.

Provides adequate time for instruction and learning.

Provides opportunities to reinforce skills and positive health behaviors.

Provides opportunities to make connections with other influential persons.

Includes teacher information and plan for professional development and training to enhance effectiveness of instruction and student learning.²

"learning occurs not merely within the learner but also in a particular social context,"²⁹ there are several key concepts addressed within the *National Sexuality Education Standards*, including:

Personalization. The ability of students to perceive the core content and skills as relevant to their lives increases the likelihood that they will both learn and retain them. Ensuring that students see themselves represented in the materials and learning activities used can assist in furthering personalization.



Susceptibility. It is widely understood that many young people do not perceive that they are susceptible to the risks of certain behaviors, including sexual activity. Learning activities should encourage students to assess the relative risks of various behaviors, without exaggeration, to highlight their susceptibility to the potential negative outcomes of those behaviors.

Self-Efficacy. Even if students believe they are susceptible, they may not believe they can do anything to reduce their level of risk. Helping students overcome misinformation and develop confidence by practicing skills necessary to manage risk are key to a successful sexuality education curriculum.

Social Norms. Given that middle and high school students are highly influenced by their peers, the perception of what other students are, or are not, doing influences their behavior. Debunking perceptions and highlighting positive behaviors among teens (i.e., the majority of teens are abstinent in middle school and early high school and when they first engage in sexual intercourse many use condoms) can further the adoption of health-positive behaviors.

Skills. Mastery of functional knowledge is necessary but not sufficient to influence behaviors. Skill development is critical to a student's ability to apply core content to their lives.²⁹

In addition to social learning theory, *social cognitive theory* (SCT) is reflected throughout the *National Sexuality Education Standards*. Like social learning theory, SCT emphasizes self-efficacy, but adds in the motivation of the learners and an emphasis on the affective or emotional learning domain, an invaluable component of learning about human sexuality.³⁰

Finally, the *social ecological model of prevention* also informed the development of these standards. This model focuses on individual, interpersonal, community and society influences and the role of these influences on people over time. Developmentally, the core content and skills for kindergarten and early elementary focus on the individual student and their immediate surroundings (e.g., their family). At the middle and high school levels, core content and skills focus on the expanding world of students that includes their friends and other peers, the media, society and cultural influences.³¹

Topics and Key Indicators

There are seven topics chosen as the minimum, essential content and skills for K–12 sexuality education:

Anatomy and Physiology (AP) provides a foundation for understanding basic human functioning.

Puberty and Adolescent Development (PD) addresses a pivotal milestone for every person that has an impact on physical, social and emotional development.

Identity (ID) addresses several fundamental aspects of people's understanding of who they are.

Pregnancy and Reproduction (PR) addresses information about how pregnancy happens and decision-making to avoid a pregnancy.

Sexually Transmitted Diseases and HIV (SH) provides both content and skills for understanding and avoiding STDs and HIV, including how they are transmitted, their signs and symptoms and testing and treatment.

Healthy Relationships (HR) offers guidance to students on how to successfully navigate changing relationships among family, peers and partners. Special emphasis is given in the *National Sexuality Education Standards* to the increasing use and impact of technology within relationships.

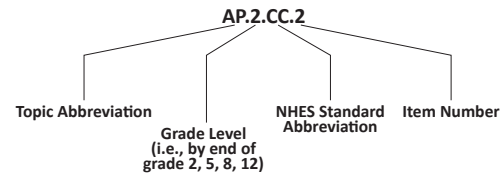
Personal Safety (PS) emphasizes the need for a growing awareness, creation and maintenance of safe school environments for all students.

These seven topics are organized following the eight *National Health Education Standards*.



The *National Sexuality Education Standards* present performance indicators – what students should know and be able to do by the end of grades 2, 5, 8, and 12 – based on the eight *National Health Education Standards* listed in the following table. In addition, the standards are divided into seven specific sexuality education topics. The key to reading the indicators appears to the right. The tables on the following pages present the standards and performance indicators first by grade level and then by topic areas.

Key To Indicators



NATIONAL HEALTH EDUCATION STANDARDS

Core Concepts CC	Standard 1 Students will comprehend concepts related to health promotion and disease prevention to enhance health.
Analyzing Influences INF	Standard 2 Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
Accessing Information AI	Standard 3 Students will demonstrate the ability to access valid information and products and services to enhance health.
Interpersonal Communication IC	Standard 4 Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
Decision-Making DM	Standard 5 Students will demonstrate the ability to use decision-making skills to enhance health.
Goal-Setting GS	Standard 6 Students will demonstrate the ability to use goal-setting skills to enhance health.
Self Management SM	Standard 7 Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
Advocacy ADV	Standard 8 Students will demonstrate the ability to advocate for personal, family and community health.



Standards by Grade Level

GRADE K-2		Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
ANATOMY & PHYSIOLOGY									
By the end of the 2 nd grade, students should be able to:	Use proper names for body parts, including male and female anatomy AP.2.CC.1								
PUBERTY AND ADOLESCENT DEVELOPMENT									
	No items								
IDENTITY									
By the end of the 2 nd grade, students should be able to:	Describe differences and similarities in how boys and girls may be expected to act ID.2.CC.1	Provide examples of how friends, family, media, society and culture influence ways in which boys and girls think they should act ID.2.INF.1							
PREGNANCY AND REPRODUCTION									
By the end of the 2 nd grade, students should be able to:	Explain that all living things reproduce PR.2.CC.1								
SEXUALLY TRANSMITTED DISEASES AND HIV									
	No items								
HEALTHY RELATIONSHIPS									
By the end of the 2 nd grade, students should be able to:	Identify different kinds of family structures HR.2.CC.1	Demonstrate ways to show respect for different types of families HR.2.IC.1							
	Describe the characteristics of a friend HR.2.CC.2	Identify healthy ways for friends to express feelings to each other HR.2.IC.2							



Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
PERSONAL SAFETY							
By the end of the 2 nd grade, students should be able to:	Explain that all people, including children, have the right to tell others not to touch their body when they do not want to be touched PS.2.CC.1	Identify parents and other trusted adults they can tell if they are feeling uncomfortable about being touched PS.2.AI.1	Demonstrate how to respond if someone is touching them in a way that makes them feel uncomfortable PS.2.IC.1			Demonstrate how to clearly say no, how to leave an uncomfortable situation, and how to identify and talk with a trusted adult if someone is touching them in a way that makes them feel uncomfortable PS.2.SM.1	
Explain what bullying and teasing are PS.2.CC.2							
Explain why bullying and teasing are wrong PS.2.CC.3		Identify parents and other trusted adults they can tell if they are being bullied or teased PS.2.AI.2	Demonstrate how to respond if someone is bullying or teasing them PS.2.IC.2				



GRADE 3-5						
Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM
ANATOMY & PHYSIOLOGY						
By the end of the 5th grade, students should be able to:	Describe male and female reproductive systems including body parts and their functions AP.5.CC.1	Identify medically-accurate information about female and male reproductive anatomy AP.5.AI.1				
PUBERTY AND ADOLESCENT DEVELOPMENT						
By the end of the 5th grade, students should be able to:	Explain the physical, social and emotional changes that occur during puberty and adolescence PD.5.CC.1	Describe how friends, family, media, society and culture can influence ideas about body image PD.5.INF.1	Identify medically-accurate information and resources about puberty and personal hygiene PD.5.AI.1			Explain ways to manage the physical and emotional changes associated with puberty PD.5.SM.1
	Explain how the timing of puberty and adolescent development varies considerably and can still be healthy PD.5.CC.2	Identify parents or other trusted adults of whom students can ask questions about puberty and adolescent health issues PD.5.AI.2				
	Describe how puberty prepares human bodies for the potential to reproduce PAD.5.CC.3					
IDENTITY						
By the end of the 5th grade, students should be able to:	Define sexual orientation as the romantic attraction of an individual to someone of the same gender or a different gender ID.5.CC.1	Identify parents or other trusted adults of whom students can ask questions about sexual orientation ID.5.AI.1				Demonstrate ways to treat others with dignity and respect ID.5.SM.1
						Demonstrate ways students can work together to promote dignity and respect for all people ID.5.ADV.1





Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
PREGNANCY AND REPRODUCTION							
By the end of the 5 th grade, students should be able to:	Describe the process of human reproduction PR.5.CC.1						
SEXUALLY TRANSMITTED DISEASES AND HIV							
By the end of the 5 th grade, students should be able to:	Define HIV and identify some age appropriate methods of transmission, as well as ways to prevent transmission SH.5.CC.1						
HEALTHY RELATIONSHIPS							
By the end of the 5 th grade, students should be able to:	Describe the characteristics of healthy relationships HR.5.CC.1	Identify parents and other trusted adults they can talk to about relationships HR.5.AI.1	Demonstrate positive ways to communicate differences of opinion while maintaining relationships HR.5.IC.1			Demonstrate ways to treat others with dignity and respect HR.5.SM.1	
PERSONAL SAFETY							
By the end of the 5 th grade, students should be able to:	Define teasing, harassment and bullying and explain why they are wrong PS.5.CC.1	Explain why people tease, harass or bully others PS.5.INF.1	Identify parents and other trusted adults they can tell if they are being teased, harassed or bullied PS.5.AI.1	Demonstrate ways to communicate about how one is being treated PS.5.IC.1		Discuss effective ways in which students could respond when they are or someone else is being teased, harassed or bullied PS.5.SM.1	Persuade others to take action when someone else is being teased, harassed or bullied PS.5.ADV.1
Define sexual harassment and sexual abuse PS.5.CC.2		Identify parents or other trusted adults they can tell if they are being sexually harassed or abused PS.5.AI.2	Demonstrate refusal skills (e.g. clear “no” statement, walk away, repeat refusal) PS.5.IC.2				

GRADES 6-8

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
ANATOMY AND PHYSIOLOGY							
By the end of the 8 th grade, students should be able to:	Describe male and female sexual and reproductive systems including body parts and their functions AP.8.CC.1	Identify accurate and credible sources of information about sexual health AP.8.AI.1					
PUBERTY AND ADOLESCENT DEVELOPMENT							
By the end of the 8 th grade, students should be able to:	Describe the physical, social, cognitive and emotional changes of adolescence PD.8.CC.1	Identify medically-accurate sources of information about puberty, adolescent development and sexuality PD.8.AI.1		Demonstrate the use of a decision-making model and evaluate possible outcomes of decisions adolescents might make PD.8.DM.1			
IDENTITY							
By the end of the 8 th grade, students should be able to:	Differentiate between gender identity, gender expression and sexual orientation ID.8.CC.1	Access accurate information about gender identity, gender expression and sexual orientation ID.8.AI.1	Communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations ID.8.IC.1				Develop a plan to promote dignity and respect for all people in the school community ID.8.ADV.1
	Explain the range of gender roles ID.8.CC.2						
PREGNANCY AND REPRODUCTION							
By the end of the 8 th grade, students should be able to:	Define sexual intercourse and its relationship to human reproduction PR.8.CC.1						
	Define sexual abstinence as it relates to pregnancy prevention PR.8.CC.2	Examine how alcohol and other substances, friends, family, media, society and culture influence decisions about engaging in sexual behaviors PR.8.INF.1	Demonstrate the use of effective communication skills to support one's decision to abstain from sexual behaviors PR.8.IC.1				





Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
PREGNANCY AND REPRODUCTION (CONTINUED)							
By the end of the 8 th grade, students should be able to:	Explain the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence and condoms PR.8.CC.3	Identify medically-accurate resources about pregnancy prevention and reproductive health care PR.8.AI.1	Demonstrate the use of effective communication and negotiation skills about the use of contraception including abstinence and condoms PR.8.IC.2	Apply a decision-making model to various sexual health decisions PR.8.DM.1		Describe the steps to using a condom correctly PR.8.SM.1	
	Define emergency contraception and its use PR.8.CC.4	Identify medically-accurate information about emergency contraception PR.8.AI.2					
	Describe the signs and symptoms of a pregnancy PR.8.CC.5	Identify medically-accurate sources of pregnancy-related information and support including pregnancy options, safe surrender policies and prenatal care PR.8.AI.3					
	Identify prenatal practices that can contribute to a healthy pregnancy PR.8.CC.6						
SEXUALLY TRANSMITTED DISEASES AND HIV							
By the end of the 8 th grade, students should be able to:	Define STDs, including HIV, and how they are and are not transmitted SH.8.CC.1	Identify medically-accurate information about STDs, including HIV SH.8.AI.1					
	Analyze the impact of alcohol and other drugs on safer sexual decision-making and sexual behaviors SH.8.INF.1	Demonstrate the use of effective communication skills to reduce or eliminate risk for STDs, including HIV SH.8.IC.1			Develop a plan to eliminate or reduce risk for STDs, including HIV SH.8.GS.1	Describe the steps to using a condom correctly SH.8.SM.1	
	Compare and contrast behaviors, including abstinence, to determine the potential risk of STD/HIV transmission from each SH.8.CC.2						

GRADES 6-8 (CONTINUED)

SEXUALLY TRANSMITTED DISEASES AND HIV (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
By the end of the 8 th grade, students should be able to:	Describe the signs, symptoms and potential impacts of STDs, including HIV SH.8.CC.3	Identify local STD and HIV testing and treatment resources SH.8.AI.2					
HEALTHY RELATIONSHIPS							
By the end of the 8 th grade, students should be able to:	Compare and contrast the characteristics of healthy and unhealthy relationships HR.8.CC.1	Analyze the ways in which friends, family, media, society and culture can influence relationships HR.8.INF.1				Explain the criteria for evaluating the health of a relationship HR.8.SM.1	
	Describe the potential impacts of power differences such as age, status or position within relationships HR.8.CC.2						
	Analyze the similarities and differences between friendships and romantic relationships HR.8.CC.3		Demonstrate communication skills that foster healthy relationships HR.8.IC.1				
	Describe a range of ways people express affection within various types of relationships HR.8.CC.4		Demonstrate effective ways to communicate personal boundaries and show respect for the boundaries of others HR.8.IC.2				
	Describe the advantages and disadvantages of communicating using technology and social media HR.8.CC.5	Analyze the impact of technology on friendships and relationships HR.8.INF.2	Demonstrate effective skills to negotiate agreements about the use of technology in relationships HR.8.IC.3		Develop a plan to stay safe when using social media HR.8.GS.1	Describe strategies to use social media safely, legally and respectfully HR.8.SM.2	



Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
PERSONAL SAFETY							
By the end of the 8 th grade, students should be able to:							
Describe situations and behaviors that constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence PS.8.CC.1		Identify sources of support such as parents or other trusted adults that they can go to if they are or someone they know is being bullied, harassed, abused or assaulted PS.8.AI.1	Demonstrate ways to communicate with trusted adults about bullying, harassment, abuse or assault PS.8.IC.1			Describe ways to treat others with dignity and respect PS.8.SM.1	Advocate for safe environments that encourage dignified and respectful treatment of everyone PS.8.ADV.1
Discuss the impacts of bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence and why they are wrong PS.8.CC.2						Demonstrate ways they can respond when someone is being bullied or harassed PS.8.SM.2	
Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched PS.8.CC.3							
Explain why a person who has been raped or sexually assaulted is not at fault PS.8.CC.4							



GRADES 9-12

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
ANATOMY AND PHYSIOLOGY							
By the end of the 12 th grade, students should be able to:	Describe the human sexual response cycle, including the role hormones play AP.12.CC.1						
PUBERTY AND ADOLESCENT DEVELOPMENT							
By the end of the 12 th grade, students should be able to:	Analyze how brain development has an impact on cognitive, social and emotional changes of adolescence and early adulthood PD.12.CC.1	Analyze how friends, family, media, society and culture can influence self-concept and body image PD.12.INF.1		Apply a decision-making model to various situations relating to sexual health PD.12.DM.1			
IDENTITY							
By the end of the 12 th grade, students should be able to:	Differentiate between biological sex, sexual orientation, and gender identity and expression ID.12.CC.1	Analyze the influence of friends, family, media, society and culture on the expression of gender, sexual orientation and identity ID.12.INF.1				Explain how to promote safety, respect, awareness and acceptance ID.12.SM.1	Advocate for school policies and programs that promote dignity and respect for all ID.12.ADV.1
PREGNANCY AND REPRODUCTION							
By the end of the 12 th grade, students should be able to:	Distinguish between sexual orientation, sexual behavior and sexual identity ID.12.CC.2						
By the end of the 12 th grade, students should be able to:	Compare and contrast the advantages and disadvantages of abstinence and other contraceptive methods, including condoms PR.12.CC.1	Analyze influences that may have an impact on deciding whether or when to engage in sexual behaviors PR.12.INF.1	Access medically-accurate information about contraceptive methods, including abstinence and condoms PR.12.AI.1	Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors PR.12.IC.1	Apply a decision-making model to choices about contraception, including abstinence and condoms PR.12.DM.1	Describe the steps to using a condom correctly PR.12.SM.1	





Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
PREGNANCY AND REPRODUCTION (CONTINUED)							
By the end of the 12 th grade, students should be able to:							
Define emergency contraception and describe its mechanism of action PR.12.CC.2		Access medically-accurate information and resources about emergency contraception PR.12.AI.2					
Identify the laws related to reproductive and sexual health care services (i.e., contraception, pregnancy options, safe surrender policies, prenatal care) PR.12.CC.3							
Describe the signs of pregnancy PR.12.CC.4	Analyze internal and external influences on pregnancy options PR.12.INF.2	Access medically-accurate information about pregnancy and pregnancy options PR.12.AI.3					
Describe prenatal practices that can contribute to or threaten a healthy pregnancy PR.12.CC.5	Analyze factors that influence decisions about whether and when to become a parent PR.12.INF.3	Access medically-accurate information about prenatal care services PR.12.AI.4		Assess the skills and resources needed to become a parent PR.12.DM.2			
Compare and contrast the laws relating to pregnancy, adoption, abortion and parenting PR.12.CC.6							

GRADES 9-12 (CONTINUED)

SEXUALLY TRANSMITTED DISEASES AND HIV

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
By the end of the 12 th grade, students should be able to:							
Describe common symptoms of and treatments for STDs, including HIV SH.12.CC.1		Explain how to access local STD and HIV testing and treatment services SH.12.AI.1	Demonstrate skills to communicate with a partner about STD and HIV prevention and testing SH.12.IC.1	Apply a decision-making model to choices about safer sex practices, including abstinence and condoms SH.12.DM.1		Analyze individual responsibility about testing for and informing partners about STDs and HIV status SH.12.SM.1	
Evaluate the effectiveness of abstinence, condoms and other safer sex methods in preventing the spread of STDs, including HIV SH.12.CC.2	Analyze factors that may influence condom use and other safer sex decisions SH.12.INF.1	Access medically-accurate prevention information about STDs, including HIV SH.12.AI.2			Develop a plan to eliminate or reduce risk for STDs, including HIV SH.12.GS.1	Describe the steps to using a condom correctly SH.12.SM.2	Advocate for sexually active youth to get STD/HIV testing and treatment SH.12.ADV.1
Describe the laws related to sexual health care services, including STD and HIV testing and treatment SH.12.CC.3							

HEALTHY RELATIONSHIPS

By the end of the 12 th grade, students should be able to:							
Describe characteristics of healthy and unhealthy romantic and/or sexual relationships HR.12.CC.1	Explain how media can influence one's beliefs about what constitutes a healthy sexual relationship HR.12.INF.1	Demonstrate how to access valid information and resources to help deal with relationships HR.12.AI.1	Demonstrate effective strategies to avoid or end an unhealthy relationship HR.12.IC.1				
Describe a range of ways to express affection within healthy relationships HR.12.CC.2							
Define sexual consent and explain its implications for sexual decision-making HR.12.CC.3	Analyze factors, including alcohol and other substances, that can affect the ability to give or perceive the provision of consent to sexual activity HR.12.INF.2		Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior HR.12.IC.2			Demonstrate respect for the boundaries of others as they relate to intimacy and sexual behavior HR.12.SM.1	





Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
HEALTHY RELATIONSHIPS							
By the end of the 12 th grade, students should be able to:	Evaluate the potentially positive and negative roles of technology and social media in relationships HR.12.CC.4					Describe strategies to use social media safely, legally and respectfully HR.12.SM.2	
PERSONAL SAFETY							
By the end of the 12 th grade, students should be able to:	Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence PS.12.CC.1	Access valid resources for help if they or someone they know are being bullied or harassed, or have been sexually abused or assaulted PS.12.AI.1	Demonstrate effective ways to communicate with trusted adults about bullying, harassment, abuse or assault PS.12.IC.1				Advocate for safe environments that encourage dignified and respectful treatment of everyone PS.12.ADV.1
	Analyze the laws related to bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence PS.12.CC.2	Demonstrate ways to access accurate information and resources for survivors of sexual abuse, incest, rape, sexual harassment, sexual assault and dating violence PS.12.AI.2	Identify ways in which they could respond when someone else is being bullied or harassed PS.12.IC.2				
	Explain why using tricks, threats or coercion in relationships is wrong PS.12.CC.3	Analyze the external influences and societal messages that impact attitudes about bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence PS.12.INF.2					
	Explain why a person who has been raped or sexually assaulted is not at fault PS.12.CC.4						

ANATOMY AND PHYSIOLOGY

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision- Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 2 ND GRADE, STUDENTS SHOULD BE ABLE TO:							
Use proper names for body parts, including male and female anatomy							
AP.2.CC.1							
BY THE END OF THE 5 TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe male and female reproductive systems including body parts and their functions		Identify medically-accurate information about female and male reproductive anatomy					
AP.5.AI.1							
BY THE END OF THE 8 TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe male and female sexual and reproductive systems including body parts and their functions		Identify accurate and credible sources about sexual health					
AP.8.AI.1							
AP.8.CC.1							
BY THE END OF THE 12 TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe the human sexual response cycle, including the role hormones play							
AP.12.CC.1							



PUBERTY AND ADOLESCENT DEVELOPMENT						
Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision- Making DM	Goal Setting GS	Self-Management SM
Advocacy ADV						
BY THE END OF THE 2 ND GRADE, STUDENTS SHOULD BE ABLE TO:						
No items						
BY THE END OF THE 5 TH GRADE, STUDENTS SHOULD BE ABLE TO:						
Explain the physical, social, and emotional changes that occur during puberty and adolescence PD.5.CC.1	Describe how peers, media, family, society and culture influence ideas about body image PD.5.INF.1	Identify medically-accurate resources about puberty and personal hygiene PD.5.AI.1				Explain ways to manage the physical and emotional changes associated with puberty PD.5.SM.1
Explain how the timing of puberty and adolescent development varies considerably and can still be healthy PD.5.CC.2		Identify parents or other trusted adults of whom they can ask questions about puberty and adolescent health issues PD.5.AI.2				
Describe how puberty prepares human bodies for the potential to reproduce PD.5.CC.3						
BY THE END OF THE 8 TH GRADE, STUDENTS SHOULD BE ABLE TO:						
Describe the physical, social, cognitive and emotional changes of adolescence PD.8.CC.1	Analyze how peers, media, family, society and culture influence self-concept and body image PD.8.INF.1	Identify medically-accurate sources of information about puberty, adolescent development and sexuality PD.8.AI.1		Demonstrate the use of a decision-making model to evaluate possible outcomes of decisions adolescents might make PD.8.DM.1		
BY THE END OF THE 12 TH GRADE, STUDENTS SHOULD BE ABLE TO:						
Analyze how brain development has an impact on cognitive, social and emotional changes of adolescence and early adulthood PD.12.CC.1	Analyze how peers, media, family, society, religion and culture influence self-concept and body image PD.12.INF.1			Apply a decision-making model to various situations relating to sexual health PD.12.DM.1		

Standards by Topic Area

IDENTITY						
Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision- Making DM	Goal Setting GS	Self-Management SM
BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:						
Describe differences and similarities in how boys and girls may be expected to act ID.2.CC.1	Provide examples of how friends, family, media, society and culture influence ways in which boys and girls think they should act ID.2.INF.1					
BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:						
Define sexual orientation as romantic attraction to an individual of the same gender or of a different gender ID.5.CC.1	Identify parents or other trusted adults to whom they can ask questions about sexual orientation ID.5.AI.1					Demonstrate ways to treat others with dignity and respect ID.5.SM.1
						Demonstrate ways students can work together to promote dignity and respect for all people ID.5.ADV.1
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:						
Differentiate between gender identity, gender expression and sexual orientation ID.8.CC.1	Analyze external influences that have an impact on one's attitudes about gender, sexual orientation and gender identity ID.8.INF.1	Access accurate information about gender identity, gender expression and sexual orientation ID.8.AI.1	Communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations ID.8.IC.1			Develop a plan to promote dignity and respect for all people in the school community ID.8.ADV.1
Explain the range of gender roles ID.8.CC.2						
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:						
Differentiate between biological sex, sexual orientation, and gender identity and expression ID.12.CC.1	Analyze the influence of peers, media, family, society, religion and culture on the expression of gender, sexual orientation and identity ID.12.INF.1					Explain how to promote safety, respect, awareness and acceptance ID.12.SM.1
						Advocate for school policies and programs that promote dignity and respect for all ID.12.ADV.1
Distinguish between sexual orientation, sexual behavior and sexual identity ID.12.CC.2						





