

# Comprehensive Sexual Health Education Instructional Materials Review

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## 2022 Joint Report

7/22/2022



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**



*Washington State Department of*  
**Health**

This report contains the joint findings of the Office of Superintendent of Public Instruction (OSPI) and Department of Health (DOH) Sexual Health Education Instructional Materials Review Panel's evaluation of selected instructional materials. OSPI contracted with Relevant Strategies, LLC to coordinate the review and develop the report.



# Table of Contents

1	Executive Summary .....	1
1.1	Introduction.....	1
1.2	Purpose.....	1
1.3	Review Instruments .....	2
1.4	Findings .....	4
1.4.1	Full Curricula .....	4
1.4.2	Supplemental Materials.....	5
1.5	Other Relevant Considerations .....	6
2	Review Process .....	7
2.1	Overview .....	7
2.2	Identification of Programs.....	7
2.3	Reviewer Training.....	7
3	Data Analysis Approach.....	9
3.1	Accuracy Analysis .....	9
3.2	Curriculum Design .....	10
3.3	Sexual Health Education Module .....	11
3.4	Overall Comments.....	11
4	Comprehensive Review Results .....	12
4.1	Academic Standards.....	13
4.2	Curriculum Design .....	14
4.2.1	Legislative Requirements.....	14
4.2.2	Bias Free Materials.....	15
4.2.3	Curriculum Design.....	16
4.2.4	Learning Objectives.....	17
4.2.5	Teacher Guidance & Preparation .....	18
4.2.6	Instructional Strategies & Materials .....	18
4.2.7	Teaching Health Skills .....	19
4.2.8	Student Assessment.....	20
4.2.9	Promoting Healthy Norms .....	20
4.3	Medical and Scientific Accuracy.....	21

4.4	Reviewer Recommendation .....	22
5	Supplemental Results .....	24
5.1	Subject Areas Covered .....	24
5.2	Health Education Standards Covered .....	26
5.3	WA Sexual Health Education Legislative Requirements .....	27
5.4	Preliminary Considerations .....	28
5.5	Reviewer Recommendation .....	29
5.6	Supplemental Materials – Accuracy Analysis.....	30
Appendix A.	Data Collection and Analysis Methods .....	31
Appendix B.	Acknowledgements .....	32
Appendix C.	Reviewer Comments – Full Curricula .....	34
Appendix D.	Reviewer Comments – Supplemental Materials.....	68

# 1 Executive Summary

## 1.1 Introduction

This report contains the findings of the Office of Superintendent of Public Instruction (OSPI) and Department of Health (DOH) Sexual Health Education Curriculum Review Panel's assessment of selected sexual health curricula in comparison with Washington State Health Education K–12 Academic Learning Standards, the Washington Comprehensive Sexual Health Education Act, and the Washington AIDS Omnibus Act.

OSPI and DOH recruited a review panel consisting of health educators and clinical experts to review selected sexual health curricula to measure the degree to which each program aligned to state requirements and standards. This year, the review team evaluated twelve full curricula and nine supplemental products.

Although instructional materials are a key element of effective sexual health education programs, it is important to note that **comprehensive** sexual health education programs are most successful when other factors are included. Those factors include the quality, scope and sequence of instruction over time, skill development and practice, parent/family involvement, supplemental sexual health materials, district and community resources/partnerships, and professional development for educators.

## 1.2 Purpose

The purpose of this report is to evaluate curricula to assess consistency with Washington state academic learning standards, legislative requirements for comprehensive sexual health education, the AIDS Omnibus Act, and requirements to eliminate bias in instructional materials; and to provide information to districts about the comprehensiveness and quality of the material reviewed. This report describes the findings of OSPI/DOH review panel and assists local school districts in determining the adequacy of curricula currently being used or under consideration for use.

The [Comprehensive Sexual Health Education Act](#)<sup>1</sup> (CSHE Act) specifies that public schools must provide sexual health education and must assure that it is medically and scientifically accurate, age appropriate, inclusive of all students regardless of protected class status, and includes information about abstinence and other methods of preventing pregnancy and sexually transmitted diseases (STDs). Abstinence may not be taught to the exclusion of instruction on contraceptives and disease prevention. School districts must comply with all provisions of the CSHE Act.

The CSHE Act requires OSPI and DOH to identify sexual health education curricula in use by schools and to develop a list of sexual health education curricula consistent with the [Guidelines for Sexual Health Information and Disease Prevention](#) (PDF), Washington Health Education K-12 Learning Standards, and further provisions of the CSHE Act. Providing such a list does not require OSPI and DOH to approve, rank or select curricula for districts to use. Districts are free to make their own choices involving instructional materials adoption, so long as the materials are consistent with state requirements. This report will help districts understand the content that is covered in each

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<sup>1</sup> [RCW 28A.300.475](#)

curriculum being reviewed, and where supplementation may be necessary to ensure consistency with state requirements.

School districts using curricula that were not included in this or previous reviews must use the same set of instruments (see [CSHE Instructional Materials Review Forms](#)) to assist them in conducting their own review of materials.

### 1.3 Review Instruments

The 2022 review used updated instruments that drew from the Washington state learning standards, updated state law, the National Health Education Curriculum Analysis Tool (HECAT), and OSPI's Screening for Biased Content in Instructional Materials tool to evaluate curricula. The most notable changes to the review instrument involved simplifying or clarifying the wording on some items where there was higher variability in last year's review process, and dropping some questions that were less relevant or could be addressed a different way. The Instructional Strategies & Materials scale was shortened and renamed to focus on Instructional Strategies.

To determine if a full or supplemental curriculum meets state requirements, reviewers use the instruments to evaluate the degree to which the curriculum is consistent with the 2005 Guidelines and other CSHE Act requirements, the AIDS Omnibus Act, and state law regarding bias-free materials.

The CSHE Act charges OSPI with developing a list of curricula consistent with state requirements, and the Washington Department of Health (DOH) with ensuring the curricula are medically and scientifically accurate. The AIDS Omnibus Act requires that schools address transmission and prevention of HIV/AIDS, starting in grade 5. Comprehensive materials were reviewed for inclusion of HIV/AIDS content. All of the supplemental products reviewed in 2022 focused on healthy relationships and none covered prevention, so they were not evaluated for HIV/AIDS content. [Washington Administrative Code 392-190-055](#) requires that the criteria used for instructional materials selection identifies and eliminates bias.

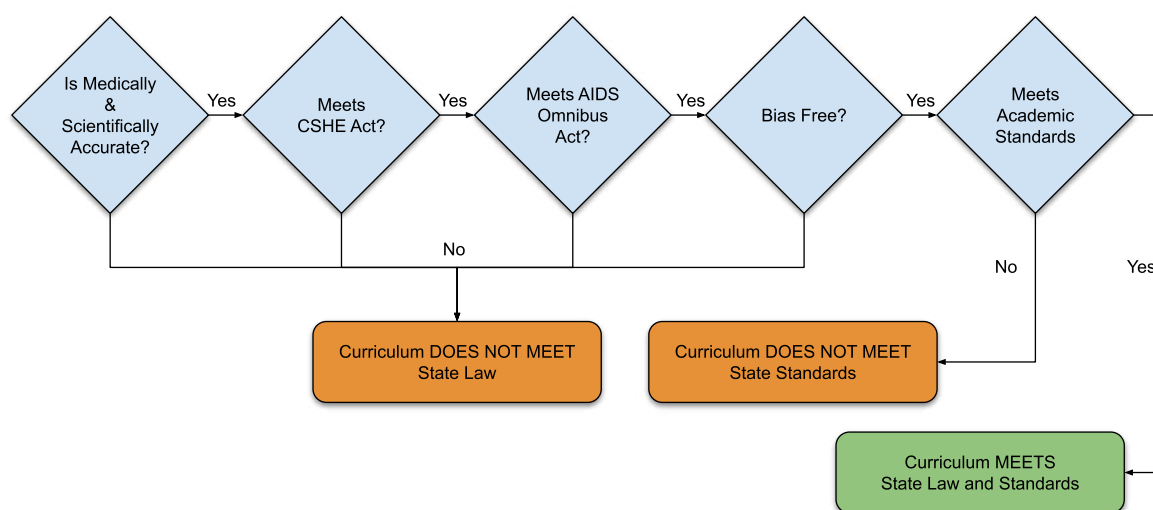
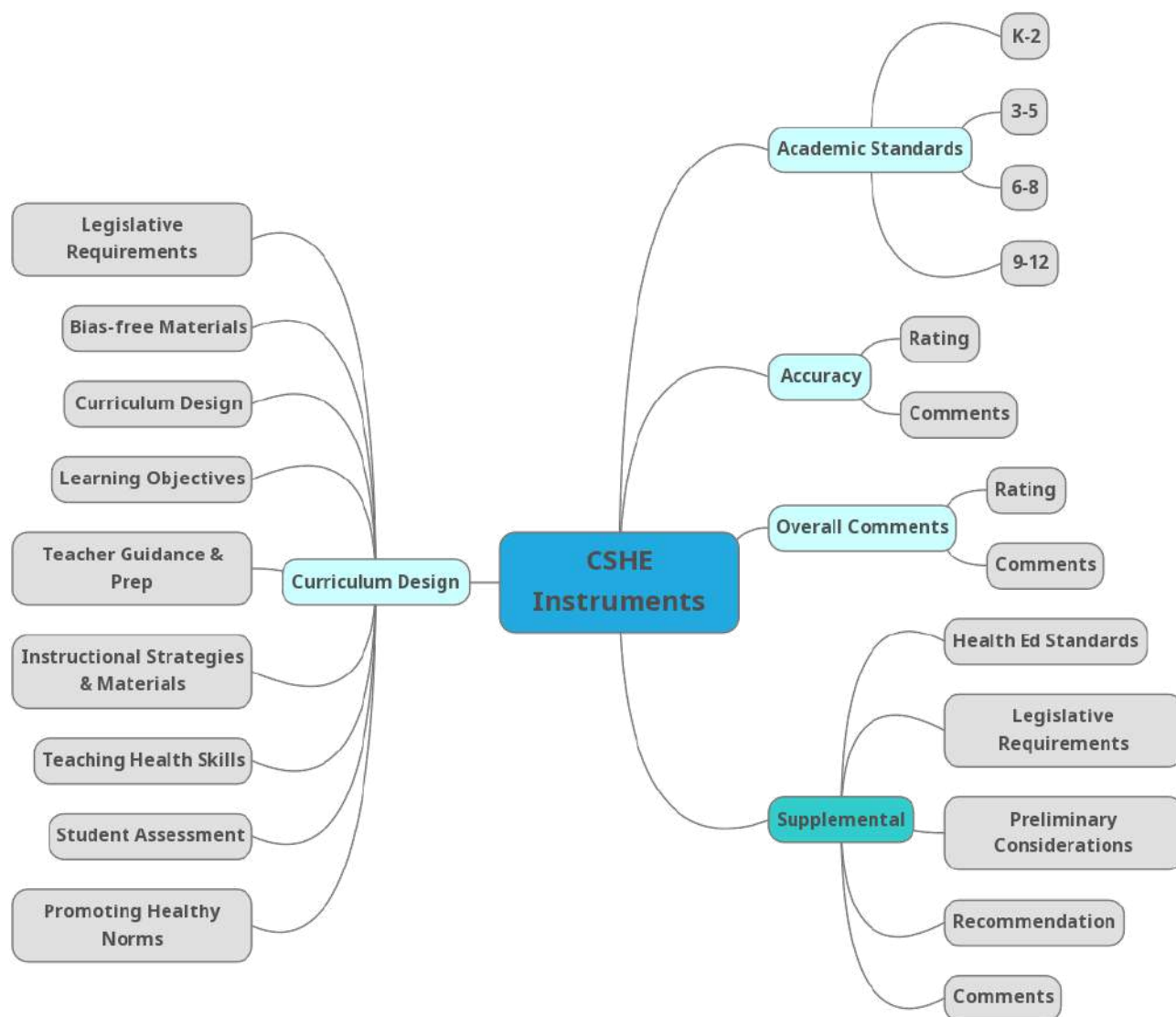


Figure 1. Flowchart showing process used to determine if curriculum meets state requirements and standards.

The full curriculum review consists of four instruments, as shown below. The instruments measure how well the curriculum meets academic learning standards (Standards 1-8), if the curriculum is medically and scientifically accurate (Accuracy), consistency with state requirements and quality of teacher and student supports (Curriculum Design), and overall reviewer rating (Overall Comments). Standard 1 covers grade-level knowledge expectations, and Standards 2-8 cover grade-level skills and practice.



**Figure 2.** The sexual health education instructional materials review uses four instruments for comprehensive materials, and an abbreviated form for supplemental materials. Each instrument has one or more subscales designed to measure specific aspects of the curriculum.

Supplemental materials enrich core curricula, are typically designed to cover a single topic, and are not intended to be a substantial replacement for a full curriculum. Washington State uses an abbreviated instrument to review supplemental materials. The Supplemental instrument was revised slightly to make it more efficient. For example, the instrument no longer asks reviewers

what format the supplemental material uses. Instead, OSPI staff will note the format(s) and include that information on the cover sheet for each product reviewed. The Washington Sexual Health Education Legislative Requirements scale was updated to align better with the full curriculum instrument. The Acceptability Analysis item in the Preliminary Considerations scale was updated to align better with the bias and sensitivity scale in the full curriculum instrument. Additional guidance was provided to the reviewers about their written comments to help them focus their comments and avoid personal values statements or issues outside the scope of the review.

## 1.4 Findings

### 1.4.1 Full Curricula

A wide variety of instructional materials exists for elementary, middle, and high school sexual health education. Twelve full curricula were reviewed during the 2022 review process.

The results are displayed using a stacked bar chart showing the percent of reviewers who selected a particular response: Strongly Disagree, Disagree, Agree, or Strongly Agree. The percent positive value is calculated by adding the percent of people who selected Agree or Strongly Agree for a specific title. The percent negative value is calculated similarly. Responses were coded from 1 to 4 (Strongly Disagree = 1, ... Strongly Agree = 4) and the overall average was calculated for each title and is shown in the circular overlay on the stacked bars.

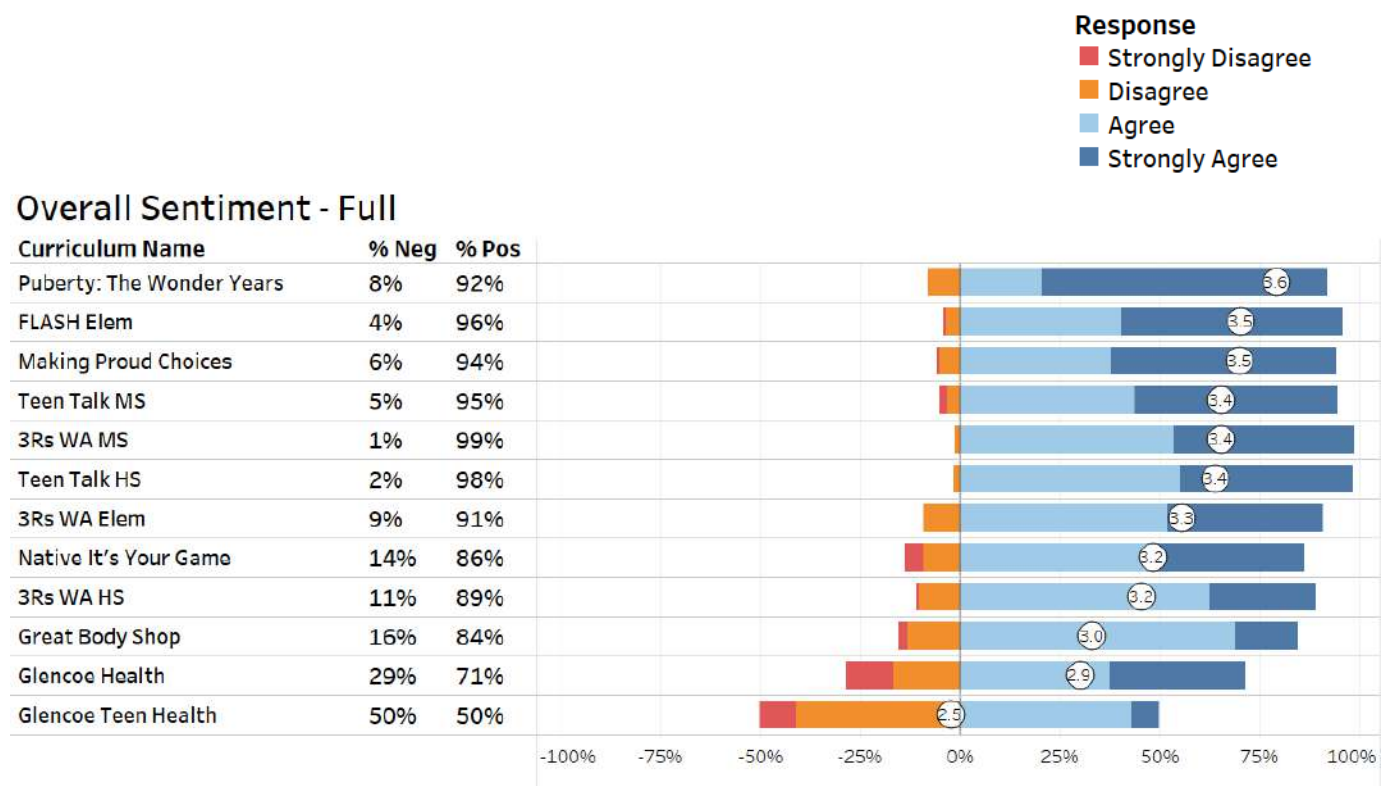


Figure 3. Overall sentiment ratings for all scales for full curricula.

Almost all the full curricula received overall average ratings of 3.0 or greater, with the exception of Glencoe Health and Glencoe Teen Health. Puberty the Wonder Years, FLASH Elem, and Making

Proud Choices had overall average ratings of 3.5 or above. See *Section 4 Comprehensive Review Results* for more detail.

### 1.4.2 Supplemental Materials

Reviewers evaluated nine supplemental materials. All the materials received an overall positive rating above 75% from reviewers. Four of the nine titles received overall positive ratings at or above 90%, as seen in *Figure 4*.

By definition, supplemental products generally focus on one or maybe two topics. These short materials are designed to supplement a comprehensive curriculum. All the supplemental materials reviewed in 2022 focused primarily on healthy relationships. None of the materials addressed HIV/AIDS. There were two items in the Washington Sexual Health Education Legislative Requirements scale that measured how well the supplemental product addresses HIV/AIDS.

- Materials address HIV/AIDS, its transmission, and its prevention.
- Behaviors that place a person at risk of contracting HIV and methods to avoid such risk are included in the materials.

Reviewers were instructed to select “Not Applicable” when a product was never intended to be used for HIV/AIDS supplementation. Most reviewers selected N/A as appropriate. In a few instances, the reviewers selected “Strongly Disagree” instead of N/A. After consultation with OSPI, the data from these two items was dropped for all supplemental products because a rating of Strongly Disagree harms the overall rating of a product, and N/A has no impact on the overall average score of the product. It is not fair to expect a supplemental product focusing on healthy relationships to address other topics outside of its intended scope.

#### Overall Sentiment - Supplemental

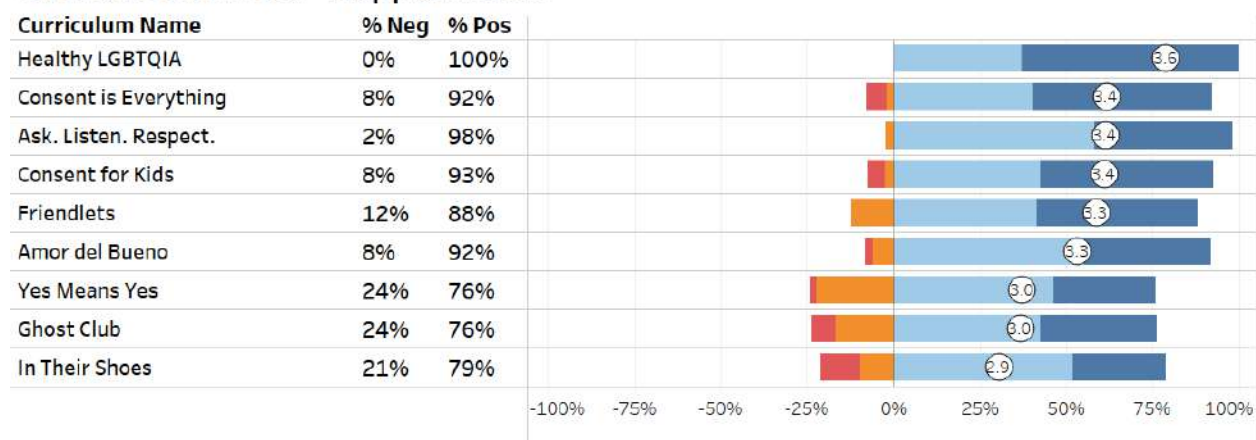


Figure 4. Overall sentiment ratings for supplemental materials.

All the supplemental products reviewed can be used effectively within classroom settings. Some may require pre-screening or additional supports to meet the needs of all students. In all cases, educators should preview the content and reflect on the fit for their students and community.



## 1.5 Other Relevant Considerations

Research on effective sexual health education programs suggests those that focus on skills, attitudes, and beliefs are more likely to affect behavior than those that focus heavily on facts. Use of research-proven programs should be encouraged because they are more likely to result in healthy decisions and healthy outcomes.

According to Douglas Kirby, Ph.D., in *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, (2007, p. 131) there are several common content elements of effective sexuality education programs.

1. Focused on clear health goals—the prevention of STD/HIV, pregnancy, or both.
2. Focused narrowly on specific types of behavior leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gave clear messages about these types of behavior, and addressed situations that might lead to them and how to avoid them.
3. Addressed sexual psychosocial risk and protective factors that affect sexual behavior (e.g., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy) and changed them.
4. Created a safe social environment for young people to participate.
5. Included multiple activities to change each of the targeted risk and protective factors.
6. Employed instructionally sound teaching methods that actively involved participants, that helped them personalize the information, and that were designed to change the targeted risk and protective factors.
7. Employed activities, instructional methods, and behavioral messages that were appropriate to the teens' culture, developmental age, and sexual experience.
8. Covered topics in a logical sequence.