PREGNANCY AND REPRODUCTION

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision- Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:							
Explain that all living things reproduce PR.2.CC.1							
BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe the process of human reproduction PR.5.CC.1							
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Define sexual intercourse and its relationship to human reproduction PR.8.CC.1							
Define sexual abstinence as it relates to pregnancy prevention PR.8.CC.2	Examine how alcohol and other substances, peers, media, family, society and culture influence decisions about engaging in sexual behaviors PR.8.INF.1		Demonstrate the use of effective communication skills to support one's decision to abstain from sexual behaviors PR.8.IC.1				
Explain the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence and condoms PR.8.CC.3	Identify medically-accurate resources about pregnancy prevention and reproductive health care PR.8.AI.1	Demonstrate the use of effective communication and negotiation skills about contraception including abstinence and condoms PR.8.IC.2	Apply a decision-making model to various sexual health decisions PR.8.DM.1			Describe the steps to using a condom correctly PR.8.SM.1	
Define emergency contraception and its use PR.8.CC.4	Identify medically-accurate information about emergency contraception PR.8.AI.2						

Standards by Topic Area

PREGNANCY AND REPRODUCTION (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision- Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe the signs and symptoms of a pregnancy PR.8.CC.5		Identify medically-accurate sources of pregnancy-related information and support including pregnancy options, safe surrender policies and prenatal care PR.8.AI.3					
Identify prenatal practices that can contribute to a healthy pregnancy PR.8.CC.6							
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Compare and contrast the advantages and disadvantages of abstinence and other contraceptive methods, including condoms PR.12.CC.1	Analyze influences that may have an impact on deciding whether or when to engage in sexual behaviors PR.12.INF.1	Access medically-accurate information about contraceptive methods, including emergency contraception and condoms PR.12.AI.1	Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors PR.12.IC.1	Apply a decision-making model to choices about contraception, including abstinence and condoms PR.12.DM.1		Describe the steps to using a condom correctly PR.12.SM.1	
Define emergency contraception and describe its mechanism of action PR.12.CC.2		Access medically-accurate information and resources about emergency contraception PR.12.AI.2					
Identify the laws related to reproductive and sexual health care services (i.e., contraception, pregnancy options, safe surrender policies, prenatal care) PR.12.CC.3							



Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision- Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe the signs of pregnancy PR.12.CC.4	Analyze internal and external influences on decisions about pregnancy options PR.12.INF.2	Access medically-accurate information about pregnancy options PR.12.AI.3					
Describe prenatal practices that can contribute to or threaten a healthy pregnancy PR.12.CC.5	Analyze factors that influence decisions about whether and when to become a parent PR.12.INF.3	Access medically-accurate information about prenatal care services PR.12.AI.4		Assess the skills and resources needed to become a parent PR.12.DM.2			
Compare and contrast the laws relating to pregnancy, adoption, abortion and parenting PR.12.CC.6							



SEXUALLY TRANSMITTED DISEASES AND HIV

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision- Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:							
No Items							
BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Define HIV and identify some age-appropriate methods of transmission, as well as ways to prevent transmission SH.5.CC.1							
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Define STDs, including HIV, and how they are and are not transmitted SH.8.CC.1	Identify medically-accurate information about STDs, including HIV SH.8.AI.1						
Compare and contrast behaviors, including abstinence, to determine the potential risk of STD/HIV transmission from each SH.8.CC.2	Analyze the impact of alcohol and other drugs on safer sexual decision-making and sexual behaviors SH.8.INF.1	Demonstrate the use of effective communication skills to reduce or eliminate risk for STDs, including HIV SH.8.IC.1	Develop a plan to eliminate or reduce risk for STDs, including HIV SH.8.GS.1	Describe the steps to using a condom correctly SH.8.SM.1			
Describe the signs, symptoms and potential impacts of STDs, including HIV SH.8.CC.3	Identify local STD and HIV testing and treatment resources SH.8.AI.2						
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe common symptoms of and treatments for STDs, including HIV SH.12.CC.1	Explain how to access local STD and HIV testing and treatment services SH.12.AI.1	Demonstrate skills to communicate with a partner about STD and HIV prevention and testing SH.12.IC.1	Apply a decision-making model to choices about safer sex practices, including abstinence and condoms SH.12.DM.1	Analyze individual responsibility about testing for and informing partners about STDs and HIV status SH.12.SM.1			



Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision- Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Evaluate the effectiveness of abstinence, condoms and other safer sex methods in preventing the spread of STDs, including HIV SH.12.CC.2	Analyze factors that may influence condom use and other safer sex decisions SH.12.INF.1	Access medically-accurate prevention information about STDs, including HIV SH.12.AI.2			Develop a plan to eliminate or reduce risk for STDs, including HIV SH.12.GS.1	Describe the steps to using a condom correctly SH.12.SM.2	Advocate for sexually active youth to get STD/HIV testing and treatment SH.12.ADV.1
Describe the laws as they relate to sexual health care services, including STD and HIV testing and treatment SH.12.CC.3							



HEALTHY RELATIONSHIPS

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision- Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe the characteristics of a friend HR.2.CC.2			Identify healthy ways for friends to express feelings to each other HR.2.IC.2				
BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe the characteristics of healthy relationships (e.g., family, friends, peers) HR.5.CC.1	Compare positive and negative ways friends and peers can influence relationships HR.5.INF.1	Identify parents and other trusted adults they can talk to about relationships HR.5.AI.1	Demonstrate positive ways to communicate differences of opinion while maintaining relationships HR.5.IC.1			Demonstrate ways to treat others with dignity and respect HR.5.SM.1	
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Compare and contrast the characteristics of healthy and unhealthy relationships HR.8.CC.1	Analyze the ways in which family, friends, peers, media, society and culture can influence relationships HR.8.INF.1					Explain the criteria for evaluating the health of a relationship HR.8.SM.1	
Describe the potential impacts of power differences such as age, status or position within relationships HR.8.CC.2							
Analyze the similarities and differences between friendships and romantic relationships HR.8.CC.3			Demonstrate communication skills that foster healthy relationships HR.8.IC.1				
Describe a range of ways people express affection within various types of relationships HR.8.CC.4			Demonstrate effective ways to communicate personal boundaries and show respect for the boundaries of others HR.8.IC.2				





Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision- Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe the advantages and disadvantages of communicating using technology and social media HR.8.CC.5	Analyze the impact of technology and social media on friendships and relationships HR.8.INF.2		Demonstrate effective skills to negotiate agreements about the use of technology in relationships HR.8.IC.3		Develop a plan to stay safe when using social media HR.8.GS.1	Describe strategies to use social media safely, legally and respectfully HR.8.SM.2	
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe characteristics of healthy and unhealthy romantic and/or sexual relationships HR.12.CC.1	Explain how media can influence one's beliefs about what constitutes a healthy sexual relationship HR.12.INF.1	Demonstrate how to access valid information and resources to help deal with relationships HR.12.AI.1	Demonstrate effective strategies to avoid or end an unhealthy relationship HR.12.IC.1				
Describe a range of ways to express affection within healthy relationships HR.12.CC.2							
Define sexual consent and explain its implications for sexual decision-making HR.12.CC.3	Analyze factors, including alcohol and other substances, that can affect the ability to give or perceive the provision of consent to sexual activity HR.12.INF.2		Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior HR.12.IC.2			Demonstrate respect for the boundaries of others as they relate to intimacy and sexual behavior HR.12.SM.1	
Evaluate the potentially positive and negative roles of technology and social media in relationships HR.12.CC.4						Describe strategies to use social media safely, legally and respectfully HR.12.SM.2	

PERSONAL SAFETY

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision- Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:							
Explain that all people, including children, have the right to tell others not to touch their body when they do not want to be touched PS.2.CC.1		Identify parents and other trusted adults they can tell if they are feeling uncomfortable about being touched PS.2.AI.1	Demonstrate how to respond if someone is touching them in a way that makes them feel uncomfortable PS.2.IC.1			Demonstrate how to clearly say no, how to leave an uncomfortable situation, and how to identify and talk with a trusted adult if someone is touching them in a way that makes them feel uncomfortable PS.2.SM.1	
Explain what bullying and teasing are PS.2.CC.2							
Explain why bullying and teasing are wrong PS.2.CC.3		Identify parents and other trusted adults they can tell if they are being bullied or teased PS.2.AI.2	Demonstrate how to respond if someone is bullying or teasing them PS.2.IC.2				
BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Define teasing, harassment and bullying and explain why they are wrong PS.5.CC.1	Explain why people tease, harass or bully others PS.5.INF.1	Identify parents and other trusted adults students can tell if they are being teased, harassed or bullied PS.5.AI.1	Demonstrate ways to communicate about how one is being treated PS.5.IC.1			Discuss effective ways in which students could respond when they are or someone else is being teased, harassed or bullied PS.5.SM.1	Persuade others to take action when someone else is being teased, harassed or bullied PS.5.ADV.1
Define sexual harassment and sexual abuse PS.5.CC.2		Identify parents and other trusted adults they can tell if they are being sexually harassed or abused PS.5.AI.2	Demonstrate refusal skills (clear “no” statement, walk away, repeat refusal) PS.5.IC.2				





Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision- Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe situations and behaviors that constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence PS.8.CC.1	Identify sources of support such as parents or other trusted adults that they can go to if they are or someone they know is being bullied, harassed, abused or assaulted PS.8.AI.1	Demonstrate ways to communicate with trusted adults about bullying, harassment, abuse or assault PS.8.IC.1	Describe ways to treat others with dignity and respect PS.8.SM.1	Advocate for safe environments that encourage dignified and respectful treatment of everyone PS.8.ADV.1			
Discuss the impacts of bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence and why they are wrong PS.8.CC.2			Demonstrate ways they can respond when someone is being bullied or harassed PS.8.SM.2				
Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched PS.8.CC.3							
Explain why a person who has been raped or sexually assaulted is not at fault PS.8.CC.4							
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence PS.12.CC.1	Access valid resources for help if they or someone they know are being bullied or harassed, or have been sexually abused or assaulted PS.12.AI.1	Demonstrate effective ways to communicate with trusted adults about bullying, harassment, abuse or assault PS.12.IC.1					Advocate for safe environments that encourage dignified and respectful treatment of everyone PS.12.ADV.1

PERSONAL SAFETY (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision- Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Analyze the laws related to bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence PS.12.CC.2	Describe potential impacts of power differences (e.g., age, status or position) within sexual relationships PS.12.INF.1	Demonstrate ways to access accurate information and resources that provide help for survivors of sexual abuse, incest, rape, sexual harassment, sexual assault and dating violence PS.12.AI.2	Identify ways in which they could respond when someone else is being bullied or harassed PS.12.IC.2				
Explain why using tricks, threats or coercion in relationships is wrong PS.12.CC.3	Analyze the external influences and societal messages that impact attitudes about bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence PS.12.INF.2						
Explain why a person who has been raped or sexually assaulted is not at fault PS.12.CC.4							



National Resources

For Teachers

Teachers can find print resources, learn about professional development opportunities and obtain technical assistance through the following national organizations:

Advocates for Youth
2000 M Street NW, Suite 750
Washington, D.C. 20036
(202) 419-3420
www.advocatesforyouth.org

American Association for Health Education
1900 Association Drive
Reston, VA 20191
(800) 213-7191
www.aahperd.org/aahe

American School Health Association
4340 East West Highway Suite 403
Bethesda, MD 20814
(800) 455-2742
www.ashaweb.org

American Social Health Association
P.O. Box 13827
Research Triangle Park, NC 27709
(919) 361-8400
www.iwannaknow.org

Answer
41 Gordon Road, Suite C
Piscataway, NJ 08854
(732) 445-7929
<http://answer.rutgers.edu>

Association for Middle Level Education
(formerly National Middle School Association)
4151 Executive Parkway, Suite 300
Westerville, OH 43081
(614) 895-4730
www.amle.org

Gay, Lesbian & Straight Education Network
90 Broad Street, 2nd Floor
New York, NY 10004
(212) 727-0135
www.glsen.org

Guttmacher Institute
125 Maiden Lane, 7th Floor
New York, NY 10038
(212) 248-1111
www.guttmacher.org

Healthy Teen Network
1501 Saint Paul Street, Suite 124
Baltimore, MD 21202
(410) 685-0419
www.healthyteennetwork.org

National Association of School Nurses
8484 Georgia Avenue, #420
Silver Spring, MD 20910
(240) 821-1130
www.nasn.org

NEA Health Information Network
1201 16th Street, NW #216
Washington, DC 20036
(202) 822-7570
www.neahin.org

Henry J. Kaiser Family Foundation
2400 Sand Hill Road
Menlo Park, CA 94025
(650) 854-9400
www.kff.org

Rape, Abuse & Incest National Network (RAINN)
2000 L Street NW, Suite 406
Washington, DC 20036
(202) 544-1034
www.rainn.org

Resource Center for Adolescent Pregnancy Prevention
(ReCAPP)
ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061
(800) 321-4407
www.etr.org/recapp

Sexuality Information and Education Council of the United States (SIECUS)
90 John Street, Suite 402
New York, NY 10038
(212) 819-9770
www.siecus.org
www.sexedlibrary.org

The National Campaign to Prevent Teen and Unplanned Pregnancy
1776 Massachusetts Avenue NW, Suite 200
Washington, D.C. 20036
(202) 478-8500
www.teenpregnancy.org



National Sexuality Education Standards

Planned Parenthood Federation of America
434 West 33rd Street
New York, NY 10001
(212) 541-7800
www.plannedparenthood.org

The Society of State Leaders in Health and Physical Education
PO Box 40186
Arlington, VA 22204
(202) 286-9138
www.thesociety.org

For School Administrators

There is a great deal of support available for school administrators in supporting the implementation of comprehensive sexuality education in public schools. These organizations can help:

American School Health Association
4340 East West Highway, Suite 403
Bethesda, MD 20814
(800) 455-2742
www.ashaweb.org

American Association for Health Education
1900 Association Drive
Reston, VA 20191
(800) 213-7191
www.aahperd.org/aahe

Association for Middle Level Education
(formerly National Middle School Association)
4151 Executive Parkway, Suite 300
Westerville, OH 43081
(614) 895-4730
www.amle.org

National Association of School Nurses
8484 Georgia Avenue, #420
Silver Spring, MD 20910
(240) 821-1130
www.nasn.org

National School Boards Association
1680 Duke Street
Alexandria, VA 22314
(703) 838-6722
www.nsba.org

National Association of State Boards of Education
2121 Crystal Drive Suite #350
Arlington, VA 22202
(703) 684-4000

The Society of State Leaders in Health and Physical Education
PO Box 40186
Arlington, VA 22204
(202) 286-9138
www.thesociety.org

For Parents

Parents and other adult caregivers play invaluable roles in educating their children about sexuality and relationships. Each organization maintains resources that can support parents in providing accurate information to their children comfortably and within the context of their values.

Advocates for Youth
2000 M Street NW, Suite 750
Washington, DC 20036
(202) 419-3420
www.advocatesforyouth.org/parents-sex-ed-center-home

Answer
41 Gordon Road, Suite C
Piscataway, NJ 08854
(732) 445-7929
<http://answer.rutgers.edu/page/parentresources>

Sexuality Information and Education Council of the United States (SIECUS)
90 John Street, Suite 402
New York, NY 10038
(212) 819-9770
www.siecus.org/index.cfm?fuseaction=page.viewPage&pageID=632&nodeID=1

For Middle and High School Students

Schools provide an important venue through which to teach young people about sexuality, but young people often have additional questions that they may not feel comfortable directing to their teachers. These organizations all have resources for teens that are age-appropriate and medically accurate:

Advocates for Youth
2000 M Street NW, Suite 750
Washington, D.C. 20036
(202) 419-3420
www.advocatesforyouth.org
www.amplifyyourvoice.org/youthresource

American Social Health Association
PO Box 13827
Research Triangle, NC 27709
(919) 361-8400
www.iwannaknow.org

Answer's Teen-to-Teen Sexuality Education Initiative, *Sex, Etc.*
41 Gordon Road, Suite C
Piscataway, NJ 08854
(732) 445-7929
www.sexetc.org

Rape, Abuse & Incest National Network (RAINN)
2000 L Street NW, Suite 406
Washington, DC 20036
(800) 656-HOPE (24 hour telephone hotline)
www.rainn.org



Glossary

Abortion

A medical intervention that ends a pregnancy.