A comprehensive literature review<sup>2</sup> published in 2020 supports the provision of sexual health education beginning in elementary school that is scaffolded and of longer duration, that is LGBTQ-inclusive and that incorporates a social justice approach to healthy sexuality. Benefits for students who receive comprehensive sexual health education include:

- Appreciation of sexual diversity (lower homophobia; reduced homophobic bullying; expanded understanding of gender/gender norms; recognition of gender equity, rights, social justice)
- Dating and intimate partner violence prevention (improved knowledge and attitudes about, and reporting of, sexual and intimate partner violence; decreased sexual and intimate partner violence perpetration and victimization; increased bystander intentions and behaviors)
- Development of healthy relationships (increased relationship knowledge, attitudes, and skills; improved communication skills and intentions)
- Prevention of child sex abuse (improved knowledge, attitudes, skills, and social–emotional outcomes related to personal safety and touch; improved disclosure skills and behaviors)
- Additional outcomes (improved social/emotional learning, increased media literacy)

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<sup>2</sup> [Three Decades of Research: The Case for Comprehensive Sex Education](#) *Journal of Adolescent Health*, Oct. 12, 2020.

## **2 Review Process**

### **2.1 Overview**

The sexual health education curriculum review process was modeled after other curriculum review projects conducted by OSPI. Educators and clinicians with expertise in health education and sexual health education were recruited to review the submissions through a statewide application process. Twenty-three reviewers participated in the curriculum review, including one representative from Department of Health and one from Duke University School of Medicine who focused on the medical and scientific accuracy assessment.

The review panel received training in the process for rating instructional materials using the Washington state comprehensive sexual health education review instruments. Reviewers spent an average of three to four hours per full curriculum evaluating the material. A minimum of four reviews were completed for each product to allow for a sufficient sample size.

Districts may choose to review material on their own, using the Washington state comprehensive sexual health [review instruments](#). Materials must be reviewed for medical accuracy in accordance with state laws.

### **2.2 Identification of Programs**

The review included curricula currently used in Washington schools as reported in the 2018 School Health Profiles Survey and several brought to OSPI's attention by Washington educators. OSPI staff sought materials that would address new legislative requirements such as materials addressing affirmative consent and bystander intervention. Publishers were asked to provide online access to curriculum materials to the Sexual Health Education program for inclusion in the review. In some cases, the curriculum was acquired or accessed directly.

Curricula included in the last three reviews that have not been updated substantially or are not in wide use were not included in this review.

Programs selected for review included only those intended for use in a school setting for grades K-12 and available from publishers for school districts. Many programs exist that are intended for use only in community-based settings and which often contain values-based instruction. Because the CSHE Act applies to instructional programs in Washington public schools, the review was limited to materials intended for K-12 settings. With the resources available, and the timeline to complete the review, not every program that is available could be included. For locally developed programs and others that were not included in the review, districts will be able to use the Washington state comprehensive sexual health education review instruments to assist them in determining consistency with state academic learning standards and laws.

### **2.3 Reviewer Training**

All reviewers participated in a half-day training before reviewing and rating any of the curricula. The training covered the following topics.

- Understand the purpose of the review and the OSPI/DOH collaboration
- Review state regulations regarding sexual health education

- Review the rubrics used to evaluate instructional materials
- Establish common norms for scoring the rubrics
- Discuss frequently asked questions with regard to scoring

Reviewers completed reviews of a supplemental product during the training and discussed the results. The discussion helped clarify expectations and answered common questions from the reviewers. Staff were available to provide assistance and answer questions throughout the review.

Reviewers spent time accessing and independently reviewing their randomly assigned products and staff were available to provide support as needed.

### 3 Data Analysis Approach

The purpose of this section is to describe the survey design, data collection, and analysis approach for the curriculum review.

The Washington state sexual health review instruments are described below:

- **Accuracy Analysis** identifies any medical or scientific errors, including errors of omission, which were found in the text. It identifies the degree of difficulty to correct the error, what needs to be done to correct the error (from the perspective of the teacher and school, not the publisher), and identifies whether the error is deemed costly to correct. This instrument has been used for the last three sexual health instructional materials reviews and is from the Centers for Disease Control's Health Education Curriculum Analysis Tool (HECAT). Staff from Washington Department of Health completed the accuracy analysis rubric for each title.
- **Curriculum Design** contains several scales, and measures consistency with state requirements and the instructional supports provided to help the teacher successfully teach using the materials.
- **Academic Learning Standards** evaluates overall alignment with Washington health education academic learning standards using grade-level outcome examples. Each grade range has different outcome examples to ensure age-appropriateness.
- The **Overall Comments** measures the reviewer's recommendation about the quality of the curriculum. This instrument also has a place for the reviewer to express their overall comments about the curriculum.
- The **Supplemental Evaluation Form** is a short version of the full set of instruments and is used with supplemental materials only. It measures consistency with state requirements, subject areas that are covered, and reviewer recommendations.

#### 3.1 Accuracy Analysis

The Accuracy Analysis score definitions are shown below. This instrument is used to measure medical and scientific accuracy.

- 4 =** No corrections are necessary.
- 3 =** A few minor errors or problems are evident, but they are easy to correct.
- 2 =** Many minor errors or problems are evident, but they are easy to correct.
- 1 =** Major errors and problems are evident, and one would be difficult or costly to correct.
- 0 =** Major errors and problems are evident, and more than one would be difficult or costly to correct.

To determine a score for accuracy, the reviewers evaluated errors of fact, omission, or bias, and determined if each error would be very difficult, difficult, easy, or very easy for an educator to correct. For example, many curricula do not contain up-to-date information on recent medical treatment options for some sexually transmitted infections. This is an example of an error of omission that is easy or very easy to fix.

In contrast, material that is consistently inaccurate, overstates risks, uses outdated research or data, does not use anatomically correct names, potentially causes harm, or misrepresents other aspects of sexual health would be difficult or costly to correct.

### **3.2 Curriculum Design**

The nine scales used in the Curriculum Design instrument measure aspects of the overall design and the tools available for successful delivery of the materials in the classroom. This instrument is adapted from the CDC's HECAT. The scales include:

- Washington Sexual Health Education Legislative Requirements
- Bias-free Materials Requirements
- Curriculum Design
- Learning Objectives
- Teacher Guidance and Preparation
- Instructional Strategies and Materials
- Teaching Health Skills
- Student Assessment
- Promoting Healthy Norms

The HECAT provides another scale, Continuity and Uniformity of Comprehensive Health Education Curriculum. OSPI did not use this scale, because the scope of the review related to sexual health education only.

Each scale in the Curriculum Design instrument contains 3 to 5 individual items. All items use a Likert response scale.

**4 =** Strongly Agree

**3 =** Agree

**2 =** Disagree

**1 =** Strongly Disagree

Respondents were able to select *Not Applicable* if the individual item did not apply to the materials being reviewed. This mostly applied to the supplemental products which generally have a narrow focus.

### 3.3 Sexual Health Education Module

The Sexual Health Education Module measures eight content-related standards.

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

Reviewers rate each standard using the same Likert scale used in the Curriculum Design rubric.

### 3.4 Overall Comments

The Overall Comments instrument measures the opinion of the reviewer regarding the quality of the materials. The three questions evaluate the program and instructional design, curriculum content and learning activities, and an overall evaluation. This scale uses the standard Likert scale described earlier.

No analysis was done on the narrative comments provided by the reviewers. Aside from formatting and minor grammatical editing, the comments can be seen along with the individual program results in Appendix C of this report and on the OSPI website, [CSHE Instructional Materials, Review Reports, and Tools](#).

## 4 Comprehensive Review Results

The following section shows overall results for the comprehensive products reviewed in spring 2022. Additional individual detail for specific products can be seen on the OSPI website. Twelve comprehensive (full) curricula were reviewed in this cycle. The products are shown below.

**Table 1. Comprehensive curricula reviewed during the spring 2022 review.**

Short Title	Full Title (Publisher)	Year Published	Grade Range
3Rs WA Elem	Rights, Respect, Responsibility WA Elem (Advocates for Youth)	2022	4-5
3Rs WA MS	Rights, Respect, Responsibility WA MS	2022	6-8
3Rs WA HS	Rights, Respect, Responsibility WA HS	2022	9-12
FLASH Elem	FLASH Elem, Revised (Public Health – Seattle & King Co.)	2022	4-6
Glencoe Teen Health	Glencoe Teen Health (McGraw-Hill)	2021	6-8
Glencoe Health	Glencoe Health	2022	9-12
Great Body Shop <sup>3</sup>	Great Body Shop (Health World)	2021	6-8
Making Proud Choices	Making Proud Choices 2021 revision MS- with extra CA content (ETR)	2021	6-8
Native Its Your Game	Native Its Your Game 2.0 (Healthy Native Youth)	2022	6-8
Puberty: The Wonder Years	Puberty: The Wonder Years (Puberty Curriculum)	2021	4-6
Teen Talk MS	Teen Talk MS (Health Connected)	2017	7-8
Teen Talk HS	Teen Talk HS	2017	9-12

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<sup>3</sup> Reviewers reviewed the core GBS product and may not have reviewed all optional targeted extension activities on STDs/HIV, pregnancy prevention, gender roles, gender identity, sexual orientation, sexual violence prevention and healthy relationships. The GBS scores in this document primarily reflect the core product. A subsequent informal review of all lessons and activities showed that GBS with the optional targeted extension activities meets state requirements for a comprehensive sexual health education program.

## 4.1 Academic Standards

The chart in *Figure 5* shows how each of the products were rated overall on coverage of the academic learning standards. Additional detail is shown in *Figure 6*.

### Health Ed Standards - Full

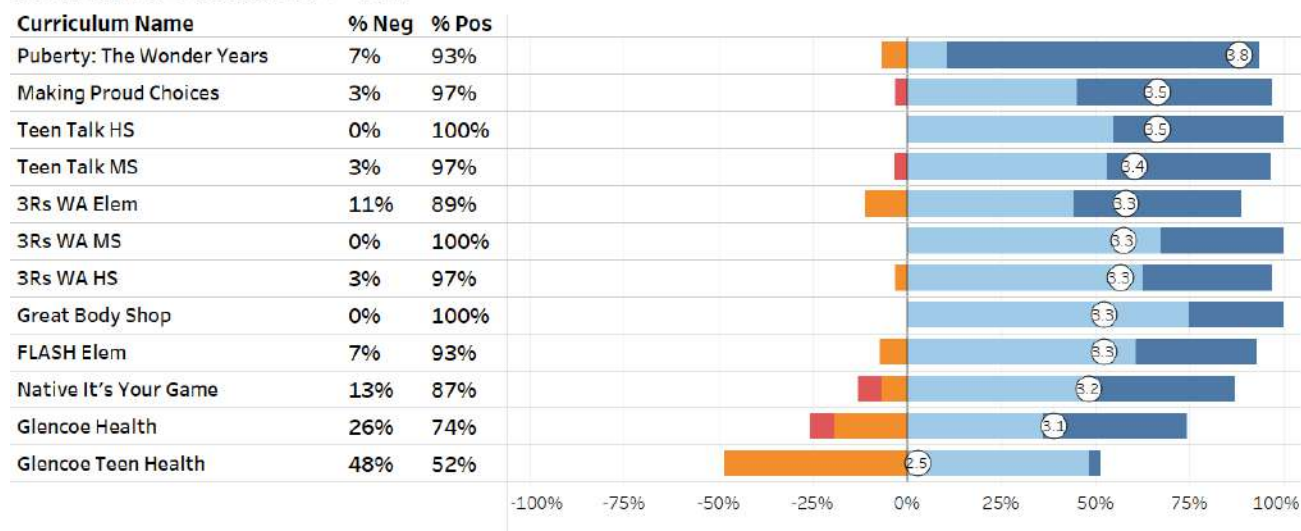


Figure 5. Product comparison for academic learning standards (Standards 1-8).

The following heat map shows the degree of alignment with each of the Washington state academic learning standards. Some standards do not have explicit grade-level outcomes for certain grades. If reviewers found evidence that a standard was addressed, they provided a rating.

### Health Ed Standards - Full

Curriculum Name	Concepts	Analyze Influence	Access Valid Information	Interpersonal Communication	Decision-making Skills	Goal-setting Skills	Avoid Risk	Advocate for Self or Others
Puberty: The Wonder Years	3.7	3.5	3.7	4.0	3.8	4.0	3.8	3.7
Teen Talk HS	3.5	3.5	3.5	3.5	3.5	3.3	3.3	3.5
Making Proud Choices	3.8	2.8	3.8	3.8	3.3	3.3	3.8	3.3
Teen Talk MS	3.8	3.5	3.3	3.5	3.3	2.7	3.5	3.3
3Rs WA MS	3.2	3.2	3.4	3.4	3.4	3.2	3.4	3.4
3Rs WA HS	3.5	3.3	3.5	3.5	3.5	2.8	3.3	3.3
3Rs WA Elem	3.5	3.5	3.0	3.8	3.3	2.3	4.0	3.0
Great Body Shop	3.3	3.3	3.3	3.3	3.3	3.0	3.3	3.5
FLASH Elem	3.5	3.3	3.5	3.3	3.0	3.0	3.3	3.0
Native It's Your Game	3.5	3.3	3.3	3.0	3.0	3.3	3.3	3.0
Glencoe Health	3.2	3.2	2.8	3.0	3.3	3.2	3.0	2.8
Glencoe Teen Health	3.3	2.3	2.5	2.5	2.5	2.8	2.3	2.3

Figure 6. Heat map showing how well reviewers felt the materials addressed Washington state health education academic learning standards.



This heat map can help teachers understand where supplementation may be needed to address a particular standard. The numbers in the heat map show the average rating from all reviewers for a title/standard combination. Strongly disagree is coded as 1, Disagree as 2, Agree as 3, and Strongly Agree is 4. Most of the curricula fully addressed all standards. Glencoe Teen Health may need some supplementation. Historically, Goal Setting Skills was rated lowest among the standards across all curricula. While still lower than other standards overall, this year's materials showed an improvement in the ratings for Goal Setting Skills.

## **4.2 Curriculum Design**

The Curriculum Design rubric has multiple scales. Detailed results are shown below.

### **4.2.1 Legislative Requirements**

The scale items for Washington Sexual Health Education Legislative Requirements include:

1. Materials are medically and scientifically accurate.
2. Materials are age- and developmentally appropriate.
3. Materials are inclusive of all students, using language and strategies that recognize all members of protected classes.
4. Materials include information about abstinence and other methods of preventing unintended pregnancy and sexually transmitted diseases, neither to the exclusion of the other. *(Not developmentally appropriate for K-5 except for required HIV prevention instruction covered below. Select N/A for K-5 materials.)*

For materials used for HIV Prevention Education: *(Not required in grades K-4. Select N/A for K-4 materials.)*

5. Materials address HIV/AIDS, its transmission, and its prevention.
6. Materials include behaviors that place a person at risk of contracting HIV and methods to avoid such risk.

Reviewers selected Strongly Disagree, Disagree, Agree, or Strongly Agree for each item. In some instances, reviewers selected Not Applicable depending upon the context.

## Legislative Requirements - Full

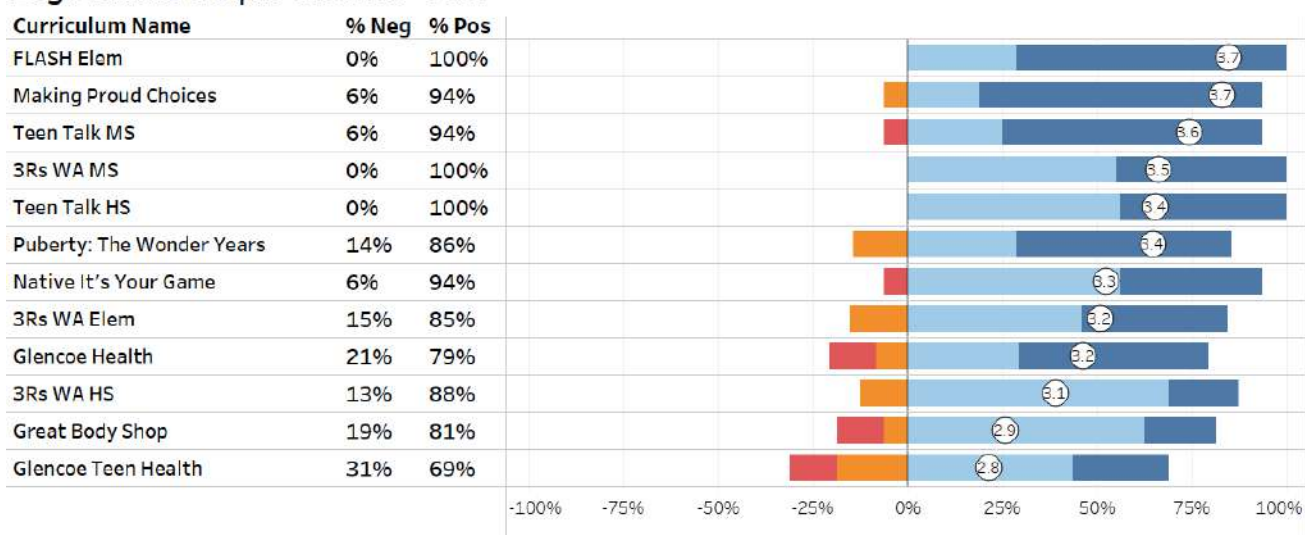


Figure 7. Legislative Requirements results for all full curricula.

### 4.2.2 Bias Free Materials

Items for the Bias-free Materials scale include:

1. Character traits such as courage, leadership, intelligence, integrity, etc. are distributed among diverse groups (genders/gender identities; races/ethnicities/cultures/tribal citizens; persons with disabilities; sexual orientations)
2. Intimate and family relationships are presented in a variety of ways and are not limited to heterosexual, same-race, same ability status, or traditional nuclear family configurations.
3. Materials use inclusive language, and are free from the language of racism, sexism, ableism, homophobia, and transphobia.
4. Oversimplified generalizations, stereotypes, and images of groups are avoided. People of all groups are presented in a variety of dress and activities, not just associated with the group's traditional or historical roles or culture.

## Bias-free Materials - Full

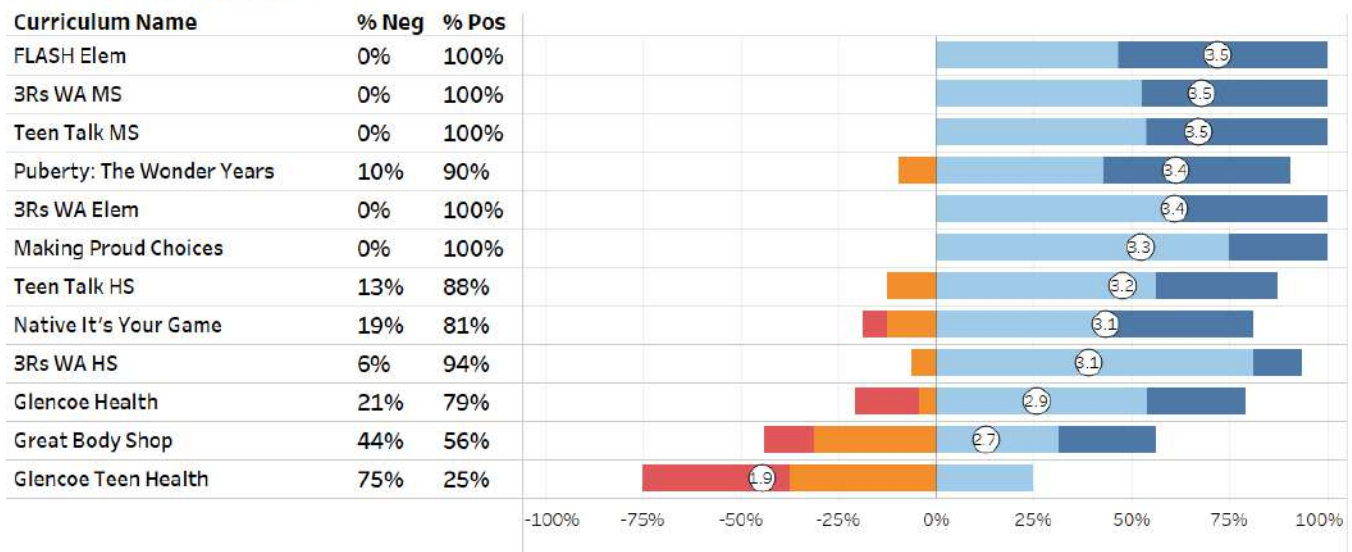


Figure 8. Bias-free Materials results for all full curricula.

### 4.2.3 Curriculum Design

Items for the Curriculum Design scale include:

1. The design, graphics, and language are engaging and current.
2. Quality student materials, such as texts, assessments, handouts, and audiovisuals are provided.
3. Helpful teacher guidance and teaching aids are provided.
4. Digital materials are consistent with the learning objectives and scope & sequence of the program, are easy to access, and incorporate updates as needed.

## Curriculum Design - Full

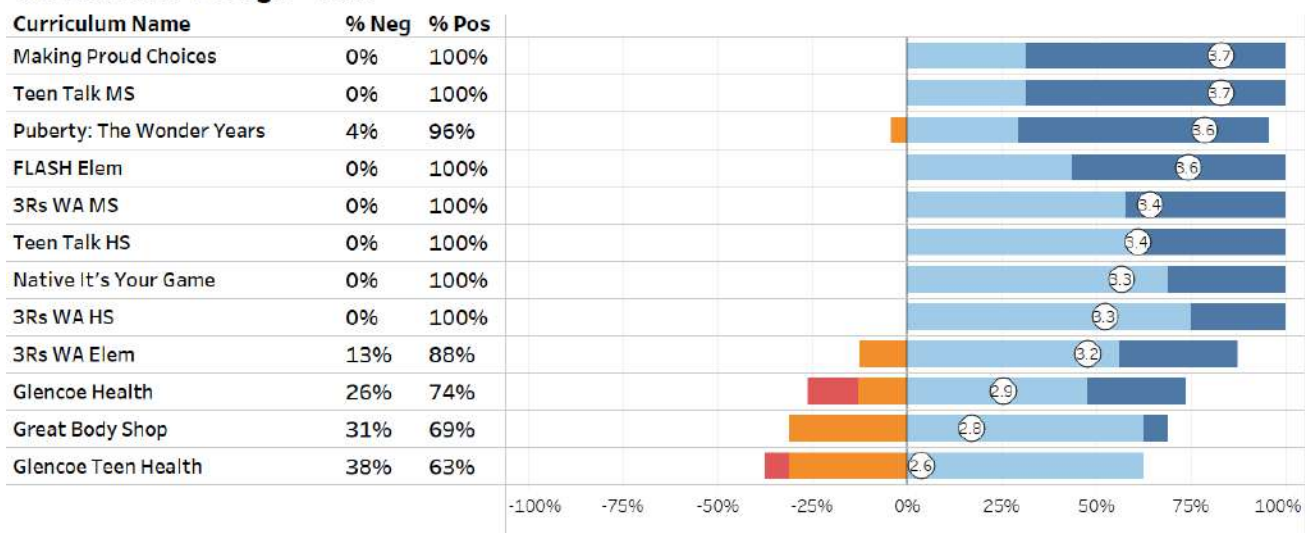


Figure 9. Curriculum Design results for all full curricula.

## 4.2.4 Learning Objectives

Items for the Learning Objectives scale include:

1. Learning objectives are clearly written and are measurable.
2. Learning objectives address important concepts and skills that support healthy behavioral outcomes.
3. The learning objectives address cognitive, affective, and skills domains.
4. Lesson plans include learning objectives, prerequisites, aligned activities, assessment, additional resources, and closure.

## Learning Objectives - Full

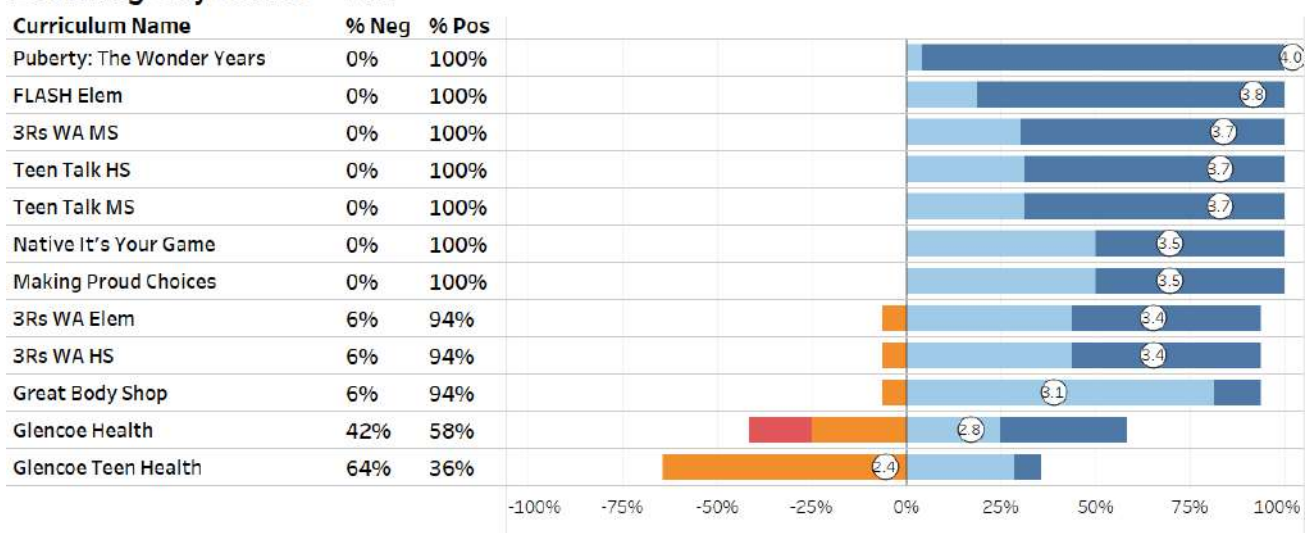


Figure 10. Learning Objectives results for all full curricula.

## 4.2.5 Teacher Guidance & Preparation

Items for the Teacher Guidance & Preparation scale include:

1. Background information is provided to assist the teacher, including assistance to set up conversations with students on the topics.
2. Clear, step-by-step procedures are provided to implement the curriculum.
3. Essential learning materials, handouts, and other instructional tools are provided to reduce teacher preparation time.
4. Guidance is provided to help the teacher adapt materials or differentiate instruction based on a variety of students' learning needs including the needs of English Learners.

### Teacher Guidance & Prep - Full

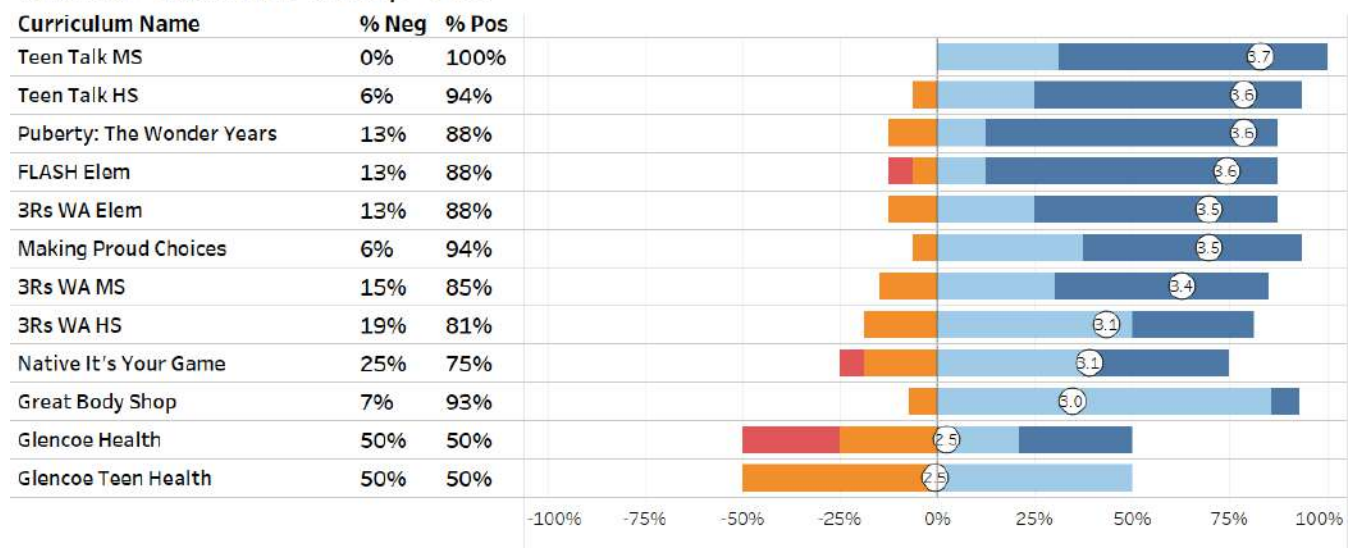


Figure 11. Teacher Guidance and Preparation results for all full curricula.

## 4.2.6 Instructional Strategies & Materials

Items for the Instructional Strategies & Materials scale include:

1. Instructional strategies use interactive and/or experiential methods.
2. Instructional strategies are culturally responsive and diverse.
3. Instructional strategies are developmentally appropriate.
4. Instructional strategies provide learning opportunities outside of the classroom, such as family or community activities.

## Instructional Strategies - Full

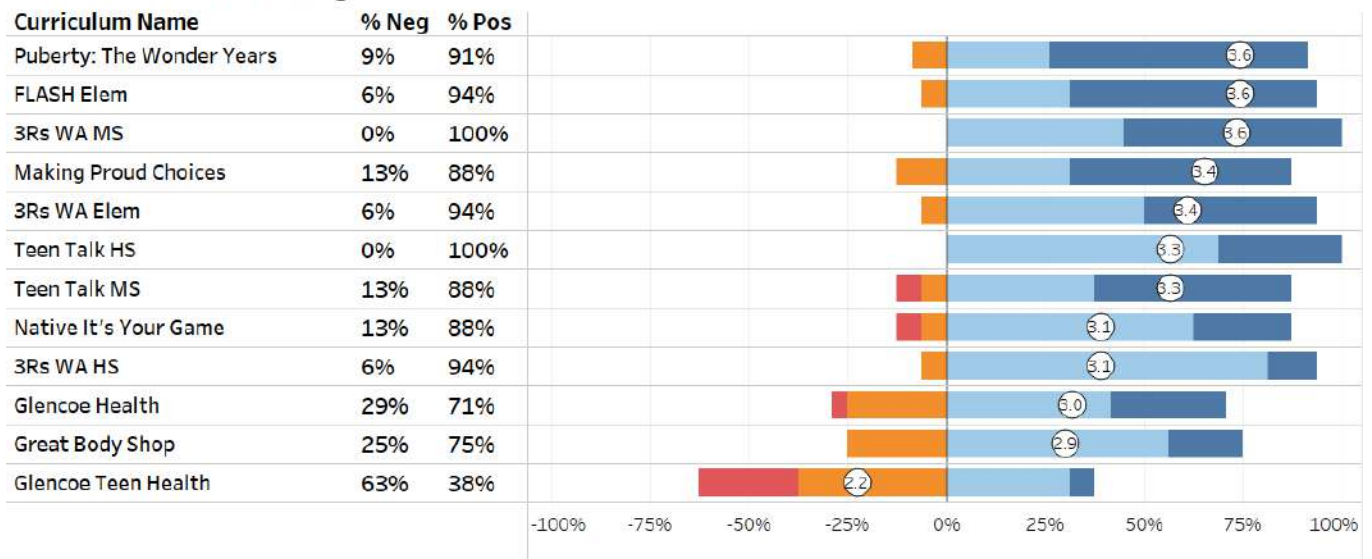


Figure 12. Instructional Strategies and Materials results for all full curricula.

## 4.2.7 Teaching Health Skills

Items for the Teaching Health Skills scale include:

1. Each lesson plan reinforces the one before it and sets the stage for the next one.
2. Guidance is provided to model or demonstrate health skills.
3. Teaching strategies are provided to guide students' in-class and independent skills practice.
4. Clear criteria are included to provide feedback to students.

## Teaching Health Skills - Full

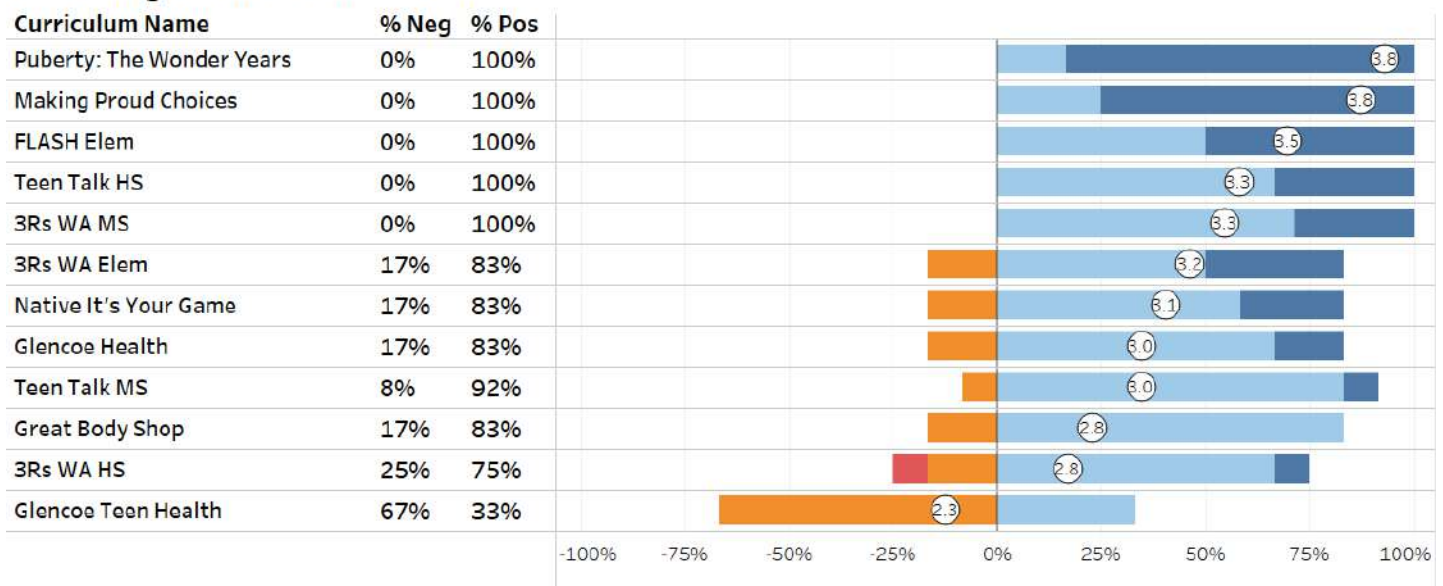


Figure 13. Teaching Health Skills results for all full curricula.



## 4.2.8 Student Assessment

Items for the Student Assessment scale include:

1. A variety of assessments are provided to measure students' knowledge acquisition and skill performance.
2. Criteria are provided to help assess student learning.
3. Opportunities for students to assess their own progress and understanding are provided.

### Student Assessment - Full

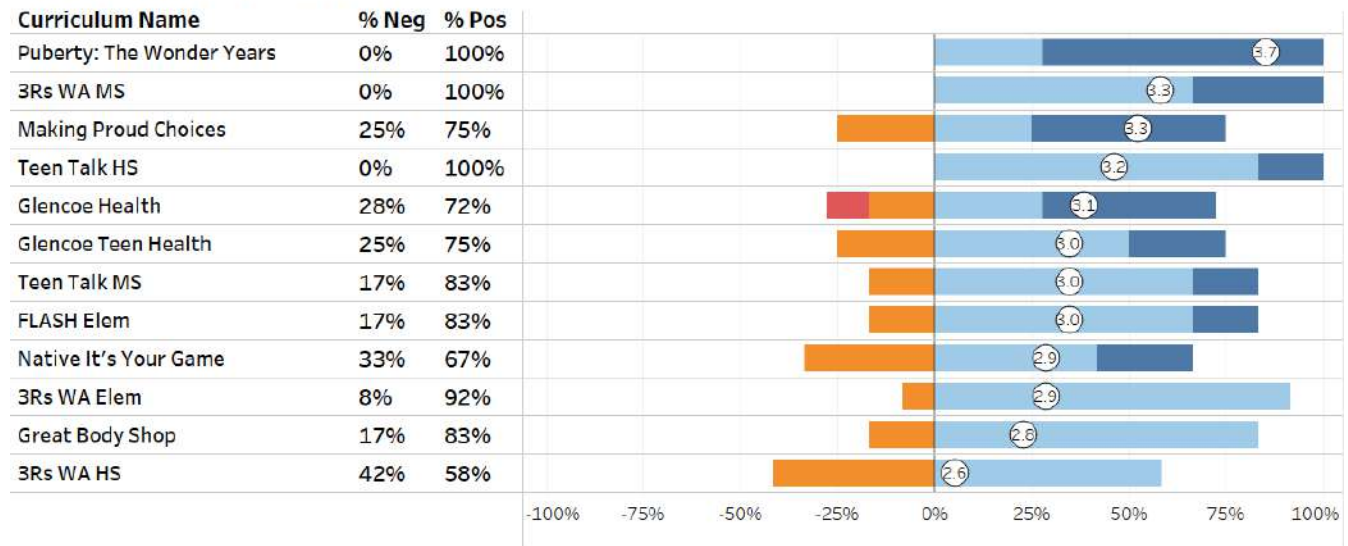


Figure 14. Student Assessment results for all full curricula.

## 4.2.9 Promoting Healthy Norms

Items for the Promoting Healthy Norms scale include:

1. Opportunities for peer-to-peer activities are provided.
2. Activities designed to influence the behavior of others are included.
3. Activities designed to counter student perceptions that many of their peers engage in unhealthy or risky behaviors are provided.
4. Strategies to actively engage parents, guardians, and caregivers in promoting healthy values and behaviors are included.

## Promoting Healthy Norms - Full

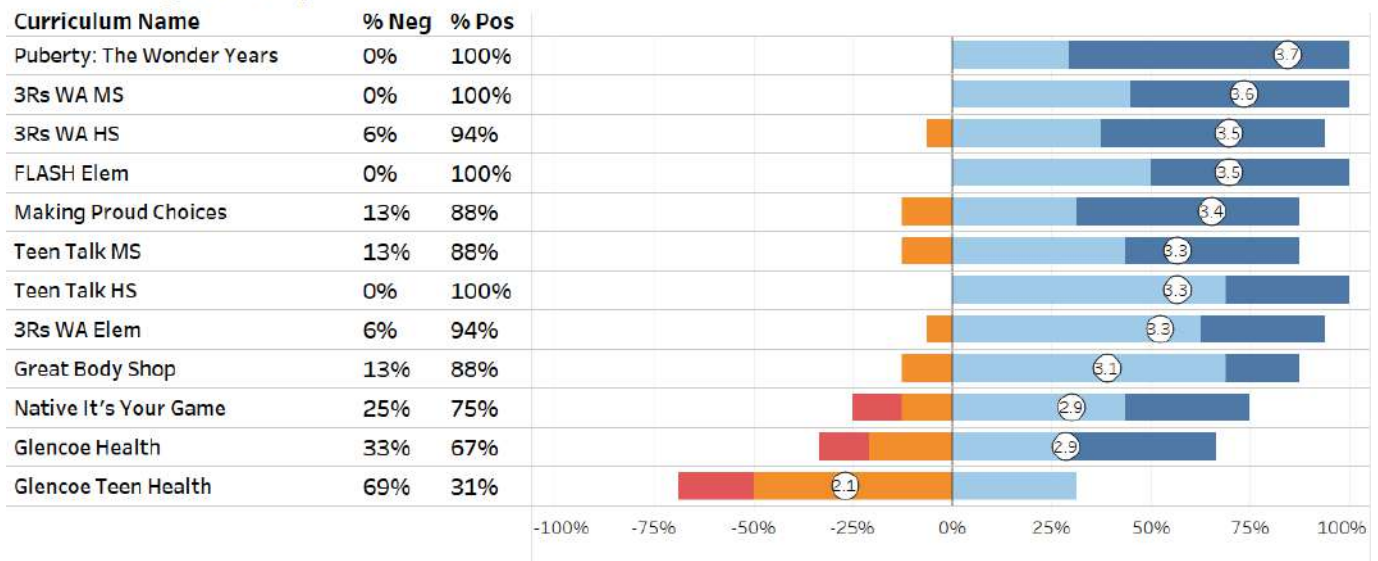


Figure 15. Promoting Healthy Norms results for all full curricula.

### 4.3 Medical and Scientific Accuracy

The Accuracy Analysis tool was used to evaluate medical and scientific accuracy. Two independent reviewers with clinical expertise assessed each full curriculum for medical and scientific accuracy and provided comments related to their review.

Accuracy Analysis Coding:

4 = No corrections are necessary.

3 = A few minor errors or problems are evident, but they are easy to correct.

2 = Many minor errors or problems are evident, but they are easy to correct.

1 = Major errors and problems are evident, and one would be difficult or costly to correct.

0 = Major errors and problems are evident, and more than one would be difficult or costly to correct.



### Accuracy Analysis - Full

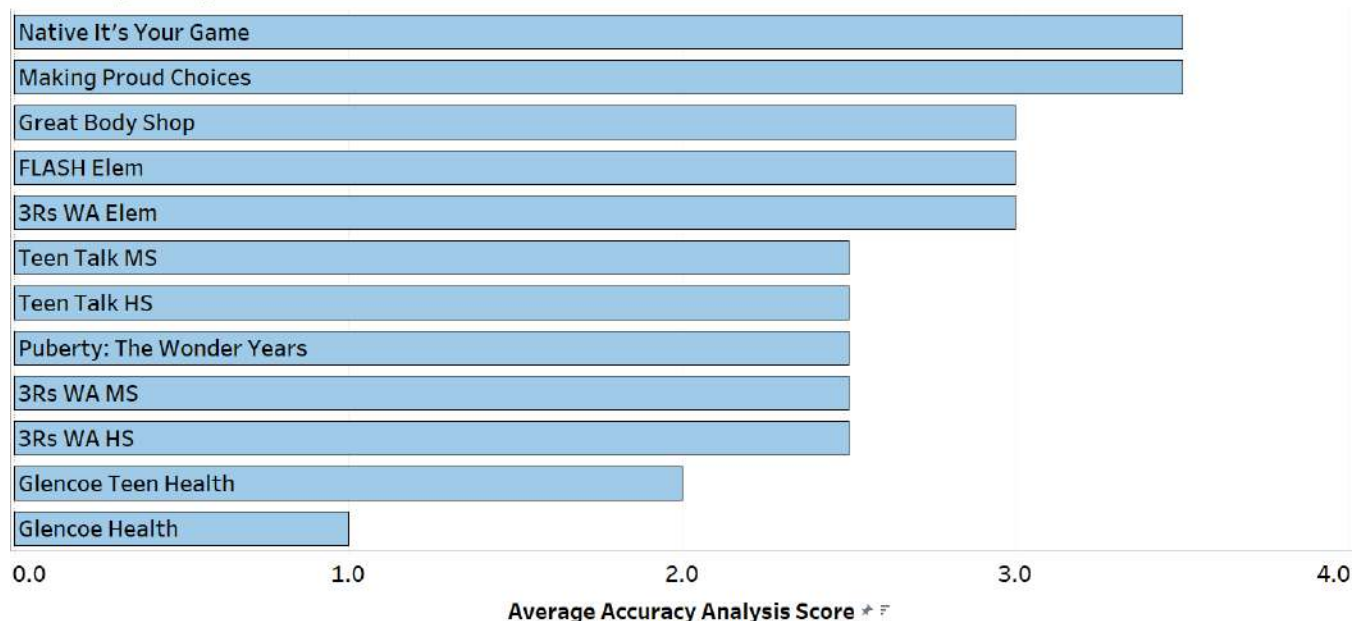


Figure 16. Accuracy analysis average score from Department of Health reviewers. All full curricula were reviewed by two independent reviewers.

All but one of the titles had an average accuracy analysis score of 2 or above. Glencoe Health was rated by both reviewers as 1 = *Major errors and problems are evident, and one would be difficult or costly to correct*. See the detailed reviewer comments for Accuracy Analysis in *Appendix C*. for more information about what would need to be corrected for this title.

## 4.4 Reviewer Recommendation

Items for the Reviewer Recommendation scale include:

1. The instructional materials are easy to understand, appealing, and appropriate for the intended audience.
2. I would use this material in my classroom.