Abstinence

Choosing to refrain from certain sexual behaviors for a period of time. Some people define abstinence as not having vaginal intercourse, while others define it as not engaging in any sexual activity.

Age of Consent

The age a person is legally able to consent to sexual activity. It varies from state to state, but ranges from 14 to 18 years of age in the United States.

Abstinence-Only Programs

Programs exclusively focused on refraining from all sexual behaviors. They do not necessarily put a condition on when a person might choose to no longer be abstinent.

Abstinence-Only-Until-Marriage Programs

Programs focused exclusively on refraining from all sexual behaviors outside of the context of a heterosexual marriage.

Age-Appropriate

Designed to teach concepts, information, and skills based on the social, cognitive, emotional, and experience level of most students at a particular age level.

AIDS

Acquired Immune Deficiency Syndrome. AIDS is caused by the Human Immunodeficiency Virus (HIV). People do not die from AIDS, they die from one of the infections their body acquires as a result of their weakened immune system. (also see HIV).

Biological Sex

Our sex as determined by our chromosomes (such as XX or XY), our hormones and our internal and external anatomy. Typically, we are assigned the sex of male or female at birth. Those whose chromosomes are different from XX or XY at birth are referred to as “intersex.”

Bisexual

A term used to describe a person whose attraction to other people is not necessarily determined by gender. This is different from being attracted to all men or all women.

Body Image

How people feel about their body. This may or may not match a person’s actual appearance.

Bullying

Physically, mentally, and/or emotionally intimidating and/or harming an individual or members of a group.

Comprehensive Sexuality Education

Sexuality education programs that build a foundation of knowledge and skills relating to human development, relationships, decision-making, abstinence, contraception, and disease prevention. Ideally, comprehensive sexuality education should start in kindergarten and continue through 12th grade. At each developmental stage, these programs teach age-appropriate, medically accurate information that builds on the knowledge and skills that were taught in the previous stage.

Consensual

When a person agrees to engage in sexual behaviors with another person. “Consensual sex” means that no one was forced or manipulated in any way to participate in a sexual behavior.

Contraception

Any means to prevent pregnancy, including abstinence, barrier methods such as condoms and hormonal methods such as the pill, patch, injection and others.

Dating Violence

Controlling, abusive and/or aggressive behavior within the context of a romantic relationship. It can include verbal, emotional, physical and/or sexual abuse, be perpetrated against someone of any gender and happen in any relationship regardless of sexual orientation.



National Sexuality Education Standards

Gay

A term used to describe people who are romantically and sexually attracted to people of their same gender. Gay women will often use the word “lesbian.”

Gender

The emotional, behavioral and cultural characteristics attached to a person’s assigned biological sex. Gender can be understood to have several components, including gender identity, gender expression and gender role (see below).

Gender Expression

The manner in which people outwardly expresses their gender.

Gender Identity

People’s inner sense of their gender. Most people develop a gender identity that corresponds to their biological sex, but some do not.

Gender Roles

The social expectations of how people should act, think and/or feel based on their assigned biological sex.

Harassment

Unwelcome or offensive behavior by one person to another. Examples are making unwanted sexual comments to another person, sending unwanted sexual texts, bullying or intimidation.

Heterosexual

A term used to describe people who are romantically and sexually attracted to people of a different gender from their own.

HIV

The Human Immunodeficiency Virus (HIV), which causes AIDS (Acquired Immune Deficiency Syndrome). The virus weakens a person’s immune system so that the person cannot fight off many everyday infections. HIV is transmitted through exposure to an infected person’s blood, semen, vaginal fluids or breast milk.

Homosexual

A term used to describe people who are romantically and sexually attracted to people of their own gender. Most often referred to as “gay” or “lesbian.”

Incest

Sexual contact between persons who are so closely related that marriage between those two people would be considered illegal (e.g., a parent or step parent and a child, siblings, etc.).

Lesbian

A term used to describe women who are romantically and sexually attracted to other women.

Medically-Accurate

Grounded in evidence-based, peer-reviewed science and research.

Puberty

A time when the pituitary gland triggers production of testosterone in boys and estrogen and progesterone in girls. Puberty typically begins between ages 9 and 12 for girls, and between the ages of 11 and 14 for boys, and includes such body changes as hair growth around the genitals, menstruation in girls, sperm production in boys, and much more.

Rape

A type of sexual assault that involves forced vaginal, anal, or oral sex using a body part or object.

Sexual Abuse

Sexual abuse is any sort of unwanted sexual contact often over a period of time. A single act of sexual abuse is usually referred to as a “sexual assault” (see below).

Sexual Assault

Any unwanted sex act committed by a person or people against another person.

Sexual Harassment

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

Sexual Intercourse

When a penis is inserted into a vagina, mouth or anus.

Sexual Orientation

Romantic and sexual attraction to people of one’s same and/or other genders. Current terms for sexual orientation include gay, lesbian, bisexual, heterosexual and others.

Sexually Transmitted Diseases (STDs)

Diseases caused by bacteria, viruses or parasites that are transmitted from one person to another during sexual contact. Also called sexually transmitted infections or STIs.

Transgender

A gender identity in which a person’s inner sense of their gender does not correspond to their assigned biological sex.



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P3 2023 UE Alignment with National Health Education Standards (NHES) & National Sexual Education Standards (NSES)

Positive Prevention Lesson	Related NHE Standards (3rd Ed.)	Related NSE Standards
LESSON 1: GETTING STARTED A. Introduction B. Discussing Embarrassing Topics C. Group Agreements D. Human Life Cycle E. Hereditary Traits F. Reliable Sources of Information G. Lesson Wrap-up	<ul style="list-style-type: none"> Examine the influences of Family and culture on health behaviors. 2.5.1 Discuss which trusted adults and resource people in the community can help a person obtain credible health information and trustworthy services. 3.5.3 	<ul style="list-style-type: none"> Explain how the timing of puberty and adolescent development varies considerably and can still be healthy. PD.5.CC.2 Identify parents or other trusted adults of whom students can ask questions about puberty and adolescent health issues. PD.5.AI.2
LESSON 2: FRIENDSHIP A. Introduction B. Friendship and Empathy C. What Being a Good Friend Means D. Lesson Wrap-up	<ul style="list-style-type: none"> Identify positive internal and external influences on personal health behaviors 2.5.5 Identify negative internal and external influence on personal health behaviors. 2.5.6 Identify ways to communicate kindness, empathy, compassion, and care toward others. 4.5.6 Describe how peers influence health behaviors. 	<ul style="list-style-type: none"> Demonstrate ways to treat others with dignity and respect. ID.5.SM1 Demonstrate ways that students can work together to promote dignity and respect for all people. ID.5.ADV.1 Describe characteristics of healthy relationships. HR.5.CC.1 Compare positive and negative ways friends and peers can influence relationships. HR.5.INF.1 Identify parents and other trusted adults they can talk to about relationships. HR.5.AI.1



Positive Prevention Lesson	Related NHE Standards (3rd Ed.)	Related NSE Standards
LESSON 3: BULLYING A. Introduction B. Teasing and Bullying C. Verbal and Non-Verbal Communication D. Boundaries E. Lesson Wrap-up	<ul style="list-style-type: none"> • Demonstrate ways to show respect for another person's consent or nonconsent. 4.5.7 • Demonstrate ways to manage and avoid conflict. 4.5.9 • Demonstrate how to persuade others to make positive health choices. 8.5.2 • Demonstrate refusal skills that avoid or reduce health risks. 4.5.5 • Demonstrate how to persuade others to make healthy choices. 8.5.1 • Demonstrate effective verbal, and non-verbal interpersonal communication skills. 4.5.2 • Describe how peers can influence healthy and unhealthy behaviors. 2.5.2 	<ul style="list-style-type: none"> • Define teasing, harassment, and bullying and explain why they are wrong. PS.5.CC.1 • Explain why people tease, harass, or bully others. PS.5.INF.1 • Define sexual harassment and sexual abuse. PS.5.CC.2 • Demonstrate positive ways to communicate differences of opinion while maintaining relationships. HR.5.IC.1 • Demonstrate ways to communicate about how one is being treated. PS.5.IC.1 • Discuss effective ways in which students could respond when they or someone else is being teased, harassed, or bullied. PS.5.SM.1 • Demonstrate refusal skills (e.g., clear "NO" statements, walk away, repeat refusal.) PS.5.IC.2 • Identify how peers can influence healthy and unhealthy behaviors HR.5.INF.1 • Identify parents or other trusted adults they can tell if they are being teased harassed or bullied. PS.5.AI.1 • Persuade others to take action when someone else is being teased. Harassed, or bullied. PS.5.ADV.1 • Identify parents or other trusted adults they can tell if they are being sexually harassed. PS.5.AI.2



Positive Prevention Lesson	Related NHE Standards (3rd Ed.)	Related NSE Standards
<p>LESSON 4: PUBERTY</p> <p>A. Introduction</p> <p>B. Puberty</p> <p>C. Mental, Social, and Emotional Changes</p> <p>D. Gender and Sexual Identity</p> <p>E. Identifying and Managing Emotions</p> <p>F. Lesson Wrap-up</p>	<ul style="list-style-type: none"> • List examples of the physical, social, emotional, and intellectual dimensions of health. 1.5.1 • Reflect on the ability to perform observable practices that promote health and prevent or reduce the risk of disease and injury. 7.5.2 • List examples of the physical, social, emotional, and intellectual dimensions of health 1.5.1 	<ul style="list-style-type: none"> • Explain that physical, social, and emotional changes occur during puberty and adolescence. PD.5.CC.1 • Explain ways to manage the physical and emotional changes associated with puberty. PD.5.SM.1 • Explain how the timing of puberty and adolescent development varies considerably and can still be healthy PD.5.CC.2 • Define sexual orientation. SO.5.CC.1 • Differentiate between sexual orientation and gender identity. SO.5.CC.2 • Define sexual orientation as the romantic attraction of an individual to someone of the same gender or a different gender. ID.5.CC.1 • Identify parents and other trusted adults of whom students can ask questions about puberty and adolescent health issues. PD.5.AI.2 • Identify parents and other trusted adults of whom students can ask questions about sexual orientation. ID.5.AI.1 • Demonstrate ways to promote dignity and respect for people of all sexual orientations SO.5.AD.1
<p>LESSON 5: HUMAN REPRODUCTION</p> <p>A. Introduction</p> <p>B. Reproductive Organs</p> <p>C. Reproductive Structure and Function</p> <p>D. Menstruation</p> <p>E. Conception to Birth</p> <p>F. Lesson Wrap-up</p>	<ul style="list-style-type: none"> • Explain the importance of making health and safety practices into health habits. 7.5.3 • Assess when help is needed and not needed in making health decisions. 5.5.2 	<ul style="list-style-type: none"> • Describe how puberty prepares human bodies for the potential to reproduce. PD.5.CC.3 • Describe male and female reproductive systems including body parts and their functions. AP.5.CC.1 • Describe the process of human reproduction PR.5.CC.1 • Identify medically accurate information about male and female reproductive anatomy. AP.5.AI.1



Positive Prevention Lesson	Related NHE Standards (3rd Ed.)	Related NSE Standards
LESSON 6: HYGIENE A. Introduction B. Hygiene Practices for a Person with a Vagina C. Hygiene Practices for a Person with a Penis D. Lesson Wrap-up	<ul style="list-style-type: none"> Describe the benefits of health promoting behaviors.1.5.2 Discuss which trusted adults and resource people in the community can help a person obtain credible health information services. 3.5.2 Explain ways to engage in healthy practices and behaviors 1.5.6 Evaluate healthy and unhealthy messages depicted in the media and in advertisements. 3.5.8 Explain the importance of making health and safety practices into health habits.7.5.3 	<ul style="list-style-type: none"> Identify medically accurate information and resources about puberty and personal hygiene. PD.5.AI.1
LESSON 7: DISEASE TRANSMISSION A. Introduction B. Germ Transmission C. Sexually Transmitted Infections (STIs) D. HIV and AIDS E. Lesson Wrap-up	<ul style="list-style-type: none"> Discuss which trusted adults and resource people in the community can help a person obtain credible health information and trustworthy services. 3.5.3 Assess when help is needed and when it is not needed to make a health decision. 5.5.2 	<ul style="list-style-type: none"> Define HIV and identify some age- appropriate methods of transmission, as well as ways to prevent transmission. SH.5.CC.1 Define STDs, including HIV, and clarify common myths about transmission. SH.5.CC.3 Describe steps a person can take when they are being or have been sexually abused. IV.5.SM.1 Explain that some survivors are not believed when they disclose sexual abuse or harassment and that it is important to keep telling trusted adults until one of the adults takes action. IV.5.IC.2



Positive Prevention Lesson	Related NHE Standards (3rd Ed.)	Related NSE Standards
LESSON 8: STAYING HEALTHY A. Introduction B. Staying Safe C. Staying Physically Healthy D. Staying Mentally Healthy E. Personal Contract F. Lesson Wrap-up	<ul style="list-style-type: none"> Evaluate healthy and unhealthy messages depicted in the media and in advertisements 3.5.8 Reflect on the ability to perform observable practices that promote health and prevent or reduce the risk of disease and injury. 7.5.2 Demonstrate age and developmentally appropriate observable health and safety choices. 7.5.1 Explain how effective interpersonal communication can benefit person health and well-being. 4.5.1 Demonstrate how to ask for help to support personal health. 4.5.4 	<ul style="list-style-type: none"> Describe how friends, family, media, society, and culture can influence ideas about body image. PD.5.INF.1 Identify parents and other trusted adults of whom students can ask questions about puberty and adolescent health issues PD.5.AI.2 Identify strategies a person could use to call attention to or leave an uncomfortable or dangerous situation including sexual harassment. IV.5.IC.1 Define child sexual abuse, sexual harassment and domestic violence and explain why they are harmful and their potential impacts. IV.5.CC.1



Creating a Safe and Inclusive Environment

Education Code Section 220 No person shall be subjected to discrimination on the basis of disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or any other characteristic that is contained in the definition of hate crimes set forth in Section 422.55 of the Penal Code in any program or activity conducted by an educational institution that receives, benefits from state financial assistance, or enrolls pupils who receive state student financial aid.

Education Code Section 221.5 (AB 1266) AB 1266, Ammiano. Pupil rights: sex-segregated school programs and activities. Existing law prohibits public schools from discriminating on the basis of specified characteristics, including gender, gender identity, and gender expression, and specifies various statements of legislative intent and the policies of the state in that regard. Existing law requires that participation in a particular physical education activity or sport, if required of pupils of one sex, be available to pupils of each sex.

This bill would require that a pupil be permitted to participate in sex-segregated school programs and activities, including athletic teams and competitions, and use facilities consistent with his or her gender identity, irrespective of the gender listed on the pupil's records.

The people of the State of California do enact as follows:

SECTION 1. Section 221.5 of the Education Code is amended to read:

- a. It is the policy of the state that elementary and secondary school classes and courses, including nonacademic and elective classes and courses, be conducted without regard to the sex of the pupil enrolled in these classes and courses.
- b. A school district may not prohibit a pupil from enrolling in any class or course on the basis of the sex of the pupil, except a class subject to Chapter 5.6 (commencing with Section 51930) of Part 28 of Division 4 of Title 2.
- c. A school district may not require a pupil of one sex to enroll in a particular class or course, unless the same class or course is also required of a pupil of the opposite sex.
- d. A school counselor, teacher, instructor, administrator, or aide may not, on the basis of the sex of a pupil, offer vocational or school program guidance to a pupil of one sex that is different from that offered to a pupil of the opposite sex or, in counseling a pupil, differentiate career, vocational, or higher education opportunities on the basis of the sex of the pupil counseled. Any school personnel acting in a career counseling or course selection capacity to a pupil shall affirmatively explore with the pupil the possibility of careers, or courses leading to careers, that are nontraditional for that pupil's sex. The parents or legal guardian of the pupil shall be notified in a general manner at least once in the manner prescribed by Section 48980, in advance of career counseling and course selection commencing with course selection for grade 7 so that they may participate in the counseling sessions and decisions.
- e. Participation in a particular physical education activity or sport, if required of pupils of one sex, shall be available to pupils of each sex.
- f. A pupil shall be permitted to participate in sex-segregated school programs and activities, including athletic teams and competitions, and use facilities consistent with his or her gender identity, irrespective of the gender listed on the pupil's records



Trauma-Informed Instruction

Traumatic stress can arise from a variety of sources: bullying at school, school shootings, even the day-to-day exposure to events such as molest or assault, incest in the family, divorce or homelessness. Children and adults can be affected by traumatic stress. Having the tools to manage traumatic stress empowers the members of both students and staff.