## Reviewer Recommendation - Full

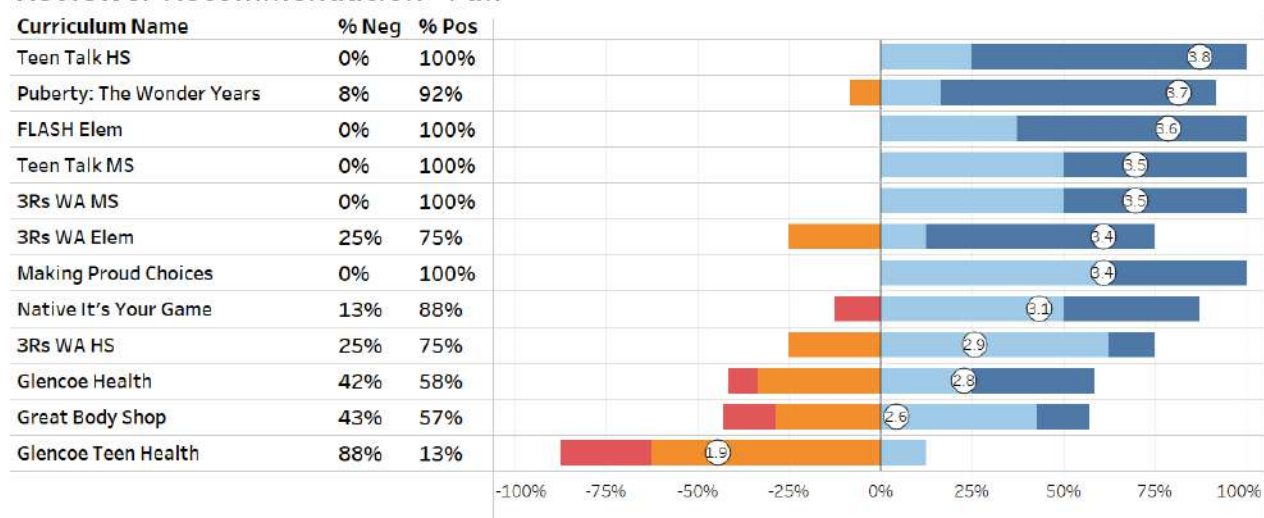


Figure 17. Reviewer Recommendation results for all full curricula.

A number of titles received a 100% positive score of either Strongly Agree or Agree from all reviewers for all items in this scale, including Teen Talk HS & MS, FLASH Elem, 3Rs WA MS, and Making Proud Choices. One title, Glencoe Teen Health had an overall negative review, with 88% of the responses from all reviewers being either Strongly Disagree or Disagree.

## 5 Supplemental Results

In addition to the comprehensive programs described above, the 2022 review team examined nine supplemental materials. The results from their supplemental review are shown below.

Supplemental materials are typically a single unit or topic, and often do not have the range of instructional supports found in a comprehensive curriculum.

Reviewers used an evaluation tool that was based upon the Washington Sexual Health Education curriculum review instruments. It contained abbreviated rubrics for:

- Primary Subject Areas Covered
- Washington Health Education Standards
- Washington Sexual Health Education Legislative Requirements
- Preliminary Considerations
- Recommendation

All the supplemental materials reviewed in 2022 focused on Healthy Relationships. None of the materials focused on prevention, puberty, reproduction, or pregnancy.

**Table 2. Supplemental products reviewed.**

<b>Publisher</b>	<b>Title</b>	<b>Materials Type</b>	<b>Grade Level</b>
One Love	Amor del Bueno (15 min)	Digital video	9-12
Virginia Sexual & Domestic Violence Action Alliance (2015)	Ask. Listen. Respect: A Video about Consent (1:11 min)	Digital video	6-12
Blue Seat Studios	Consent for Kids video (2:42 min)	Digital video	3-6
Seattle Public Schools (2021)	Consent is Everything (3:10 min)	Digital video	6-12
One Love	Friendlets, 5 videos, 45 seconds each	Digital video	4-5
One Love	Ghost Club - 3 films, 6-7 min. each	Digital video	7-10
One Love	Healthy LGBTQIA workshop/lesson	Digital video	7-12
WA State Coalition Against Domestic Violence	In Their Shoes - new lessons for consent/bystander	Digital video	9-12
ETR Associates	Yes Means Yes video lesson (ETR) (6:44 min)	Digital video	7-12

### 5.1 Subject Areas Covered

Figure 19 shows the subject areas addressed by each of the supplemental products.

## Subject Area Heat Map

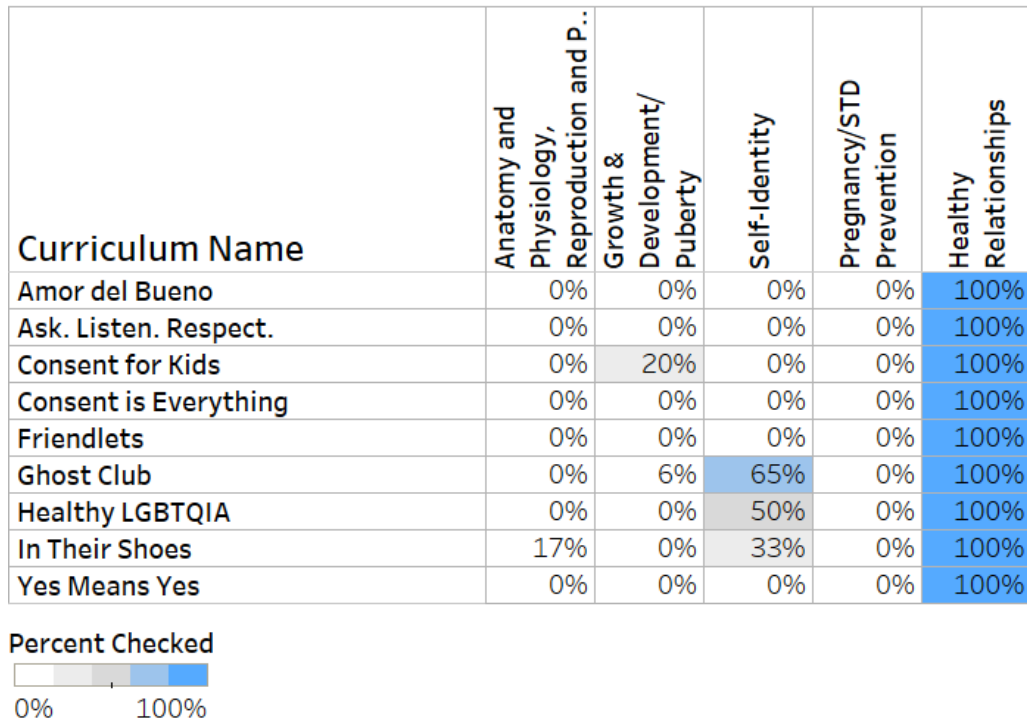


Figure 18. Percent of reviewers who indicated the subject area was covered for a title.

All the supplemental materials reviewed in 2022 focused primarily on Healthy Relationships. Within the broad context of Healthy Relationships, there were several sub-topics, including:

- Affirmative Consent
- Bystander Training
- Communication Skills
- Development of Meaningful Relationships
- Understanding Influences of family, peers, community, and the media

The 2022 supplemental materials focused primarily on Affirmative Consent, Communication Skills, and Development of Meaningful Relationships, as shown in the figure below.

## Healthy Relationships Subject Detail

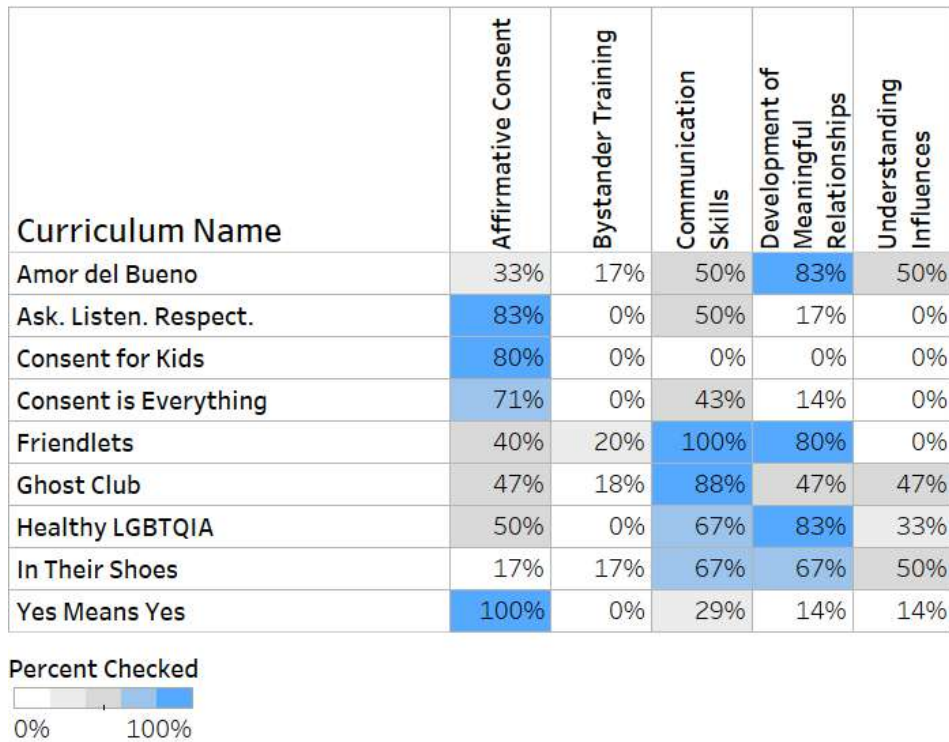


Figure 19. Healthy relationship subtopics covered with supplemental materials.

### 5.2 Health Education Standards Covered

Figure 21 shows the percent of reviewers who indicated the health education standard was covered in the supplemental product. Supplemental materials, by definition, address very specific topics, and are typically of very short duration. School districts should not rely on supplemental materials to provide comprehensive coverage of a health education academic learning standard. All supplemental materials reviewed in this cycle primarily addressed Standard 4: Interpersonal Communication.

## Health Ed Standards - Supplemental

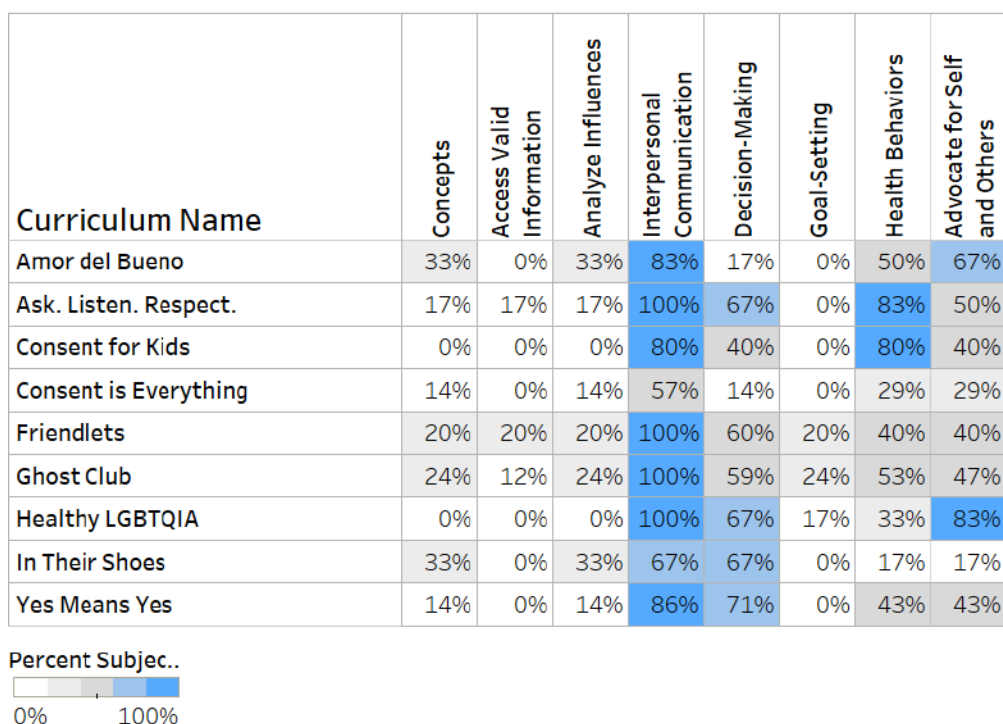


Figure 20. Percent of reviewers who felt a health education standard was covered for a title.

### 5.3 WA Sexual Health Education Legislative Requirements

The supplemental evaluation instrument used very similar scales for the CSHE Act and AIDS Omnibus Act consistency as the full curriculum review.

The scale items for Legislative Requirements include:

1. Materials are medically and scientifically accurate.<sup>4</sup>
2. Materials are age- and developmentally appropriate.
3. Materials are inclusive of all students, using language and strategies that recognize all members of protected classes.
4. Materials designed for a specific group of students reflect the group in a bias-free and culturally responsive manner.
5. Materials include information about abstinence and other methods of preventing unintended pregnancy and sexually transmitted diseases, neither to the exclusion of the

<sup>4</sup> This item represents the opinion of the reviewer. See the Accuracy Analysis section for a more in-depth review of the supplemental materials by health care experts. School districts using these rubrics should not rely solely on this item to evaluate medical and scientific accuracy. A full medical and scientific accuracy review of the materials should use the Accuracy Analysis Rubric and should be completed by a person or people with deep clinical expertise in the content area. This could be WA Department of Health, or a team including county health department, family planning clinic, or university clinical staff for example.

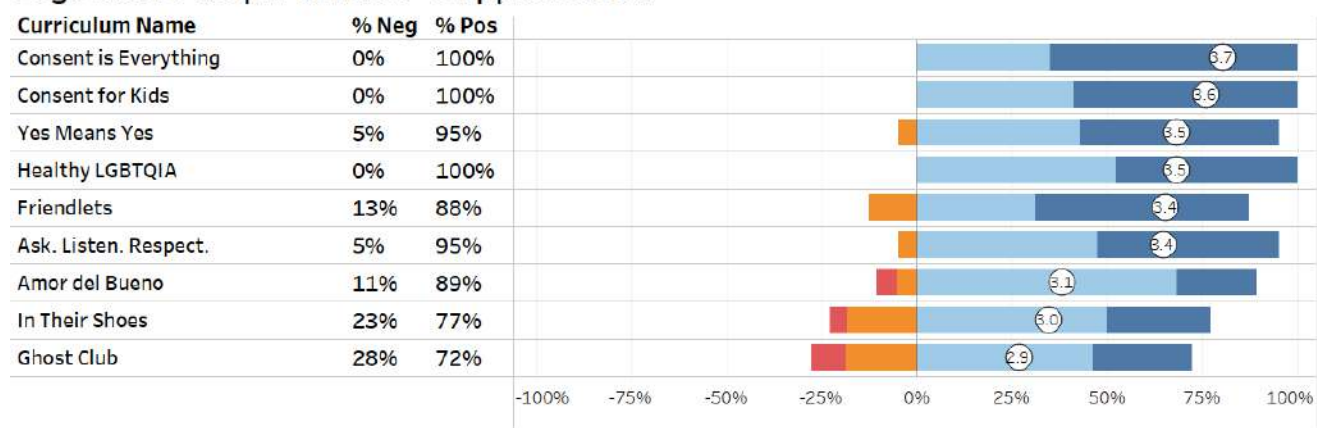
other. (Not developmentally appropriate for K-5 except for required HIV prevention instruction covered below. Select N/A for K-5 materials.)

**For materials used for HIV Prevention Education:** (Not required in grades K-4. Select N/A for K-4 materials)

6. Materials address HIV/AIDS, its transmission, and its prevention.
7. Behaviors that place a person at risk of contracting HIV and methods to avoid such risk are included in the materials.

Reviewers selected Strongly Disagree, Disagree, Agree, or Strongly Agree for each item. In some instances, reviewers selected Not Applicable depending upon the context.

### Legislative Requirements - Supplemental



**Figure 21. Results for supplemental products for consistency with state legislative requirements related to the CSHE Act and the AIDS Omnibus Act.**

## 5.4 Preliminary Considerations

The Preliminary Curriculum Considerations contain two items, Acceptability and Instructional Supports. Both items are shown separately in this section.

**Acceptability Analysis:** The material is appropriate for all students in the intended audience (inclusive), avoids oversimplified generalizations and stereotypes about groups of people, avoids promoting personal or religious values, and presents intimate and family relationships in a variety of ways. (note: OSPI's [Screening for Biased Content in Instructional Materials](#) tool is available for more in-depth bias reviews)

**Instructional Supports:** Learning objectives, teacher guidance, and formal or informal student interaction and assessment supports are included.



### Preliminary Considerations - Acceptability Analysis

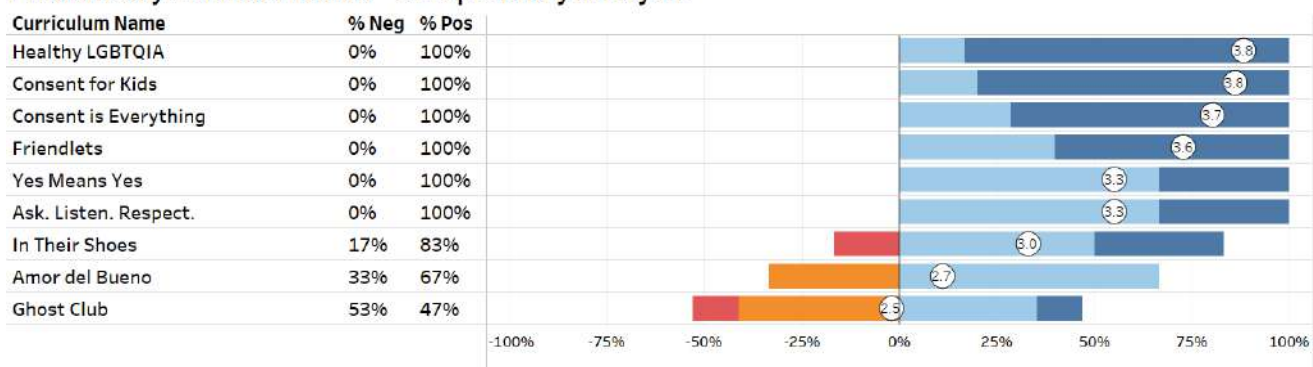


Figure 22. Acceptability analysis results for supplemental materials.

Many supplemental products contain instructional supports to assist educators in implementation. For some supplemental products, their message is so simple and direct that they may not need or include instructional supports, but they can still be high quality additions to a comprehensive sexual health education program. The supplemental products *Yes Means Yes*, *Consent for Kids*, and *Consent is Everything* received poor ratings regarding the inclusion of instructional supports. However, they all received very positive reviewer recommendations, which indicates that the material has high value in classrooms, even though they may have no or minimal instructional supports. The chart in Figure 24 shows the ratings for instructional supports.

### Preliminary Considerations - Instructional Supports

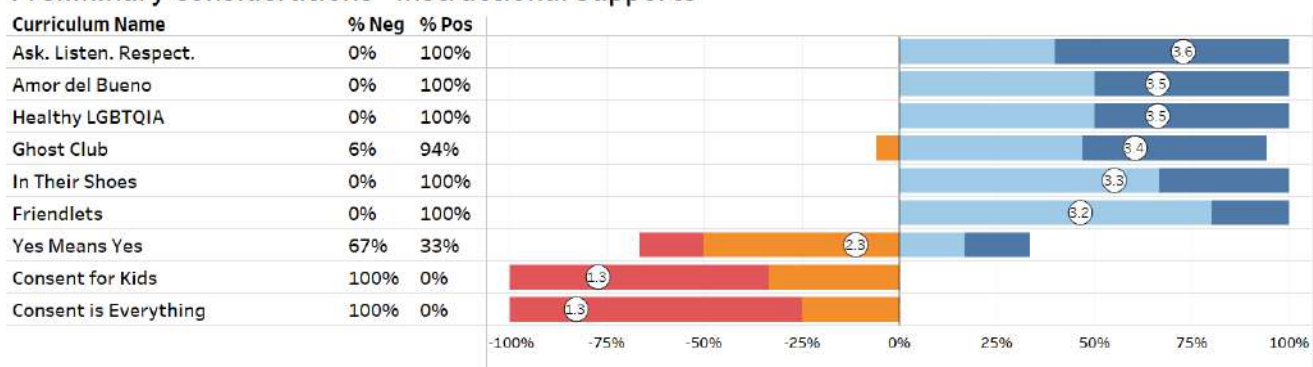


Figure 23. Degree to which instructional supports are included.

## 5.5 Reviewer Recommendation

Reviewers rated the supplemental materials on three items related to their overall opinion of the product.

1. The supplemental material is high quality, including audio and visual quality.
2. The supplemental material is engaging, appealing and appropriate for the intended audience.
3. I would use this supplemental material in my classroom.

All of the supplemental products reviewed in 2022 had more than 50% positive reviews. Reviewer comments generally showed strong interest in using the supplemental materials.



## Reviewer Recommendation - Supplemental

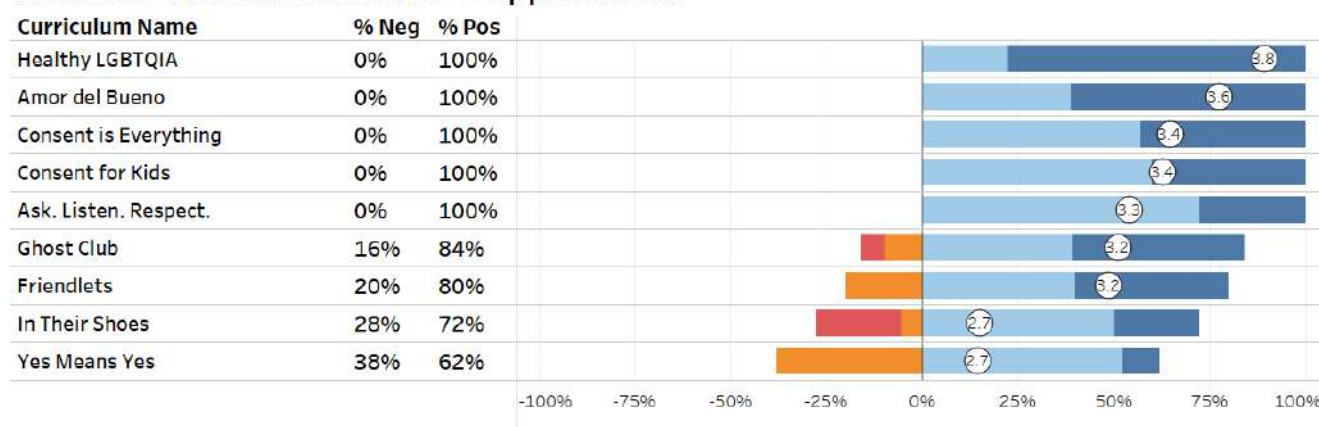


Figure 24. Reviewer recommendations for supplemental products.

## 5.6 Supplemental Materials – Accuracy Analysis

Medical accuracy reviewers used the Accuracy Analysis scale to evaluate supplemental products. All of the titles received reviews by two independent clinical experts. All materials received at least one rating of 4. For two titles – *Yes Means Yes* and *Amor Del Bueno*, one reviewer noted a few minor errors that were easy to correct. See Appendix D. for detailed information on accuracy analysis comments related to supplemental materials.

**4 =** No corrections are necessary.

**3 =** A few minor errors or problems are evident, but they are easy to correct.

## Accuracy Analysis - Supplemental

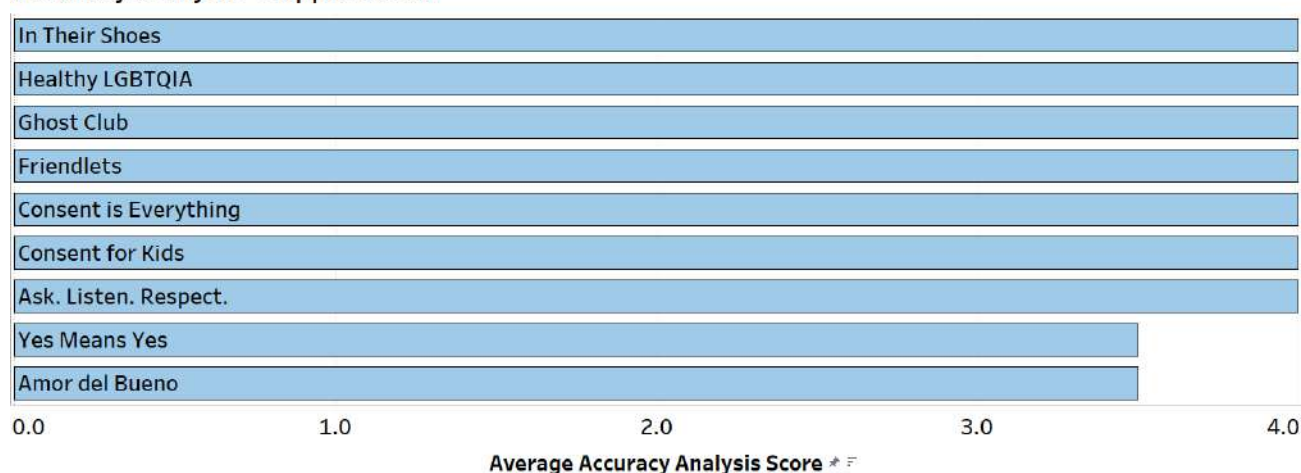


Figure 25. Average accuracy analysis scores by medical accuracy reviewers.

## **Appendix A. Data Collection and Analysis Methods**

Reviewers used electronic survey forms to record comments, scores, and evidence. The scores were extracted and transferred to a CSV text file for analysis and data visualization using Excel and Tableau.

The majority of the data collected using the instruments used a 4-point Likert scale (Strongly Disagree, Disagree, Agree, Strongly Agree) to address questions about their overall evaluation of the product. The values were recoded from 1 to 4 for analysis. The percent of reviewers selecting a particular response was reported. An average value was calculated for an item, scale, or overall to allow for simple comparison between materials. The data was treated as nominal for purposes of reporting a blended score from multiple reviewers.

The Accuracy scale used an ordinal scale ranging from 0 to 4 where a score of zero indicated major errors, and a score of 4 indicated that no corrections were necessary. The data was treated as nominal for purposes of reporting a blended score from multiple reviewers.

For the supplemental materials, two “check all that apply” scales were used in addition to the Likert scales described above. Users selected one or more subject areas from a list and they also selected one or more health education standards based on what the supplemental material covered. For check all that apply data, results were shown in a heat map that indicated the percent of reviewers who selected the item for a particular set of materials.

Readers are encouraged to look at the reviewer comments in the appendix to gain additional insight on the materials reviewed.

## Appendix B. Acknowledgements

We are indebted to the volunteers who thoughtfully assisted in conducting the 2022 comprehensive sexual health education instructional materials review. The panel members endeavored to apply the scoring criteria objectively and with a commitment to providing a quality resource to school districts looking for guidance. They devoted many days out of their busy schedules to do this work. We are grateful for their efforts. In a few instances, reviewers were unable to complete all their assigned reviews. When we were unable to find a substitute reviewer, OSPI staff reviewed the material to ensure each title had a minimum number of readings.

Two clinical experts provided in-depth medical and scientific accuracy reviews. We appreciate their time and expert analysis.

### Sexuality Education Curriculum Review Panel Members

Name	Organization
Alexys Gonzalez	Antioch University
Amanda Sageser	Bainbridge School District
Austin Lea	Planned Parenthood Columbia Willamette
Bailey Rose	White River School District
Cynthia Morrison	WA Department of Health
Danielle Bowlden	Mukilteo School District
Darlene Armstrong	Port Angeles School District
Desi Saylor	Olympia School District
Emmy Atwood	South Whidbey School District
Erica White	Planned Parenthood of the Great Northwest, Hawai'i, Alaska, Indiana and Kentucky
JanMarie Ward	American Indian Health Commission
Jessica Morrish	Eatonville School District
Jill Johnson	Lake Washington School District
Julie McElroy	Whatcom County Health Dept.
Kai Kunkel	Seattle Public Schools
Keri Moore	Room One
Lily Sol Milewski	Edmonds School District
Lisa Love	Seattle Public Schools
Mason Culbertson	City of Tacoma Human Rights Commission
Rebecca Fairchild	Duke University School of Medicine
Samantha Lafontaine	SeaMar Community Health Centers
Taylor Allen	Western New Mexico University School of Social Work graduate student <sup>5</sup>

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<sup>5</sup> This reviewer works for the Office of Superintendent of Public Instruction but did the review in her capacity as listed.

**OSPI Staff**

Laurie Dils, MSW, Associate Director – Content,  
Health & Sexual Health

Taylor Allen, Administrative Assistant, Health &  
Sexual Health Education Program

**Consultant**

Porsche Everson, MBA,  
Relevant Strategies

## Appendix C. Reviewer Comments – Full Curricula

Reviewer comments have been lightly edited for grammar and spelling. Special care was taken to not alter the intent of the reviewer's comments. Comments represent the opinion of the reviewer, not OSPI or DOH.

### **3Rs WA Elem**

#### **Accuracy**

*Reviewer 223*

Lack of sources/citations. Some definitions are problematic.

*Reviewer 224*

This resource received a 3 primarily because there was a handful of important medical inaccuracies, which would not be challenging to correct. Most notably, there are errors regarding development of reproductive anatomy. It should be noted that this review focused on material in the teacher guide and did not cover handouts or PowerPoints, which may have other inaccuracies.

Inaccuracies

- 4th grade: p76; 5th grade p62; 6th grade p53: The description of reproductive organs development is inaccurate. It is inaccurate to say that male parts develop from female parts. It is incorrect that the clitoris develops into the penis etc. Everything needs citation once updated.
- Grade 5 p72: Sperm donors can be used for artificial insemination in addition to IVF.
- Grade 5 p67: A person with a penis is able to cause a pregnancy once sperm are present in semen during puberty. Although nocturnal emissions correspond with this, they are an imperfect marker, and it is misleading to say that they are “the change that indicates” boys are able to cause a pregnancy.
- Grade 5 p69: Although unlikely, it is possible for a female to get pregnant before her first period.

#### **Full**

*Reviewer 203*

4th Grade.

- Germ Zones – I like the comparison of chickenpox and HIV, from the beginning. Feel a little concerned that the message of germs may be portrayed in a hint of a negative light, as opposed to healthy bacteria (in our bodies for digestion, keeping a dog's mouth clean, waters/plants healthy). Would like to see more of an introduction with bacteria as healthy or sometime unhealthy. Concerned that this intro bacteria/viruses focuses on hygiene/sanitation rather than blood/fluid transmission (if this is to meet HIV competencies/standards), especially for those who know others who live with HIV and understand that they didn't get it because they are dirty or careless with hygiene.

- Figuring Out Relationships – A lesson Plan of Rights, Respect. I value the intention put on Circles of Trust, and repetitive practice for who would be our trusted adults specifically. The more we plan on who these individuals are, the easier and likelier it is to access them.
- Being Clear With Friends – Appreciate the role-playing activities working through the Conflict Situations. I find this the most valuable aspect, practicing the way scenarios might look or feel to be saying the words or receiving them, or feeling the discomfort. This is such an important exercise.

#### 4th and 5th Grade.

- Respect for All – Applaud this section! Thank you for highlighting our diversity as unique and celebratory with our differences. The theme that I pull from this is understanding that our differences and uniqueness is special and important. Thank you for not making this all about being the same and equal.
- Body Basics – Growing Up: Physical, Social Emotional Categories on dry erase board activity. I like how this is the foundational layout of this subject. Hesitant with how this progresses as although (and states within curriculum, that most of the changes are physical). However, would like to see more context put into the subjects of social and emotional health with this intro to body basics. As mental/behavioral aspects of teen wellness are highlighted (and magnified through the pandemic), it is fully necessary and appropriate to tap into the social/emotional aspects associated with puberty.
- Puberty and Reproduction – I admire the and appreciate the “Note About the Language” – clarifying the availability of specific body parts to various identifications of gender. Approve of the small groups (2-3 ppl) for activities to promote trust, vulnerability.

#### *Reviewer 204*

Strengths include: Very well organized individual lesson plans and teacher guidance. Thorough step-by-step instructions and alignment/mapping to standards.

Weaknesses include: Overall felt unpolished, disjointed, and just a bit off-target. There were language inconsistencies between lessons (e.g., “boy” and “girl” is suggested language in one lesson while “reproductive system one” and “reproductive system two” is encouraged in another). One lesson referenced a Sexual Anatomy PPT that wasn't available. The limited PPTs available, including What is Love and Germ Zones, were uninspiring (not particularly well designed/formatted). They seem to check a box for visual aids, or for inclusive relationship images, but not very convincingly. Similarly, worksheets and classroom activity documents included fonts that didn't match or complicated phrasing. Figuring Out Friendships asks students to brainstorm “examples of things that friends and peers might do or say that can influence a relationship in a negative way.” This seems too abstract for 4th and 5th grades and should be simplified. It reads like the standard instead of how it would best be taught. Compare that to The Respect for All lesson which is classified as Grade 3 on the first page.

In general, upon review of this curriculum, it seemed decent at “checking the boxes” but unpolished and unimaginative. Sequencing was unclear. It was difficult to argue with “agree” for most of the review criteria, but it wanted to disclaim many of those responses. Only sometimes “strategies were

interactive/experiential,” sometimes “digital materials were easy to access,” etc. There were activities that I didn't find relevant to the standards (e.g., Like vs. Love, is this an important distinction? Seemed distracting.) While the T/F quiz for Friendship does count as an assessment, it seems so simple that it is almost pointless. I appreciated encouragement of conversation at home but the Sexual Orientation homework that records adult responses feels like it could put family members and their subject knowledge on the spot and have the opposite effect of what is intended. This would be a fine curriculum to use as a foundation, but I believe it would require a good deal of tweaking at the teacher level to ensure smooth facilitation.

*Reviewer 207*

Many supplementary lessons are available. There is a wide variety of topics and approaches which districts can choose from to use to fit the needs of their community while still meeting the requirements of the state.

*Reviewer 221*

The 3 Rs Elementary lessons are age appropriate and engaging. They use inconsistent language about gender and could increase inclusivity by eliminating gendered language or speaking more consistently to a range of identities and experiences. Some of the examples make assumptions about student experiences that may not match students' actual lived experiences. For example, the puberty lessons reference increased conflict with parents/guardians, “raging hormones”, increased peer pressure, and a desire to diet because of self-consciousness. These examples may reinforce harmful stereotypes. The visuals do show a range of skin tones and ethnicities which is a positive. The lessons seem incomplete and it's my hope that editing will increase inclusivity and specificity. The puberty and reproduction lesson references “conception” a concept that may be too value laden. The lesson Your Body Your Rights uses the language, “good and bad touch” which may be confusing and inhibit understanding. The lesson What is Love Anyway overemphasizes love and could be improved by naming “crushes” or “romantic feelings” instead of “love” when describing adolescent feelings of sexual attraction. Overall, they are comprehensive and provide a nice foundation of scientific information and social emotional skill development that will prepare students for more complex conversations about sexual health in later grades. They provide helpful teacher scripts and tips for facilitation.

### **3Rs WA MS**

#### **Accuracy**

*Reviewer 223*

Citations are missing which is particularly problematic at the middle school level.

*Reviewer 224*

This resource received a 3 because there are some omissions and inaccurate claims. However, the errors they tend to be of less medical significance than inaccuracies in similar resources.

Incomplete Information and inaccuracies:

- Discussion about the following methods is missing: internal condoms, diaphragm, sponge, fertility awareness, and spermicides. Similarly, the recommended video references only a limited set of birth control methods, notably omitting IUD (8- Birth control basics).
- Condoms also provide protection for HPV, in addition to the diseases listed (STDs protecting your health)
- In addition to diseases listed, lice and scabies can be spread through skin-to-skin contact (STDs protecting your health)
- In addition to the errors listed on page 3, another error would be keeping a condom in a place where it gets a lot of abrasion (Using a condom)
- The statistics about efficacy of different birth control methods are somewhat misleading because they reflect perfect use, rather than commonly accepted real-life conditions (8- Birth control basics).
- Slide 2 inaccurately depicts the placement of the stomach in the body (Reproduction basics power point)

## **Full**

### *Reviewer 201*

I appreciate that each lesson has a short “note about language” in it. This is a good reminder to teachers like me who have been teaching this a while and are trying to be better about using inclusive language. I liked the activities, and the PowerPoints are simple and clear. I also appreciate how the lessons on gender asked students to look at how stereotypes and messages affect all students – not just the ones that may not identify with their assigned sex. I think lessons like these will help students empathize with transgender and nonbinary students.

### *Reviewer 203*

I appreciate the advanced preparation in place and availability of bringing in school counselors for the session. Setting the tone with discussing national and local laws is crucial, and valuable to this series. Addressing safety with online activity is timely and developmentally appropriate for this age group. There is value in doing the role playing in small groups, and unclear with exercises (ex: 6th grade communicating about a sensitive topic Step 1-3, if this is the whole class/group working together or in small groups? Recommend small groups to allow for trust, vulnerability, and growth. Would like to see more activities where students practice anticipating uncomfortable situations and rehearsing/practice saying statements to someone who is pressuring them. I like the way the curriculum addresses identifying healthy and unhealthy relationships and feel this activity of rehearsing how to engage in these conversations would be appropriate or integrated into “making smart choices” segment.

### *Reviewer 216*

The WA 3Rs curriculum is overall well designed for middle school. Particularly, the lessons on sexuality and gender identity, boundaries, healthy/ unhealthy relationships, and sexual assault and abuse are well done. The lessons include resources and materials that are relatively accessible for most facilitators (Internet access needed). Some materials/activities in the curriculum as formatted awkwardly and have cut off text. Some materials such as external videos, use dated language or



imagery. These include the use of terms which may need content warnings and further class discussion to explain the impact of slurs, as well as the impact of the exclusion of Trans+ youth through binary language use.

These issues exist in the teacher tips and actual curriculum text as well though are much less frequent and could be amended at the facilitator level as well. (e.g., the assignment that has students plan how to avoid getting, or if they've already had one, avoid getting another STI in the future. The reality is some youths are born with or are infected with an STI in non-sexual ways from family early on, and the phrasing in this activity places the onus on students to avoid this clearly deemed negative outcome again. Which could make students insecure or feel unable to be healthy and safe sexual beings etc.) Beyond issues such as this, the WA 3Rs is quite robust and progressively and inclusively executed.

*Reviewer 217*

Overall, the materials are clear, easy to follow, include a variety of teaching strategies and methods, allow for student interaction, and are inclusive. Some specific lessons and observations that could be problematic include the following: Would be great to see more examples of non-binary or gender fluid folks. 6th grade, lesson 2 could better describe the difference between sex and gender. Grade 6 lesson 3 is meant to focus on boundaries but focuses a lot on sexual assault. Conversation could have been broader. Lesson 4 gives diet as an example of abstaining from something. Wish this were not the example.

Some lessons in 6th and 7th grade use what feels like scare tactics re abstinence, STDs, HIV. Grade 7, lesson 6 references identities and names a profession and sexual orientation as identities, which can suggest sexual orientation may be a choice, like a profession is. Lesson 11 has a link that doesn't go directly to what it claims. I appreciate that cyber safety is included here. Grade 8, lesson 7 "Rape: Get the Facts" video feels outdated. Also, video, "The Signs" depicts a survivor who is a white girl, with an abuser who is a POC."

## **3Rs WA HS**

### **Accuracy**

*Reviewer 223*

High school level curricula should include citations and sources. Several terms are poorly or incorrectly defined.

*Reviewer 224*

This source lacks citation for some statistics and comparative claims (i.e., x is more common than y). It is also best practice to provide references for general information such as facts about contraceptives. This can be done with relatively few citations (i.e., referencing CDC, WHO, etc.). In addition, there are some inaccurate claims, but relatively few compared to resources of similar scope.

Correction of Inaccurate Claims

- The seminal vesicle produces fluid that contributes to semen not sperm as stated in the slides (Sexual systems power point (upper HS)).
- The primary function of the prostate is to secrete fluid important in semen and propel this fluid during ejaculation (Sexual systems power point (upper HS) slide 23).
- “Blue balls” is also known as epididymal hypertension. Extremely limited research has been done on the phenomenon, but case reports suggest that it is a phenomenon. Citation would be needed regardless (Sexual systems myth/fact power point (upper HS) slide 6,12)
- Viagra does have some benefit in increasing ejaculation latency (time to ejaculation) in some patients (Sexual systems myth/fact power point (upper HS) slide 6,12).

#### Incomplete/Unspecific Information:

- With discussion of contraceptive options, it can be misleading to only give statistics for efficacy if the option is used 100% correctly, as this is not fully reflective of the real world (Know your options (lower HS)).

#### Statistics/facts needing citation (not exhaustive list):

- Citations should be provided condom efficacy (Creating condom confidence (lower HS) page 2)
- Citations are needed on all myths/facts (Sexual systems myth/fact power point (upper HS) slide 6)
- The trivia lacks citations throughout. Citations are especially needed for claims comparing different STIs. For example, which activity is the riskiest facts need citations. Similarly, the statement that the most common symptom of an STD is no symptom lacks citation (STD smarts).

### Full

#### *Reviewer 201*

These lessons are more scripted so while they would be good for any teacher, they would be especially helpful to new teachers and teachers who aren't as comfortable with the material. I really like that they have upper high school and lower high school lessons.

#### *Reviewer 213*

There are parts of this curriculum that I would use in my classroom. However, I would not feel comfortable using it as a whole. One of the main reasons being that I think that some of the in-class and homework activities are not appropriate and/or would make majority of students very uncomfortable. This curriculum is inclusive of gender and sexual orientation and very sex positive. Which doesn't have to be negative, however, I do not feel that it includes enough content on the benefits of abstinence. Abstinence is merely mentioned here and there.

The curriculum is split into lower (9th, 10th) and upper (11th, 12th) high school lessons. However, several use the same exact lesson without much or any adjustments. The reproductive systems aren't introduced until the upper high school lessons which I think is a disservice to the 9th and 10th grade students.

On a positive note, if you are looking for something rather progressive, this could be a good fit. The lessons themselves are easy to follow and have all the resources you will need attached in the single document.

*Reviewer 217*

For most every question, I listed AGREE, but can point to a few details that are of note within some specific lessons that would have me responding with DISAGREE or STRONGLY AGREE. Overall, solid lessons, good, activities, content that builds on previous lessons, and inclusive content and language.

Grade 9 lesson 1 depicts only men as abusers with no conversation as to why or showing women as an abuser. Also only shows negative examples of what unhealthy relationships look like. Lesson 5 Understanding Gender doesn't include conversation about gender pronouns and leaves out non-binary folks. Lesson 7 covers great content about sexual readiness and consent. Grade 10 lesson 1 includes great video discussing consent in ways that are not simply sexual-also uses inclusive language. I wish grade 10, lesson 5 included more conversation about consent and technology. Grade 12, lesson 5 Fantasy or Reality has good information about what is accurate and inaccurately portrayed in the media, but the PowerPoint encourages youth in relationships to have an agreement if both parties can look at sexually explicit images- which kind of implies people should just get permission from partners to watch porn because otherwise it's cheating?"

*Reviewer 220*

3Rs has a lot of specific things you can say and possible student responses (and how to respond to those responses), so could be good for teachers who are less comfortable with the topics. The homework assignments seem legitimately useful and ask students to practice skills, like finding condoms in the real world or evaluating hotlines for sexual assault. It asks students to reflect on and share their emotions regarding various topics, which would be useful if teachers are trying to emphasize SEL in their classrooms. Activities are a range of types so students can engage with peers, work individually, etc. Emphasis on teens being respected, and an effort for students to educate their peers, too. Not much acknowledgement of supporting ELLs or students with IEPs, and not a ton of visuals. I didn't love the lesson on gender identity/sexual orientation; it focused more on assessing how various people/institutions influence our perceptions of gender/sexuality, rather than supporting students who may be negatively impacted by these.

## **FLASH Elem**

### **Accuracy**

*Reviewer 223*

Minor omission regarding HIV. Text states that individuals with HIV can live longer with a doctor's help, but there is no mention that there are meds available to keep those people healthy. Doesn't need to be a lengthy discussion but should be mentioned.

*Reviewer 224*

This resource received a 3 because there are some omissions and inaccurate claims. However, the errors they tend to be of less medical significance than inaccuracies in similar resources.