Students who are being (re)traumatized may exhibit a wide range of behaviors, including emotional withdrawal, tears, disruptive behavior, or inability to focus. In a trauma-informed school, the adults in the school community are prepared to recognize and respond to those who have been impacted by traumatic stress, including students who have been bullied, assaulted or molested. Those adults include administrators, teachers, staff, parents, and law enforcement. In addition, students are provided with clear expectations and communication strategies to guide them through stressful situations. The goal is to not only provide tools to cope with extreme situations but to create an underlying culture of respect and support. This should apply to teachers as well as students.

A teacher note included in several of our lessons reads as follows:

NOTE: These topics could cause extreme discomfort or could “trigger” re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up.

For more information, see: <https://traumaawareschools.org/traumaInSchools>.



Respect for Differences, Gender Equity, and Human Rights

Respect for Differences

The authors of this curriculum strongly believe that communities, schools, families, and students should:

- Recognize that American society is and always has been pluralistic and multicultural, a single nation composed of individuals whose heritages encompass many different national and cultural backgrounds.
- Understand the American creed as an ideology extolling equality and freedom.
- Recognize the status of minorities and women in different times in American history.

In 2011, the California legislature passed the **Fair, Accurate, Inclusive, and Respectful Education Act**, also known as the FAIR Education Act (Senate Bill 48). This law compels the inclusion of the political, economic, and social contributions of persons with disabilities and lesbian, gay, bisexual, and transgender people into educational textbooks and the social studies curricula in California public schools by amending the California Education Code. It also revises the previous designation of “black Americans, American Indians, Mexicans, Asians, [and] Pacific Island people” in that list into “Native Americans, African Americans, Mexican Americans, Asian Americans, Pacific Islanders, and European Americans.”

The authors of this curriculum further believe that, in order to participate effectively in society, students need to:

Develop personal skills. Among the personal skills that students should develop are sensitivity to the needs, problems, and aspirations of others; expression of their personal convictions; recognition of personal biases and prejudices, such as the stereotyping of members of a particular group; understanding of people as individuals rather than as stereotypes; and the adjustment of one’s behavior to work effectively with others.

Develop group interaction skills. Among the group interaction skills that students should develop are willingness to listen to the differing views of others; ability to participate in making decisions, setting goals, ...and resolving conflicts; and the ability to confront controversial issues in ways that work toward reasoned solutions free of aggressions that destroy group relations.

Develop social and political participation skills. Among the social and political participation skills that students should embrace, include ...to accept social responsibilities associated with citizenship; ...to preserve and extend justice, freedom, equity, and human rights; ...and to accept the consequences of one’s own actions.

Gender Equity

Studies from both developing and developed countries confirm that young people who believe in gender equality have better sexual health outcomes than their peers. In contrast, those young people who hold less egalitarian attitudes tend to have worse sexual health outcomes. **For example, young people who believe that males should be “tough” and should hold more power than females are less likely to use condoms or contraception and more likely to have multiple sex partners. They are also more likely to be in intimate relationships that involve violence.** Females in relationships with a high level of male control are also more likely to report HIV and unintended pregnancy.



Reflecting this constellation of gender inequality and poor sexual health are studies showing that intimate partner violence is associated with higher rates of unintended pregnancy, STIs, and HIV. These findings make clear that young people need chances to learn about gender. (ref: *It's All One Curriculum*, p. 4)

Human Rights

Why would sexuality and HIV/STI education emphasize human rights? To enjoy safe and satisfying sexual lives, young people must be able to exercise their basic human rights. For example, everyone has a right to dignity, bodily safety, and access to health information and services. Only when people can exercise these rights can they really choose whether or not to have sex, negotiate condom and contraceptive use, and seek the services they need. Promoting sexual and reproductive rights also encourages young people to take responsibility for protecting the well-being and rights of others. (ref: *It's All One*, p. 18)

Every single person has a responsibility to respect the rights of every other person:

- When we grow up learning to respect every human being equally, we come to respect human rights.
- Often, when we grow up learning to hold negative attitudes toward certain groups of people, we may treat them unfairly and deny them their rights.
- Sometimes people attach a set of characteristics to a certain group of human beings. This is called “stereotyping.” Common examples of stereotyping include the attitudes that boys are naturally better than girls at math and that certain groups are lazy or unclean. Stereotypes are typically inaccurate or highly distorted. Stereotyping makes us less able to see others as fully human. It makes us more likely to condone unfair treatment of others.
- Some people may be subject to severe social disapproval because of their personal characteristics. This disapproval is called stigma. For example, in some places people may be subject to stigma because of their weight, their sexual behavior, their religion, their health status, or even their lack of ability in sports. When people are treated unfairly because of their presumed (or known) identity, such treatment is called “discrimination.” People have a right to live free of discrimination. Discrimination occurs in families, at school, at work, in the community, and in society at large.
- Discrimination is not only an individual matter. Governments and whole social systems (such as schools, religions, or the job market) also discriminate.
- Regardless of our personal attitudes, we all have a responsibility to respect people’s human rights. (ref: *It's All One*, p. 26)

For further information on *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education* (Population Council, 2009), https://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf



Social Emotional Learning (SEL)

In addition, the Positive Prevention PLUS curriculum incorporates the five foundational **Socio-Emotional Learning (SEL)** Practices necessary for success in school and in life:

- **Self-Awareness** (including self-confidence and self-efficacy in lesson 11)
- **Social Awareness** (including empathy, appreciating diversity, and respect for others in lessons 2 and 8)
- **Responsible Decision-Making** (including identifying and solving problems, and analyzing situations in lessons 6, 7 and 11)
- **Self-Management** (including self-discipline and goal-setting in lessons 1, 11 and 13) and
- **Relationship Skills** (including communication and relationship building in lessons 2 and 11)

Source: www.casel.org

Positive Prevention PLUS is published in three levels: Upper Elementary, Middle/Jr. High School, and High School and Community Settings. An online independent study version is also available for home-bound students, charter schools, and alternative settings, as well as Positive Prevention PLUS for Special Populations (Special Education) for mild-to-moderate functioning students. Information on ordering curriculum and additional support materials, including training information, may be found on the web at www.positiveprevention.com.



Parent and Community Involvement

Critical to the successful implementation of effective health education programs is the **involvement of parents and community** in the review and approval of the course of study, as well as in the provision of supportive resources. An ideal mechanism for enhancing parent and community involvement is a school health advisory committee. The Public Health Law Center at William Mitchel College of Law has outlined how to establish a **school health advisory committee** in its publication entitled *Creating and Sustaining a School Health Council* (June 2011). Similar steps are also described in California Department of Education's document *Putting It All Together: Program Guidelines and Resources for State- Mandated HIV/AIDS Education in California Middle and High Schools* (CDE, 2011).

Positive Prevention PLUS Comprehensive Sexual Health Education deals with content which some might argue is better left to parental discussions within the context of diverse family or cultural values. We respect the right of parents or guardians to withdraw their child from instruction with the caveat that parents or guardians take an active and informed role in the sexual health education of their children. **Section 51937 of the Education Code reads:** *It is the intent of the Legislature to encourage pupils to communicate with their parents or guardians about human sexuality and HIV and to respect the rights of parents or guardians to supervise their children's education on these subjects. The Legislature recognizes that while parents and guardians overwhelmingly support medically accurate, comprehensive sex education, parents and guardians have the ultimate responsibility for imparting values regarding human sexuality to their children.*

To that end, *Positive Prevention PLUS Comprehensive Sexual Health Education* also includes parent or trusted adult student assignments to address sexual health topics with their child in each lesson. In addition, parent or other trusted adult background materials, discussion points, and other resources are provided in Appendix B.

For those parents who contend that limited, abstinence-only materials should be presented, note that abstinence-only materials are not permitted in CA public schools. We also refer them to the citations regarding research on the scientific and ethical shortcomings of the abstinence-only-until-marriage approach. Please see <https://www.mailman.columbia.edu/public-health-now/news/abstinence-only-until-marriage-programs-and-policies-are-failure>.