## Errors:

- The resource claims that sperm maturation in the epididymis takes months. In fact, total transit time through the epididymis is 10-15 days. See the article at this link for more information (The Role of the Epididymis and the Contribution of Epididymosomes to Mammalian Reproduction by James et al 2020).
- The claim “even though kids your age are not having sex” is a generalization and not entirely true. Similarly, the claim that most teens abstain is somewhat misleading. A recent report by CDC shows that almost half of teens have had intercourse, according to self-reported data. Citations are needed for any claim about prevalence of intercourse (131).

## Full

### *Reviewer 203*

Appreciate the 2022 updates. Recommend careful language in section Family Life and Sexual Health Lesson 2 with defining terms such as lesbian when a woman is attracted to another woman, and gay describing a man attracted to another man. Even if it were phrased as “commonly, some words used to describe a woman attracted to another woman may be lesbian, and gay often used to describe a man who attracted to another man.” Just would like to see the presentation include leeway for other terms to be included as well. For example, many women attracted to other women identify as being gay, as well as a woman who is attracted to another woman may not just define as lesbian, but could be bisexual.

Recommend working in smaller work groups for peer-peer activities, promoting trust, engagement, vulnerability and growth. Ex: Lesson 3 Esteem Building exercise, consider using smaller groups of 2-3 ppl instead of 4-6. It may also minimize opportunity for some participants to be left out of the activity, and allow for only those who are closer to engage with each other.

I really like the timeline of their life’s activity (Lesson 3), powerful takeaway.

Lesson 5 Friendships -Would like to see the discussion of keeping friend's secret part of the activity/lesson and note just a side note that can be missed for discussion.

Lesson 6 - Appreciate the Alternatives chart column (positive and negative alternatives).

Lesson 7 - I value the consent presentation and specific scenarios of appropriate touch.

In general, I would recommend more time spent on small peer-peer role playing, practicing and rehearsing statements that may be uncomfortable (Ex: “Can I give you a hug?”, and “I don't feel like hugging right now.”) rather than time spent on correct in depth labeling of the anatomical reproductive parts in detail. I feel that it would be time more wisely spent in rehearsing potential scenarios and conversations so that if needed, they have the tools and practice of what to say, and recollection of having said them before in role play within a safe space than focus on the vas deferens, fallopian tubes and various other anatomical parts that may be difficult to resonate/retain within this age group.

Somewhat unsure of the math conversion section in lesson 12 re: age as a decimal. Is this to integrate math into the subject and make applicable to thinking of math in a new way? Concerned it takes away from the subject of puberty, or perhaps I'm missing something here.

HIV Lesson 14 - Recommend initiating conversation by asking what they know about HIV already/ The more opportunities students can learn from other students and have peer-peer interaction, the higher chance of information being interesting and remembered (so long as it is accurate).

Recommend open conversation of “Tell me what you know about HIV,” before playing video on “HIV and Me - Marissa's Story.” Allows for the tone to be set and potentially diffuse some fears of the subject first, so that students acquire more from the subject with a readiness to learn (fears are reduced).

Lesson 15 - Refusal Skill activity- Again recommend that the role playing is done within very small groups (2-3 ppl), rather than two students performing in front of the entire class. So important to give every chance to say the words, and practice what that feels like, and to be able to feel strong and vulnerable when practicing within a safe space.

#### *Reviewer 204*

Weaknesses: Minimal visual aids. Missing age-relevant references to social media, texting, posting, etc. (Standard 1 for grades 5 and 6). Lessons not mapped to specific grade levels so difficult to know which standards are being met with which lessons (unless review criteria are readily available).

Because this curriculum bridges elementary and middle school, some of the 6th grade standards are not explicitly covered. For example, Standard 1 - 6th grade: STDs are not defined or discussed, protective factors are not identified, and sexual health care services nor sending/posting explicit images is covered. Similarly, other methods of preventing unintended pregnancy and STDs, required by WA Sexual Health Education Legislative Requirements was not included.

Standard 2: I felt that the influence of friends, media, and culture was not emphasized in relation to gender roles, identity, and expression. Overall, cultural diversity/differences were not a focus.

Standard 8: Supporting peers in healthy relationships was lacking.

Several of the Bias-free Materials Requirements did not seem to apply because there were not many audiovisual resources supplied. The Family video is a nice piece, but it would be helpful if updated for non-binary inclusivity.

#### *Strengths:*

Overall, this is a brave and confident curriculum. With a robust implementation toolkit and preparation guidance for teachers, it provides a solid backbone for facilitators AND school administration/boards to feel secure in their implementation. It feels exceptionally inclusive and medically accurate and doesn't stray from critical health messaging. It is efficient, engaging, and well organized for ease of facilitation.

#### *Reviewer 219*

“Strengths: FLASH offers easy to follow lesson plans with lessons that don't need a lot of preparation or extra materials. For the most part, FLASH uses gender inclusive terms and really highlights the importance of validating students and their lived experiences when it comes to gender, sexual orientation, race, ethnicity, and ability. Lessons used different learning modalities and offered a combination of scripted, lecture-based content as well as hands-on, student-led classroom activities.

Each lesson has an optional component to relate the health lesson to another school subject, e.g., social studies, math, science, etc.

Weaknesses: Could be a little too childish for 6th graders - it seems to be more appropriate for 4th or 5th grade, not 6th. Scripts are provided for most lessons, but they can be long. Some lessons need 50-60 minutes for a topic, which could be too long for some students to maintain focus and attention.

*Reviewer 222*

Overall, this is a very strong curriculum, with just a few areas for improvement that I'd recommend teachers plan for:

The curriculum repeatedly conflates the terms sex and gender, which will likely confuse students as you try to actively disambiguate those terms later.

The lessons on consent & boundaries and reporting sexual abuse don't acknowledge the cultural, family, and social pressures that can impact a youth's ability to set boundaries or report sexual abuse (e.g., expectations you hug/kiss, systems involvement impacts, community rejection fears, etc.). I encourage teachers to read through the materials carefully and discuss with their colleagues how to be culturally responsive to their students ranges of experiences. Also, please build in a content warning (perhaps better framed as “brainstorm ways to take care of yourself and get help”) before discussing scenarios related to sexual abuse.

There is no guidance for differentiated instruction or for adapting things for non-native English speakers. All the homework is in English only, which won't be accessible to many families. Please consider the needs of your community and plan for adaptations.

## ***Glencoe Health 2022 with Human Sexuality***

### **Accuracy**

*Reviewer 223*

Chlamydia description is incomplete, mentions only HSV II as a genital infection, doesn't state that Hep B is preventable with vaccination, Syphilis is not known to be infectious (syphilis is transmissible through close skin-to-skin contact), Bacterial vaginosis is not an STD.

Penis does not need to be erect to discharge semen, clitoris and vagina omitted from diagrams, uses “excitement” instead of arousal, a doctor is not needed for a pregnancy test and home pregnancy tests do not have a high rate of false negatives, IUDs omitted from birth control methods discussion, HIV transmission via blood transmission is no longer a concern.

No citations or references included to back up statements.

*Reviewer 224*

This resourced almost entirely lacked citations. This is particularly problematic on all statistics provided and comparative claims. It is also particularly problematic on highly specific medical advice, as many of these recommendations are changing rapidly and/or without medical consensus. Although citation is essential on medical recommendations and statistics, it is also best practice on

general information such as STI information (treatment, symptoms, etc.), reproductive changes, etc. Similarly, there are a number of generalizations without citation. Additionally, there are several claims and diagrams that are medically inaccurate.

#### Inaccurate Claims

- The discussion of intellectual development needs citation and is inaccurate. Discussion appears to be based off Piaget's theory of development. From 7-11 children have concrete operational thought in which logical thought and understanding of volume do occur. In general, there are many schools of thought regarding human development, each with inadequacies. Information should be presented in light of this uncertainty.
- The typical start to puberty is debated, but 9 years old is commonly accepted. 12-18 is certainly later than relevant authorities propose. Regardless citation is essential (25).
- In reality, both females and males grow bones and muscle in puberty (27).
- There is a lack of research about the cause of nocturnal emissions. The description provided is not supported by my review of medical literature (49).
- The urethra is mis-labeled as the arrow is pointing to the anus (53).
- Amenorrhea is classified on *UpToDate.com* as absence of menarche before 16 (55).
- Citation for embryonic development timeline. The size estimates are lower than commonly cited. Timing of neuron development is earlier here than other resources (78).
- Should cite studies about risk of caffeine to fetus. According to American College of Obstetricians and Gynecologists (ACOG), moderate consumption is not a risk to the fetus (88).
- Vasectomy reversal efficacy is understated. Efficacy is estimated 50-70%. Similarly, reversal of tubal ligation is estimated to be between 46% (older women) and 73% in younger women (108).
- Abortions are not all surgical procedures as they can also be pharmacologic (109).
- Claim that douching makes fertilization more likely is dubious. It may push sperm further into the vagina, but it is an inference that this increases fertilization (122).
- According to *UpToDate.com*, Hepatitis C therapy is associated with a 97 to 100 percent chance of being HCV RNA negative during long-term follow-up and can therefore be considered cure of the HCV infection (133).

Medical Advice that is inaccurate or lacking nuance. The advice provided tends to be highly specific and covers areas where there is more nuance depending on patient characteristics and/or is quickly changing.

- There is debate among various health groups about the efficacy of breast-self exams and there is not a consensus on recommending them. For instance, the consensus on *UpToDate.com* is to not screen, but WHO recommends screening (52, 58).
- According to *UpToDate.com*, pap smears are not recommended for patients <21 years old and screening should occur every three years for patients age 21-29 (52, 57).
- For preeclampsia management, it is very common to do early delivery (87).

- Ultrasound is not commonly done until at least 7 weeks, according to *UpToDate.com* and ACOG. The resource implies that they are done earlier. Regardless, the claim that fetal heartbeat is detected at 5 weeks is early. After 6 weeks is more commonly accepted (90).
- Discussion of regular medical follow-up bridges into medical advice and certainly needs citation (90).
- Amniocentesis should optimally be done at 15-17 weeks per *UpToDate.com* (90).
- Although medication free births are possible in some cases, they are less common and not always medically appropriate. It should be made clear that medication free births are one viable but less common option (94).
- Contraindications to implant use are inaccurate. According to *UpToDate.com*, obesity is not a contraindication. The benefits of implants outweigh any theoretical risks for patients on seizure medications. Other medications listed are not contraindicated. Regardless detailed discussion with a doctor is necessary (106).
- The CDC recommendation for HPV vaccination is for everyone through the age of 26, not just females (128).

#### Incomplete Information:

- It is incomplete to not mention HPV and Hepatitis B vaccination in discussion of treatment (11).
- Seminal vesicle is not well labelled on this diagram and Cowper's gland not labelled (48).
- For completeness, IVF is another method of becoming a parent (70).
- Claim that embryo looks human at 8 weeks is not objective (80)
- Would be optimal to explain why using the rhythm method of birth control for teens is particularly difficult, beyond suggesting they are immature. Reasons include that it requires great attention to detail which is difficult, and that timing of menstrual cycles is more variable in adolescents (101).
- Emergency contraception omits discussion of copper IUDs which are the most effective form of emergency contraception (106).
- Resource downplays the effect anti-retroviral drugs have had on normalizing survival for HIV positive individuals (145).
- Proper and consistent use of condoms also dramatically reduces the risk of HIV (152).

#### Statistics needing citation (not exhaustive list):

- Percent of sexual content on TV and link between sexual content and sexual activity (16).
- Facts with number values must be cited in module 3. These include length of sperm maturation (many resources suggest longer than 64 days), number of sperm per ejaculate (range is on high end), length of vas deferens, prevalence of testicular cancer and undescended testicles, amount of blood on period, prevalence of breast cancer and ovarian cancer, relative prevalence of HPV.
- All statistics about prevalence of disease (throughout).
- All statistics about birth control efficacy.
- Citation for average age of marriage, prevalence of divorce (66, 68).



- Citation for number of pregnant females not immune to rubella, this number is lower than anticipated from my review of literature (88).
- Citation that patch has higher risk of clots (106).
- Citation for cost of medication needed, especially as it is influenced by factors such as insurance coverage (150).

Generalizations needing citation:

- Citation for claim that person with good self-concept is less likely to be involved in high-risk behaviors (18, 33).
- Generalizations about what form of dating teenagers are most comfortable with and about difficulties in marriage, teen marriage, and teen parenting (33,34, 67, 69, 72).
- Claim that abstinence deepens friendship is without support (39).
- Citation for factors that contribute to successful marriage (67).
- Cite claim that “teens tend to engage in high-risk behaviors” (145).

## **Full**

*Reviewer 202*

As a school nurse, I would highly recommend this textbook. It is scientifically and biologically accurate, age appropriate, and free of bias. The book offers great suggestions to teachers and would be an excellent textbook for students learning about all aspects of sexual health.

*Reviewer 211*

The Glencoe Health with Human Sexuality curriculum is incredibly detailed, although it is limited in some respects. There could be greater inclusivity throughout the curriculum to include individuals of different cultures and individuals of different abilities. Additionally, most opportunities to extend the curriculum are limited to teacher notes and should be better incorporated into the entirety of the curriculum.

This curriculum contains several resources which make it ideal for remote learning environments, however its formatting makes it difficult to alter for English language learners or students with disabilities. Additionally, it lacks opportunities for peer communication and for students to practice skills in a classroom environment. For example, the online curriculum is heavily reading- and writing-based, and fails to include effective audio-visual components, or leave significant space for peer-discussions and practice outside of teacher’s notes.

*Reviewer 214*

Overall, I thought this was a well put together program. Modules follow a consistent organization pattern (i.e., all contain vocabulary, lesson reviews, assessments, and parental activities). The modules make for easy reading and the material is presented in a way that is easy to understand and follow. The shortcomings come in terms of representation. Photos were of people of typical gender stereotypes (women with long hair, men with short hair, women taking care of babies, etc.). I saw no images representing homosexual couples, non-binary folks, and only one photo of a person with a disability. We may be able to assume that representation of these folks may happen in other

health lessons, but I thought it was surprising not to see homosexual couples and non-binary people represented in the sexual health curriculum.

*Reviewer 217*

Introduction contains good teacher info including responding to student questions but does not go as far as discussing values questions and the importance of providing a range of responses.

Lots of images of white people, with few exceptions showing athletes of color.

Lessons establish solid foundation of understanding of terminology and concepts needed to build on lessons that follow.

Lesson leaves it up to the teacher as to how to lead a class discussion about gender role stereotypes.

While an attempt is made to use non-gendered terms for body parts and pregnancy/STDs/birth control, multiple references are made to female anatomy or pregnant females, or a female's body.

"Use of Emergency Contraception is controversial." Is leading. Lesson goes on to say "In some states, access...is limited to people over the age of 18." Feels like a deterrent.

Page 101 typo "sexual contract" instead of sexual contact.

Page 130 references gonorrhea only as the cause of PID when it may also be caused by chlamydia or other STDs. Somewhat misleading.

Page 136 references how some refer to STDs as Silent Epidemics or Silent Killers. This is not helpful in eliminating stigma.

HIV lesson includes conversation about PrEP and PEP.

Every image of real people in the HIV lessons pages are of people of color.

HIV lessons include good learning extensions and research activities.

Some language borders on scare tactics, "...is a fatal disorder..." Also, debate questions (page 144) are posed that may backfire, such as, "Have students debate whether an individual living with HIV should be allowed to play contact sports."

Lessons focusing on Gender Identity and Sexual Orientation had decent information and a good sequencing of information. Unfortunately, the reference to gender transitions emphasized hormones and surgery. There seemed to be a lack of mention of social transitioning...change of names, dress, pronouns, etc. Also used term "Preferred pronouns." Many bristle at the use of "preferred" as though it were a choice between a list of equally acceptable options. At one point, there is talk of the strides made over time in support of LGBTQ+ rights, even citing gay marriage. This oversimplifies and downplays the very real and persistent mistreatment and dangers (and disproportionately high negative health outcomes) our LGBTQ young people face.

There are some good activities that ask student to practice allyship behaviors (although not called that)

Lessons consistently use the term Homosexual and not Gay, although the term LGBTQ+ is included throughout.

#### *Reviewer 220*

While the text acknowledges the existence of non-binary and trans\* people in the gender expression section, the language in general is very binary and sometimes uses outdated terms like “sex change surgery”. In the section about sexual abuse, the text pushes for reporting sexual abuse in a way that seems to ignore why people might choose not to, almost in a way that shames survivors for not reporting. I was relieved to see that information on updated HIV medications was included, as well as the fact that if viral load is small enough, there is no risk of transmission, but I wish there was more emphasis on these. Lacks comprehensive information on how to put on a condom properly. Teacher guide includes multiple possible activities to accompany the text, but many of them are outside research-based. The text in general seemed biased towards abstinence, despite including other birth control methods. Overall, it seemed like it was trying to be progressive for the sake of checking boxes while still maintaining a conservative undertone. At the end of the day, it is just a standard boring textbook.

#### *Reviewer 222*

For this curriculum to meet state standards, I would have to adapt nearly every lesson - from the learning objectives to the activities to the evaluations. It fails to meet state standards in several key ways that are not incidental or easily remedied, including many medically inaccurate statements and several definitions that are values-based or exclusionary to protected classes.

Overall, the tone of the curriculum is moralizing and didactic, and it engages students in discussions only of the benefits of abstinence and refusal skills rather than the full range of health promoting behaviors. The curriculum promotes abstinence to the point of excluding other options for STI and pregnancy prevention. For example, the student version of the textbook and assessments do not mention condoms, so the State standards would not be met unless the teacher added on additional information and activities.

There is a key for activities to mark them as At/On/Below grade level or for English Learners. Virtually none of the activities in the STI and HIV lessons are below grade level or for English learners. In other sections, almost all the English Learner activities are simply having students look up words, and below grade level activities are having students repeat back what was just taught.

Some lesson activities suggest facilitating discussions with youth about values-based or controversial topics without providing any resources for this facilitation. Without those resources or additional training, only a highly skilled teacher with experience facilitating discussion of those topics could navigate this in a way that was trauma-informed and productive.

### ***Glencoe Teen Health 2021 with Healthy Relationships & Sexuality***

#### **Accuracy**

#### *Reviewer 223*

Clitoris omitted from both discussion and diagrams, description of nocturnal emissions is incorrect, there are at least 100 types of HPV not 40, trichomoniasis is nearly always symptomatic in females, Gonorrhea discussion fails to include treatment resistance issues, BV is not an STI, does not mention Pre-exposure Prevention meds for HIV.

No citations or references given.

#### *Reviewer 224*

This resource's grade was attributed to its lack of citation for statistics, presence of generalizations without evidence, and handful of inaccurate medical claims. Additionally, it is best practice, although less essential to provide the source for more general information such as pubertal changes, normal age ranges etc.

#### Inaccurate Claims

- Citation needed for prevalence of teenage pregnancy and STDs. The number of teenage parents per year is inflated. Recent CDC data suggests 171,674 live births to teenage mothers (Module 1 Lesson 3, Module 3 Lesson 1).
- There is debate among various health groups about the efficacy of breast-self exams and there is not a consensus on recommending them. For instance, the consensus on *UpToDate.com* is to not screen, but WHO recommends screening (Module 2 Lesson 1).
- According to *UpToDate.com*, pap smears are not recommended for patients <21 years old and screening should occur every three years for patients 21-29 (Module 2 Lesson 1).
- The Cowper's gland, seminal vesicles, and prostate produce fluids to protect sperm. The vas deferens is the tract through which it travels (Module 2 Lesson 2).
- There is a lack of research about the cause of nocturnal emissions. The description provided is not supported by my review of medical literature (Module 2 Lesson 2).
- Teenage pregnancy is associated with adverse pregnancy outcomes including preeclampsia, preterm birth, and growth restriction. However, the cause is multifactorial and not necessarily due to cervical development (Module 3 Lesson 1).
- It is not known that a vaccine against HIV is possible (Module 3 Lesson 4).

#### Incomplete/Unspecific Information:

- Claim that you develop awareness of other's needs in puberty is unspecific. If this is referring to empathy, empathy develops at a younger age (Module 1 Lesson 2).
- Claim "adolescence is a time when teens may begin to have feeling for others" is non-specific to the point of inaccuracy (Module 1 Lesson 3).
- Fertilization can occur through other methods than intercourse such as IVF (Module 3 Lesson 4).

#### Statistics needing citation (not exhaustive list):

- Prevalence of gynecomastia (Module 2).
- Citation needed for efficacy of birth control methods. These rates are usually reported in terms of typical use. In this case, efficacy differs from that in the resource. Condom, OCP, and diaphragm efficacies are overstated (Module 3 Lesson 1).
- Citation needed for claim that bisexual teens report engaging in higher rate of sexual activity (Module 3 Lesson 2).

- Citations needed for statistics about number of people who get married and divorced. Also needed for the claim that most common reason for teenage marriage is pregnancy. Many claims in this lesson are not supported by evidence (Module 3 Lesson 3).
- Provide citations for prevalence of STDs (Module 3 Lesson 4).

Generalizations needing citation:

- Citation needed for claim that people with positive self-image are more likely to avoid harmful behaviors, accept responsibility and are open to learning new things (Module 1, lesson 1).
- Citation needed for claims about role of family in choosing dating partners (Module 1 Lesson 3).
- Discussion about reasons why people have sex is generalized and stereotyped rather than data driven. This is also true of discussion of consequences of sex (Module 3 Lesson 1, Module 3 Lesson 2).

## Full

*Reviewer 206*

This is a standard style textbook curriculum. If there are detailed teacher lesson plans, I couldn't find them. As an experienced professional educator, I expect to be able to easily navigate an online platform to find what I need. In my opinion, the structure of this program is not easy to navigate. The representations are mostly of white, heterosexual folks. Language in the text often uses binary language when referring to parents and identities of people with specific reproductive systems. This is not a text I would use with my students. It will be irrelevant before it gets district approval.

*Reviewer 211*

This curriculum is extremely problematic and has issues in a number of areas.

In considering the general utilization of the curriculum, it is extremely difficult to navigate from a teaching perspective. Upon closer inspection of the curriculum, while there are several activities that can be used for any given lesson, the information is not skills-based, and there are few opportunities for peer-to-peer learning or engagement with community. Additionally, the writing is short, extremely generic, and the materials are not engaging, utilizing stock photos and few graphics.

In terms of medical and scientific accuracy, while most of the information is accurate, there were some issues identified in an early review of the curriculum which indicate a lack of careful attention. One PowerPoint located in a preliminary search had information from over 15 years ago on STI rates, oversimplified information, and inaccurate information (denoting 19 million new cases when the CDC information indicates the correct number is 1.9).

The Glencoe Teen Health Curriculum is also extremely problematic in terms of its treatment of people of different races, genders, and sexual orientations. Some examples include:

- Confusing gender with sex throughout the curriculum (using males/men and females/women interchangeably in certain sections)

- In a module titled “Responsible Relationships”, there are images of 2 white/white-passing, seemingly happy couples, followed by an image of a young black girl looking worriedly at a pregnancy test.
- A quote from one section of the curriculum states “bisexual or questioning teens report engaging in sexual activity at a higher rate than heterosexual, gay, or lesbian teens.”

Each of these instances show that this curriculum is not culturally competent, and feeds into existing stereotypes in implicit and explicit ways.

While this curriculum has a great deal of resources available, they are ultimately problematic, inaccurate, and difficult to navigate. It does not appear to align well with the OSPI standards set forth.

#### *Reviewer 213*

The great part of this curriculum is that it is an inclusive online platform that students will be uploaded into. The teacher chooses the modules and activities to assign, there is a gradebook embedded, many assessments and checks for understanding, PowerPoints and an e-book with short answer reading checks. Another positive is that it is available in Spanish and the e-book has text-to-speech capabilities. The book is also available as a physical textbook in English or Spanish. Worksheets are PDFs that can be filled in on a computer or printed out. Activities include cross-curricular, enrichment and reteaching opportunities. There are many great aspects to this curriculum, however, I feel like important aspects are lacking. The activities outside of the reading modules and PowerPoints are decent, but they don't call for much peer-to-peer interactions or use other engagement strategies. So, I think it would be monotonous and difficult to keep students engaged at times. A large portion of the videos are older and/or are from newscasts or TV shows and aren't very relatable to a current teen. There are many photos throughout the e-book. The photos are representative of many ethnicities and sometimes depict an individual with a disability. However, they do not do a good job of representing non-heteronormative relationships. Other than the module on gender identity and sexual orientation, I did not see a single photo or video that included relationships that were not heterosexual.

Overall, the content is adequate, but there are some changes needing to be made to the visuals and engagement strategies before I would use this in my classroom.

#### *Reviewer 219*

**Strengths:** Lots of student reflection time is integrated into the lessons, and the online modules were easy to follow and didn't need much preparation. The lessons are also self-paced, so students can spend more or less time on individual topics if they need. Resources are also included, and assignments/quizzes can be easily integrated into the virtual modules.

**Weaknesses:** There is little opportunity for students to work together or to ask questions. The pictures in the modules were not very diverse, though they were appealing and age appropriate. The lessons that discussed consequences used scare tactics when discussing decisions and outcomes. There was very gendered language, and the lesson about contraception included outdated information about birth control methods. There was little connection to other school topics.

## **Great Body Shop**

### **Accuracy**

*Reviewer 223*

There are several minor inaccuracies or missing pieces of information that instructor should be able to correct if there are questions, but given that this is an elementary text, those omissions are not particularly problematic

*Reviewer 224*

Overall, this resource was assigned its grade based on the numerous smaller-scale errors present. Individually, the many of errors are not difficult to correct, but collectively, addressing everything requires moderate effort. Most importantly, there are a number of inaccurate medical claims, most significantly regarding fetal development. Location of these problems is grade.month.lesson so that 6.2.4 represents grade 6 month 2 lesson 4.

#### **Inaccurate Claims**

- Citation needed for timeline for fetal development. In particular, claims that the fetal heartbeat can be detected at 3 weeks are inaccurate. In the MS1 student packet, claims about the most vulnerable time periods in fetal development are inconsistent with authoritative sources (6.6.2 and student packet, MS1.TGM14.6, MS1 packet, MS2.TGM24.5, MS2 packet).
- According to *UpToDate.com* and Mayo clinic, the average menstrual cycle lasts 28-35 days, not 21-31 as the resource states. Citation needed (6.6.1, reinforcement).
- Difficulty breathing and digestive system complications are not classic presentations of Fetal Alcohol Syndrome. Behavioral changes, facial abnormalities, difficulty learning, height/weight, and brain development are more classic (6.6.2, MS2.TGM24.activity 11).
- Claim that many children born to mothers who use substances die is imprecise and suggests higher than actual infant mortality. All claims in this section need citation. (6.6.student packet).

#### **Incomplete/Unspecific Information:**

- Clitoris is not listed in list of female genitals (6.6.4, 6.6 optional reinforcement of female hygiene).
- Classifying sexual behavior as risky isn't necessarily accurate. It is more accurate to state specific sexual behaviors as risky such as intercourse without a condom (6.6.2, 6.8.1).
- Discussion of hormonal contraception should include the implant as it is commonly used and extremely effective (6.6.activity 15, MS1.TGM14.activity 7, MS2.TGM24.activity 4).
- Claim that the embryo looks like a miniature baby after 2 months is subjective and mischaracterizes the appearance of the embryo (6.6.studentpacket, MS2.TGM24.act5).
- Use of condoms is missing from the list of behaviors that help prevent infection from HIV (6.8.3).

- Citation needed that most teens abstain for sex and the claim that the most common reason people chose abstinence is pregnancy prevention (6.6.2, 6.8.3, MS1.TGM14.7, MS2 activity 1).
- Claim that abstinence can deepen relationships is not evidence based (6.6.16, MS1.TGM14.11).
- The claim that abstaining from sexual involvement respects your immune system is not entirely accurate. Respect here is poorly defined. Regardless, it is STIs not sex itself that challenges the immune system (6.8.2).

## **Full**

### *Reviewer 202*

These materials are biologically and scientifically accurate and age appropriate for 6-8 graders. The curriculum contains good information about STDs, specifically HPV and HIV. GBS provides many examples of teens making healthy choices and conducting in healthy behaviors such as abstinence, being responsible, and not falling to peer pressure. However, I found the curriculum design to be cumbersome and difficult to navigate which may present challenges for both teachers and students using this material.

### *Reviewer 207*

Even though the information provided is age appropriate and easy to understand, I would consider the lessons as general overviews. It does offer the opportunity for parents to engage with their student using a Family Bulletin and Home Connection. Overall, I feel that this material is one that could be used with additional supplementary materials to fill in the gaps.

### *Reviewer 211*

The material included within the Great Body Shop curriculum is extremely comprehensive and detailed, with a number of options to personalize curriculum (including handouts in English and Spanish). Additionally, many of the materials assist students in organizing their own thoughts around topics, including practice using graphic organizers. That being said, nearly all of the resources rely heavily on the written word, which can create barriers for students who may have learning disabilities or are learning English as a Second Language. It may be useful for educators to supplement this curriculum with videos and other audio-visual components for some learners.

This curriculum addresses a number of issues on varying scales, ranging from microscopic understandings of cells and viruses within the human body, to considering community and environmental influences. Given the focuses and discussions around violence within communities, I was disappointed by the failure to acknowledge structural causes of community violence. Additionally, while certain sections of the curriculum differentiate well between sex and gender, some areas fail to take this into account.

Overall, the breadth and depth of the curriculum is impressive, they take into account many issues related to health, and have updated the curriculum to be relevant (including addressing COVID-19 as an example of a communicable illness, considering how it has influenced student understandings of vaccinations, etc.). There are many materials, activities, and discussions that can be personalized by educators and school districts to fit the needs of classes and students.



#### *Reviewer 218*

The Great Body Shop integrates sexual health education within a larger scope of general health and wellness that is meant to be taught across an entire school year. While integrating lessons on the reproductive system, HIV/STDs, healthy relationships, and refusal skills across a range of topics may help normalize conversations and lessons around sexual health, the program lacks key areas to ultimately be considered comprehensive. For instance, there are lessons which reinforce abstinence as the healthiest choice for middle school students, but the program lacks any lessons on correct condom use or birth control methods. The material is also highly gendered in both its language and images; experiences and relationships of LGBTQ+ young people are not mentioned. Intimate and family relationships are presented almost exclusively heterosexual, able-bodied and within the traditional nuclear family configuration. Overall, the material does not appear to be representative to a diverse student population, is not inclusive across protected classes, and does not include fundamental lessons of protection methods.

### ***Making Proud Choices***

#### **Accuracy**

##### *Reviewer 223*

No concerns, well cited and referenced.

##### *Reviewer 224*

This resource is well aligned with authoritative sources of health information and does an excellent job of providing credible citation for its claims. Compared to resources that are similarly comprehensive, it provides significantly more support for its claims. My suggestions include adding a handful of citations for un-cited but medically accurate claims, citing or removing more dubious claims, and adjusting phrasing for completeness. Details of these suggestions follow:

Medically accurate claims that need citation

- 42: It would be optimal to have citation to support the importance of health behaviors for promoting self-esteem, staying in school etc.
- Module 2: Although the general information about HIV is correct, it would be best practice to provide the source, such as CDC.
- Module 6: References should be provided for information about birth control methods.
- 159: Claim that hormonal methods aren't linked to weight gain are correct but need citation.
- 171: Claim that condom use can prolong erection time needs citation.
- 251: Normal age to start puberty is correct but needs citation
- 332: Citations for trauma informed education tend to be slightly old. Argument would be improved by providing a few more recent sources.
- 337-345: This section should be more clearly cited. In particular, discussion of prevalence in black and Hispanic populations and causes for these disparities should be cited.

Claims of uncertain validity that that need citation or to be removed

- 264: Cite claim that 30% of people who received a nude picture share it with others.

## Changes in Phrasing

- 149, 300: For completeness, it should be mentioned that hormonal IUDs can also cause periods to be irregular or stop.
- 314: Claim that cocaine puts at a higher risk of HIV is indirect.”

## Full

### *Reviewer 203*

I appreciate the curriculum's emphasis on creating a safe space and establishing ground rules for the group based on respect, non-judgement, support, and encouragement.

Starting off the Modules with Negotiating Condom Use, “I Can Do It” – cooperation with partner on condom use is effective and reinforcing again in Mod 8 brings strength and value to this important concept. Acknowledging “Goals and Dreams” via timeline of things students are proud of doing in their lifetime, past year, 5 years from now, 10 years from now... acknowledging being “good enough” makes room for understanding our goals and plans. There is great value in adding the concept of obstacles to the timeline that highlight how our plans and goals can get interrupted, allowing for reflection of personal choices.

Beginning first mod with understanding facts of HIV and risk-associated behavior. I appreciate the “Stop, Think, Act” segment, allowing for problem solving, and seeking alternative solutions.

I value how this curriculum emphasizes the condom use and negotiation skills. Role playing with peers in small groups allows for vulnerability, real life experience in anticipating uncomfortable conversations and scenarios. One valuable aspect within this curriculum is the activity “What to say if my partner says...”. This is a tool which will allow students to practice/rehearse statements/scenarios to allow for readiness and thoughtful responses to their options.

Confused on a matter within the Appendix, regarding list of appropriate terms vs derogatory of incorrect terms. The word “gay” is under derogatory/incorrect list and I challenge this. It would be appropriate to use if one identifies as being gay, which I understand many do.

### *Reviewer 218*

Making Proud Choices (5th Edition) heavily centers its lessons around the prevention of HIV/STI transmission and unintended pregnancy. Out of its 8 modules, 6 are dedicated to examining the prevention of these high-risk outcomes, and it does so very thoroughly and with a wide range of peer-to-peer activities and videos. It has been updated to include relevant advances in medicine regarding HIV, including the inclusion PrEP/PEP, and the language integrated throughout is inclusive of varying sexual identities and non-shaming for pregnant or parenting teens. The curriculum includes a robust facilitator guide, which includes background information and clear step-by-step guidance for each module. The appendices are also full of helpful material: strategies for classroom behavior management, additional role play scenarios, trauma-informed practices for teaching sexual health, a comprehensive glossary, and a list of responses to 61 common and frequently asked questions.

The major downside of this curriculum is that it would need supplemental material to cover other critical areas of comprehensive sexual health education, including healthy/unhealthy relationships,

consent, puberty/development and the reproductive system/pregnancy. There are add-on activities that cover some of these in the appendices, but not to the degree that the rest of the modules do for HIV/STI and pregnancy prevention. The curriculum also lacks summative assessments, which a teacher would have to prepare if grading. In place of written assessments, the modules do include many trivia games that evaluate gain in knowledge in a less formal way. Lastly, the curriculum suggests use of the curriculum as “11 years old and up,” but given the scenarios, videos, and often medically complex material, I would suggest its use in high school classrooms.

#### *Reviewer 219*

Strengths: Accessible and easy-to-follow course content also available in Spanish and for out-of-home young people. Making Proud Choices didn't use fear- or shame-based tactics and used inclusive language as well as diverse graphics and examples.

Cons: The subscription service was difficult to set up, limited timeframe to review the curriculum.

#### *Reviewer 225*

This curriculum was originally developed as an HIV/STD/Pregnancy prevention program. Additional content has been added to make it more comprehensive. Except for reproductive anatomy, reproduction and pregnancy, the curriculum could be used to meet most requirements of the law. It is evidence-based, trauma-informed, inclusive, and well-designed. It would also be appropriate for use at the high school level, and in some districts more appropriate for high school. The one exception regarding inclusivity, was no mention I could find regarding ability level and no scenarios depicting students with disabilities.

## ***Native It's Your Game***

### **Accuracy**

#### *Reviewer 223*

No medical/scientific concerns.

#### *Reviewer 224*

Overall, this resource focused predominantly on interpersonal skills with relatively less medical or scientific information. In the medical information presented, there were few inaccuracies. However, there was a lack of citations, which were particularly needed for statistics.

Inaccuracies:

- Menstrual cycle length on about menstruation handout: According to *UpToDate.com*, the average menstrual cycle lasts 28-35 days.
- Facilitator Guide page 116: It is more accurate to describe condoms as internal/external than male/female.
- Handout Body Art page 3: Hepatitis C can be cured.

Citations needed for following claims:

- Percent of teens who will get pregnant without birth control (Facilitator Guide appendix quiz 9 and Teacher Key quiz 9)
- Youth who begin drinking before age 15 are more likely to become dependent and for effects of drugs and alcohol (About drugs and alcohol)
- Prevalence of Candidiasis (About STIs)
- Citations are needed broadly in the About Drugs and Alcohol handout. In particular, they're needed in the risk factors, facts, and ways to help yourself sections.

Update citations/statistics:

- Statistics on slides 4 and 5 of the PowerPoint are based on resources about 10 years old.

## **Full**

### *Reviewer 214*

The reason I wouldn't utilize this in my personal classroom is simply because it is so culturally specific. The culture it is targeting is a minority at my public school. I do appreciate that those working in a school where this culture is the majority may find this curriculum agreeable. One other shortcoming of the material was the lack of relationship diversity when discussing sexual health. Couples represented throughout the curriculum seemed to be heterosexual only. Also, there were a couple of lessons where student experience was based on which gender they chose best represented them, but it was unclear if there were only binary options, or if "non-binary" options were included.

### *Reviewer 216*

N-IYG is a useful curriculum for providing sexual health education that is tailored to Native Indigenous youth or AN/AI youth. This includes introductions and characters throughout the program who are AN/AI and or other BIMPOC folx. The overall product is promising based on its measured outcomes. The product is easy to use and incorporate given the proper technological set up. Community and family involvement are encouraged through homework assignments. Youth are given full length lessons online through virtual modules which are hosted throughout a virtual mall the program can lag if too many students are using it on less than 2KB.

The self-selected gender and sexual experiences of youth are used to tailor lessons to the student-meaning not all student receive the same lesson content. Some students will not receive all the harm or risk reduction education or can opt out of safety demonstrations such as proper condom use. This leaves room for youth to decide what they want to see which is possibly preferred for younger youth who are not comfortable learning these skills yet. Facilitators can view all individual and class progress in the content management system which can help assess youth learning and determine if additional lessons or topics should be covered for all youth. There is still overdependence on hetero-normative dynamics and few if any lesson activities represent queer relationships or trans+ youth. Though youth are allowed to select any partner for sexual negotiation and refusal skill activities, meaning a male student could select the male actor to participate in the activity with, however the voices in the activity are still female/male suggesting heterosexual norms.

### *Reviewer 218*

Native It's Your Game is a computer-based sexual health curriculum designed to be completed individually by students, and it could be utilized for remote learning or other instances when a synchronous facilitator isn't available. Each of the thirteen lessons are 30-50 minutes in length and include a variety of online activities, from films to matching to multiple choice to journal writing. The curriculum was designed in collaboration with multiple tribes and first nations to create an indigenous-inclusive sexual health program, but the information included could be used in any classroom or after-school program. The major drawbacks for this program are mostly due to its inherent computer-based design: because the program is set up to be done on individual computers, there are no whole classroom discussions, small group activities or any built-in activities for the in-person classroom. While the program does include some very engaging activities and is fully comprehensive, it does lean on a student's ability to stay on task, move along at their own pace and have a strong grasp on the content without a facilitator.

*Reviewer 221*

Native It's Your Game 2.0 is an innovative and high-quality digital pregnancy and STI/HIV prevention program for middle school aged students that centers Indigenous students. It uses a variety of methods to support students' knowledge and skills acquisition in the areas of physical, social, and emotional health. It empowers students to develop their own agency by focusing strengths and personal rules while offering community messages of support from elders and peers through a series of videos. The messages around relationships, negotiation, and consequences of pregnancy do focus on risks and could be improved with increased discussion of affirmative consent and added emphasis on asking for permission to engage with another person as well as accepting rejections. The handouts, quizzes, and homework focus on the most important health messages and offer welcoming opportunities for personal reflection, pursuit of additional resources, and engaging conversations with trusted adults. Program components are visually appealing and easy to use. This culturally specific program would serve students of all cultures well. It provides a rare and wonderful opportunity to experience the values and practices of the American Indian and Alaskan Native community.

## ***Puberty: The Wonder Years***

### **Accuracy**

*Reviewer 223*

Some inaccurate terminology needs better citations to back up some statistical data.

*Reviewer 224*

Overall, this resource received a 2 primarily because of lack of citations to support claims. However, there were also medical inaccuracies, most notably regarding development of reproductive anatomy, which will be outlined below. It should be noted that this review focused on material in the teacher guide and did not cover handouts or PowerPoints, which may have other inaccuracies.

Need for citation:

- Generally, there was inadequate citation to support claims about the efficacy of this curricular approach.

- Intro pages 9-13: Citations should be included for claims about efficacy of sexual education approaches such as “negative sex education contributes to the development of sexually unhealthy youth” and “ignorance about sex places children at greater risk of being victimized.” Similarly, commentary about the adapted health belief model and skill-based instruction must be cited. More recent citations are needed about the characteristics of effective sex education.
- Intro page 22: The citations in the “partnership strengthens the message” section are largely outdated. Further, the citations are from less rigorous sources rather than peer reviewed journals.
- Grade 6 page 89: Citation needed for statement that “research shows that the abstinence message is most effective if abstinence skills are taught prior to the onset of sexual behavior.”

There was also a lack of citation/references for medical facts including:

- Intro page 10: Puberty is starting at younger ages than it has before.
- Grade 5 p 68: Information about nighttime emissions.
- Grade 5 p 70: Volume of menstrual blood lost.
- Grade 6 p 98: Statistics about prevalence of STIs and efficacy of HPV vaccine.
- Grade 6 pp 127-129: Claim that most young people delay sex.

#### Inaccuracies

- Some claims were entirely inaccurate and need to be updated based on credible sources
- 4th grade: 76; 5th grade page 62; 6th grade 53: The description of reproductive organs development is inaccurate. In reality, embryos will have an undifferentiated gonadal ridge and undifferentiated gonads. Around week 7, testes determining factors will cause these structures to become male genitalia including testes. For female bodies, the absence of testes determining factor causes the undifferentiated gonads to become ovaries around week 9. Other internal organ development depends on the persistence/absence of Mullerian and Wolffian ducts, which will be governed by the presence/absence of signaling from the Y chromosome. There is also undifferentiated genital tubercles and swellings that become the penis/clitoris or labia/scrotum. It is inaccurate to say that male parts develop from female parts. It is incorrect that the clitoris develops into the penis etc. Everything needs citation once updated.
- Grade 5 p 72: Sperm donors can be used for artificial insemination in addition to IVF.

Other claims are of dubious validity, based on my review and would need citation from a credible source:

- Grade 4 p 84: Claims about thickening of skin in puberty.

Other claims should be reworded to promote clarity and accuracy

- Grade 5 p 60: Clitoris is listed as both internal and external anatomy. Although it extends internally, it should be listed as external anatomy.

- Grade 5 p 67: A person with a penis is able to cause a pregnancy once sperm are present in semen during puberty. Although nocturnal emissions correspond with this, they are an imperfect marker, and it is misleading to say that they are “the change that indicates” boys are able to cause a pregnancy.
- Grade 5 p 69: Although unlikely, it is possible for a female to get pregnant before her first period.

## **Full**

### *Reviewer 204*

Strengths: Excellent organization, robust materials (slides, worksheets, etc. available), and implementation guidance. Extensive support documents and resources, including sample questions and responses. Question box and family discussion-based homework are strong learning strategies.

Weaknesses: Value judgements inherent in many lessons (e.g., “optimal sexual behavior” and “costs of ineffective sex education” which included statistics of sexually active 9th graders, “making responsible decisions”, “gender-normative” vs. “gender non-conforming” expression.) Vague or not totally inclusive language around anatomy (e.g., “male-bodied” and “female-bodied”). Options and support for gender segregated classrooms (Appendix H) which is not a best practice or outcome-supported strategy in the field. Many resources such as videos and other lesson materials must be purchased separately (difficult to access).

Overall, this curriculum is too careful and seems to be trying to please a variety of audiences with opposing perspectives (those who are ready and willing to discuss gender, sexual orientation, condoms, or HIV, and others who are not, or only vaguely). The language and lessons were not direct enough for middle school students. For example, the Lesson E Add-on regarding gender and sexual orientation was based on a very confusing metaphor of “roles their eyes play” and would be difficult to facilitate with this age of students.

Without access to slide decks and videos it was difficult to assess culturally responsive and diverse (strategies and bias-free materials). While teacher guidance was robust, it did not include adaptations for English Learners. Specific to 4th grade, I did not find communicable disease information. Nor was there HIV information or sexual abuse content included in 5th grade. Specific to 6th grade (standard 1), it did not cover sexual health care services available to youth or behaviors that constitute sexual offenses. Generally speaking, I did not find adequate discussion around social media or legality of sexual content.

### *Reviewer 207*

The curriculum is setup in such a way that teachers would be able to pick it up, flip through the pages, and layout their materials for instruction. The material and activities are engaging and support the objectives. This curriculum would work well as a foundation for a comprehensive curriculum with some added supplementary materials.

### *Reviewer 210*

The curriculum is incredibly comprehensive. The images should more culturally diverse.

### *Reviewer 212*

Activity 3 in lesson 5 is promoting a narrative that having close sexual contact will make it so they are unable to focus on reaching their future goals and can result in pregnancy, implying a sex negative approach. I know it is not developmentally appropriate to discuss contraceptives at this age and there can be a different way of talking about this that is more sex positive. Use of more gender inclusive language regarding the reproductive systems is suggested. Internal reproductive organs should be used instead of female/male. I noticed the language is confusing, often alternating between using female bodies/people with vulvas/AFAB (assigned female at birth) bodies which can be simplified to not relate genitalia with gender.

*Reviewer 221*

Puberty: The Wonder Years is a high quality, comprehensive sexual health education program! It's research-based and utilizes best practices in sexual health instruction. The introduction offers a wealth of resources that prepare teachers to provide positive, inclusive, strengths/skills-based, classroom facilitation, community engagement, and student support. Language is inclusive of a full range of gender identities and is free of value-laden descriptions, in fact this program intentionally identifies oppressive stereotypes and speaks to the importance of undoing prejudice including racism, homophobia, and transphobia. The lessons cover a range of the most important topics for students in this age range, 4th - 6th grade and are well organized for ease of use. Caring and engaging scripts are provided, and the highly structured activities include thorough instructions. The Teacher Tips offer expert advice. Extension activities link these lessons to academic subjects such as language arts, social studies, and science. The lessons on brain development and social emotional learning include in-depth yet simple descriptions, guided by CASEL's social emotional learning competences, which will help students understand their own emotions, thoughts, relationships, and choices. Students', teachers', and families' comfort and confidence with sexual health education would increase with the use of this program and I would recommend it.

## ***Teen Talk MS***

### **Accuracy**

*Reviewer 223*

Instructors would need to discuss laws regarding minor consent to reproductive health care and statutory rape laws in Washington State as this is a text written for California.

Clever use of Rubber Ducky and Scrambled Eggs, etc., to categorize types of birth control!

Excellent resources/citations.

*Reviewer 224*

This resource includes facts and statistics that are not cited. In addition, there are inaccurate medical and scientific claims that need correction. However, it should be noted that the frequency and magnitude of inaccurate medical claims is somewhat lower than similarly comprehensive sources.

Correction of Inaccurate Claims



- In the resource it says that minors must be at least 12 to consent to their own STI testing. In Washington this age is 14 (38).
- A biologic female is born with closer to 2 million eggs. A fraction of these die before puberty so that, at puberty women have about 400,000 eggs (50,81).
- The resource says that the uterus is the strongest muscle in the body. In fact, many other muscles are considered stronger and there are varying definitions of how to assess strength (50).
- According to *UpToDate.com*, the average menstrual cycle lasts 28-35 days, not 21-31 as the resource states (51).
- Citation is needed for all details about the development of the fetus in pregnancy. American college of obstetricians and gynecologists is an excellent resource for this. The resources listed are less authoritative and draw on research from >10 years ago. Discrepancies exist between the American College of Obstetricians and Gynecologists and the timeline described here (67,73, PowerPoint 2.4).
- The claim “the skin in the mouth and the throat, however, is especially at risk for contracting STIs because it is so absorbent” is like incorrect. According to the CDC, the risk of STI spread with oral sex as compared to other forms of sex is not well characterized but is less for HIV (116).
- Although the HPV vaccine is approved for patients up to the age of 45, it is very uncommonly given over the age of 27 as catch-up vaccination is not usually recommended (175,186).

#### Incomplete/Unspecific Information:

- The statement that NO SEX is the only way to significantly reduce STI risk is inaccurate as condoms significantly reduce STI risk (104, 108, 115-116,118).
- Efficacy of Paragard (IUD) for emergency contraception is >99%, which is omitted from discussion of emergency contraception efficacy (141).
- Efficacy of methods in descending order should include Nexplanon with the IUD as both are 99% effective (143, 147).

#### Statistics/facts needing citation (not exhaustive list):

- It would be best to cite the source used for the anatomy descriptions. This is especially important less widely known facts such as the number of sperm per ejaculate and volume of semen, length of clitoris etc. Similarly, citations are needed for value claims such as “the uterus is the strongest muscle in the body” (49-51, 303).
- Citation needed for length of time it takes for egg to travel through fallopian tube (66).
- Citation needed for the claim that over 90% of students hear “that’s so gay” or “no homo” once a day (100).
- Claims about the prevalence of sex in high schoolers come from a website with bias and are outdated. The stated values are below what the CDC reports. The repeated use of the claim that most teens do not have sex is misleading as it is close to 50% (109, 112).
- Citation needed for claim 8/10 teen parents don’t stay in romantic relationship (126).
- The claim that most adolescents that have abortions do it with parental knowledge needs citation (164).

- Data about teen pregnancy are based on statistics from 2011 (165).
- Citations needed throughout section on STDs but especially on less well-known facts such as the fact that trichomonas is associated with an increased risk of HIV, the riskiness of different sexual activities in regard to contracting HIV, prevalence of trichomonas, prevalence of HPV, prevalence of STI in teens (175-189).
- Citations are needed on all statistics such as percentage of people with asymptomatic STIs and comparative statements such as “teens are more likely to STIs than adults” (299-303).

#### Changes in phrasing

- The growth of sperm tails is quite complicated and begins before the sperm reach the epididymis. It would be more correct to say sperm gain mobility in the epididymis (49).
- The prostate gland is anterior to the anus, not inside it. The wording in this resource makes it location confusing (49).
- The resource states that the zygote implants in the uterus. In fact, it is the blastocyst that implants (72).
- Nuance is lost in coloring in all branches of the tree to indicate that sexual touching spreads STIs. While some STIs can be spread this way, not all are. Similarly, the risk of pregnancy is MUCH less for non-vaginal intercourse (107, 108, 111, PowerPoint 4.2).
- Descriptions of categories are misleading. For instance, “scrambled eggs” implies that hormonal options permanently damage eggs which is inaccurate (139).
- With the patch, it only needs to be applied a different location than the last patch (153).

#### Full

##### *Reviewer 206*

This curriculum is engaging, has depth, and does a great job using neutral language when referencing bodies and identities. There are several learning activities that seem engaging and fun for middle school aged kids.

##### *Reviewer 213*

The content at times seems a bit advanced for 7th graders, however it is directly in line with the WA state learning objectives for 7th and 8th graders. Content includes STIs, birth control (including abstinence), sexual abuse, body image, pregnancy options, steps to using a condom and more. It is recommended to span a minimum of 10 days. All handouts and lesson plans have a copy in Spanish available. I think this curriculum does a good job of addressing multiple state learning standards and involving the family. The Power Points have adequate visuals, however I did not see many guiding talking points on them, so the instructor will want to make sure that they have the necessary materials.

##### *Reviewer 214*

Overall, I thought this curriculum was really good, at least from a teacher standpoint. The Teen Talk guide is easy to follow, and the publisher provided many assessments, supplemental materials, and even additional materials teachers can choose to use if they have the time. I thought the lessons were easy to follow and met the requirements of the WA state standards.

The only thing that I thought was a little strange was the lack of diversity in the lessons. It seems that each lesson starts with a lecture of some sort where students follow along with their own copy of the lecture slides. This may not be a great way to teach for all students. In my experience as a high school teacher, some students just can't pay attention to a lecture for EVERY topic that needs to be covered. I would hope that if this curriculum was being used for the Sexual Health unit, that other types of lessons would be used for other health curriculum areas. However, there is something to be said for consistency!

*Reviewer 220*

Most of the lesson plans have multiple options for implementation (small groups, teams, whole class, individual), which is nice for switching things up and encouraging different types of participation/assessment. Curriculum seemed genuinely engaging. The entire curriculum comes with Spanish handouts/quizzes/etc. to make things a bit more accessible for some ELLs, but no other suggestions are given for differentiating lessons. Curriculum is made specifically for California state standards, so there is an emphasis on sex trafficking, and some resources/laws provided may need to be changed.

## ***Teen Talk HS***

### **Accuracy**

*Reviewer 223*

Caveat: I do not speak/read enough Spanish to adequately review the Spanish language portion of the text. I am assuming that it is as accurate as the English language portion.

Very few minor issues that should be addressed.

Generally: This text is obviously written to address California law, so the instructor should have knowledge of Washington state laws that apply to minors accessing sexual health care as well as laws regarding statutory rape.

Should be emphasized that the presence or lack of a hymen is not evidence of virginity. There are a number of cultures that still believe this to be true.

Needs more complete discussion/description of HPV vaccines.

Does not mention mother-baby transmission of herpes during labor.

Needs clearer explanation that not having sex is often referred to as abstinence. Abstinence is clearly called out in Washington State law requirements for sexual health education and terminology should reflect.

Overall, an excellent text with reliable sources.

*Reviewer 224*

This resource includes many facts and statistics that are not cited. In addition, there are inaccurate medical and scientific claims that need correction. However, it should be noted that the frequency and magnitude of inaccurate medical claims is somewhat lower than similarly comprehensive sources.

### Correction of Inaccurate Claims

- The growth of sperm tails is quite complicated and begins before the sperm reach the epididymis. It would be more correct to say sperm gain mobility in the epididymis (38).
- A biologic female is born with closer to 2 million eggs. A fraction of these die before puberty so that, at puberty women have about 400,000 eggs (39,77).
- The resource says that the uterus is the strongest muscle in the body. In fact, many other muscles are considered stronger and there are varying definitions of how to assess strength (39, 77).
- According to *UpToDate.com*, the average menstrual cycle lasts 28-35 days, not 21-31 as the resource states (41).
- Citation is needed for all details about the development of the fetus in pregnancy. American College of Obstetricians and Gynecologists (ACOG) is an excellent resource for this. The resources listed are less authoritative and draw on research from >10 years ago. Discrepancies exist between ACOG and the timeline described here (50-66, power point 2.4).
- Efficacy of sponge and diaphragm is overstated in this resource. Refer to most recent CDC data (104,138,140).
- According to *UpToDate.com*, most common side effects of IUD are bleeding/irregular menstruation, expulsion of IUD, infection at time of insertion. Other hormonal side effects are more theoretical and not well supported with evidence (107).
- Although the HPV vaccine is approved for patients up to the age of 45, it is very uncommonly given over the age of 27 as catch-up vaccination is not usually recommended (166,173).
- The recommended frequency of PAP smears is actually every 3 years according to ACOG (348).
- The statement that testicular cancer is the most common form of cancer among males 15-34 is false (351).

### Incomplete/Unspecific Information:

- Efficacy of Paragard (IUD) for emergency contraception is >99% which is omitted from discussion of emergency contraception efficacy (115,139,336).
- Under less risky for 10, it should be noted that HSV can be transmitted with skin/skin contact (195).

### Statistics/facts needing citation (not exhaustive list):

- Citation needed that majority of HS students aren't having sex and/or prevalence of sex in this population (15, 114,289,336).
- It would be best to cite the source used for the anatomy descriptions. This is especially important less widely known facts such as the number of sperm per ejaculate and volume of semen, length of clitoris etc. Similarly, citations are needed for value claims such as "the uterus is the strongest muscle in the body". 38-41, 352
- Citation needed for length of time it takes for egg to travel through fallopian tube (50).
- Citations about determinants of sexuality should be updated. In particular, the effect of older siblings is not a contemporary theory (89)

- Citation needed for claim that spermicide can increase risk of STI transmission (104, 110)
- Citations needed throughout information on STD, but especially on less well-known facts such as the fact that trichomonas is associated with an increased risk of HIV and the riskiness of different sexual activities in regard to contracting HIV (166-168).
- Under mission no transmission for 25, citation needed for prevalence of STI in teens (195, 352).
- Statistics about this prevalence of sexual violence should be updated with more recent data (269).
- Claim that “75% of date and acquaintance rapes involve alcohol” needs citation as do the claims about % of rapes that are falsely reported (270).
- Claim that gay teens are twice as likely to commit suicide needs citation (348)

#### Changes in phrasing

- The prostate gland is anterior to the anus, not inside it. The wording in this resource makes it location confusing (38).
- Intersex is increasingly being replaced with the term differences in sexual development in medical literature (85,92,97,336).
- The statement that male bodied people don’t need to go to clinics is misleading because although they don’t HAVE to, they can for STI testing (205)

#### Full

##### *Reviewer 201*

I think this curriculum does a good job covering everything, and I appreciate the Spanish versions. I would have to change some of the language in the reproductive system lesson due to Washington laws around inclusive language, but I like the curriculum overall.

##### *Reviewer 206*

Very comprehensive curriculum. Lessons are well designed and are relevant for current times. The designers do a good job of using unique activities and approaches that teens might find enjoyable. They go a little more in depth on the topic of healthy relationships and media influence on ideas around sex. These lessons are very applicable for high school kids.

##### *Reviewer 216*

The Teen Talk HS curriculum is a comprehensive and modern approach to teaching students crucial concepts related to sexual health and wellbeing. Of particular note the curriculum handled the following well: sexuality, sex, gender identity, sexual violence prevention/refusal skills, teen pregnancy, STI/pregnancy prevention, and harm reduction through in-depth reviews of contraceptive options and proper use of barrier methods. There is room to grow in this curriculum as with any curriculum. There should be explicit efforts from facilitators to find local sexual health clinical providers and to be up to date on your state's sexual health laws. Facilitator guides and lessons are only available in English- handouts and activities are available in Spanish/English.

Monogamy is cited as a preferred/safer relationship dynamic. Which may be exclusive to youth who experience polyamory or desire abundant love. Polyamory (not polygamy, which should still be

respected), should be treated as a valid relationship style, and not pathologized by linking it to exclusively increased risky behavior. Polyamorous people can also practice safer sex and communication about sexual health as well as monogamous people. Additionally, not all polyamorous partners are sexual partners. The curriculum later discouraged the use of slang in a creative writing activity, which should be avoided. If scientific and medical accuracy is in question then reframe or rephrase the content, like the anonymous question box guidelines, do not colonize youth language in creative writing spaces by controlling youth language. Besides small ideological flaws that are demonstrated w/in teacher guidelines or activity guides, this curriculum is really quite well done.

*Reviewer 222*

Note that all the information about legal ages of consent, medical consent, etc. are based in California law and will need to be updated for WA law. The curriculum also requires school districts to develop a list of local sexual and reproductive healthcare providers, which may prove challenging in many areas of the state.

The curriculum is fully bilingual (English & Spanish). There is a parallel curriculum for youth with intellectual and developmental disabilities, but this main curriculum does not provide guidance for differentiated instruction.

The Pregnancy Options lesson asks students to brainstorm positive and negative outcomes of each option, including abortion. That activity - and the “No Easy Decision” activity - will likely be upsetting for some students, and will actively bring up values and beliefs about pregnancy, abortion, parenting, etc. Teachers should be prepared to establish firm discussion guidelines and offer resources for students who want some support outside of class if the conversation is upsetting.

The curriculum offers parent-engagement homework that is not optional and asks students to engage in topics that might be very uncomfortable or even unsafe for some students (and parents). I recommend making the homework assignments optional and offering alternative assignments.

## **Appendix D. Reviewer Comments – Supplemental Materials**

Reviewer comments have been lightly edited for grammar and spelling. Special care was taken to not alter the intent of the reviewer's comments. Comments represent the opinion of the reviewer, not OSPI or DOH.

### ***Amor del Bueno***

#### **Accuracy**

*Reviewer 223*

No medical/scientific errors noted.

*Reviewer 224*

The statistics at the end of the film should be clearly cited, either in a video description or in the film. Otherwise, the focus of this video is about relationships and consent with no medical/scientific inaccuracies.

#### **Supplemental**

*Reviewer 205*

Amor del Bueno could be used as a helpful tool to discuss healthy/non healthy relationships. The video is an engaging and interesting look into a situation/perspective that some students may not be familiar with. It is important that a material used in a classroom can represent different demographics of students and families. This material may be sensitive, and I would include a trigger warning regarding domestic abuse/violence. I am guessing that the publisher intended for this material to be used in a classroom that has predominately Latinx/Hispanic students. It's important to represent realistic relationships within any culture but I worry that if this video was shown to a class with a majority of white students that it could perpetuate harmful stereotypes.

*Reviewer 206*

This video focuses on a heterosexual, Latinx couple. There is no representation of diverse identities, abilities, or relationship structures. One Love acknowledges this in the discussion guide and suggests that the material is designed to be a conversation starter on the topic. This could also be a triggering experience for students who have experience domestic violence situations.

*Reviewer 213*

This video does a good job of showing multiple signs of relationship abuse. It is tailored to the Latino/Latina community but could be shown to any group. All relationships shown are heteronormative, the focus being on only one relationship. It does a good job of depicting emotional abuse especially the manipulative and controlling aspects. It is 15 minutes long which is a bit extensive for the content it covers. There is a discussion guide that pairs with the video to help stem conversation in the classroom.

*Reviewer 214*

I thought this material was incredibly impactful. The point was very clear. It shows some of the "red flags" associated with unhealthy relationships that young people, especially, can confuse with intimacy, caring, and affection. I also appreciate that even though it shows a heterosexual couple, the discussion guide includes a teacher "blurb" about how this can affect any couple, not just young heterosexuals.

*Reviewer 220*

While the main characters are Latinx, emphasis in the discussion is given to the fact that these behaviors happen to all kinds of people, and the film does not tie the behavior to their cultural or gender identities. The film appears well-budgeted, and the characters believable. Discussions cover how consent violations are tied to abusive behaviors, what affirmative consent looks like, and how to intervene safely as both a bystander and as a friend. This is a good starting point for discussions around consent but should not be the only discussion of it.

The discussion addresses how different cultural identities can influence unhealthy relationship behaviors, with particular attention to LGBTQ+ relationships; however, no mention is given towards relationships involving people with disabilities, which is unfortunate given their risk factors for being exploited. The activity is primarily discussion-based, with thoughtful discussion questions, which has potential advantages in terms of engaging more students if facilitated well, but leaves little space for less verbal students to participate or demonstrate understanding. More emphasis on how to set up a safe, trauma-informed space could be given.

*Reviewer 222*

The video presents an engaging and very realistic depiction of teen dating, communication, and intimate partner violence. The discussion guide provides excellent guidance on how to offer a content warning and how to facilitate an inclusive and student-centered conversation. The discussion guide is comprehensive and well-structured, and any teacher with this resource should be able to facilitate a productive conversation that meets the learning objectives.

In the discussion guide, there are a few examples of language geared toward inclusivity that unintentionally reinforce stigma. For example, referring to someone's "level of ability" as a euphemism for "people with a disability" and a statement about transphobic comments being rooted in someone "not passing as a man or woman." The guide does not address disability, nor does it ask students to consider how abuse may manifest in relationships where one or both people have a disability. I would encourage teachers to explore that topic with students.

## ***Ask. Listen. Respect***

### **Accuracy**

*Reviewer 223*

No medical/scientific concerns noted.

*Reviewer 224*

There were no medical or scientific inaccuracies in this resource. Facilitators can consider displaying more recent data on sexual violence, as the cited data is roughly 10 years old.



## **Supplemental**

### *Reviewer 201*

I like the analogies they used to talk about consent--I think most students would relate to them. I also appreciate the facilitator tips about how to talk to students who might need help.

### *Reviewer 205*

Ask. Listen. Repeat is a short video that does a great job showing how there are so many different ways we ask for consent and the appropriate ways to do so. The instructor's guide was helpful in developing a broader conversation around consent and included helpful facilitator tips. This video would be a great tool to use when teaching about consent.

### *Reviewer 209*

Short video on affirmative consent. Basic, comes with teacher guide that is comprehensive. Lots of good ideas for discussion on consent.

### *Reviewer 211*

The short video is engaging and includes relevant, real-world examples of expressing consent and practicing refusal. Additionally, the facilitator guide includes useful information and activities. One issue noted within the facilitator guide was the utilization of "Personal Space Invaders" game. Given the acknowledgement earlier within the curriculum of students who may have experienced trauma, the creation of an activity wherein students invade each other's space by definition can place students into uncomfortable positions.

### *Reviewer 216*

Ask. Listen. Respect. is a wonderful tool to add into any sexual health curriculum it showcases very direct and easy methods for asking for consent in a variety of contexts including sexual, kissing, (though the act is not shown on video.) The youth actors role playing the process of obtaining consent, or being rejected, is a helpful model for youth to see that they already ask for consent in everyday situations, and sexual consent (albeit sometimes awkward feeling to talk about) is no different. The facilitator guide helps expand the discussion and offers an activity (for in person classrooms) to be more inclusive of sexually and bodily diverse youth.

### *Reviewer 217*

This video shows realistic scenarios of a young couple negotiating non-sexual and sexual activity. Couple is a heterosexual, black, able-bodied couple.

## **Consent for Kids**

### **Accuracy**

#### *Reviewer 223*

No medical/scientific concerns noted.

#### *Reviewer 224*

This resource does not have any medical or scientific inaccuracies.

## **Supplemental**

*Reviewer 204*

Strengths include inclusivity. Brief. I believe this could be a strong review or intro for a more extensive unit or curriculum. An appropriate conversation starter, especially for those transitional grades (where body autonomy discussions bridge into more sexually focused content).

Overall, the animation felt "young", better for the lower end of the grade range (3rd-6th). It was missing any facilitator notes or discussion guide.

*Reviewer 205*

Consent for Kids is a great resource to use when having conversations about consent. Consent for Kids breaks down consent in a way that feels very age appropriate. The material is engaging, cute, and simple. Although intended for elementary students, I think that this video could be used in all grade levels. The material shows great examples of how consent can take place in many situations and in many different ways.

*Reviewer 207*

The video uses a young person's voice to personify the focus character. This would draw attention of younger students and help them engage in the discussion of the topic. There is no guide to go along with it, but it is short, and the message is clear. Being a supplement, many activities could be used for a follow-up using other approved curricula in your area.

*Reviewer 221*

This video contains excellent information about affirmative consent in simplified language that is age-appropriate for students in elementary school. It's engaging, positive, and nonjudgmental. Characters appear gender neutral and represent a narrow range of skin tones, but the video doesn't include characters who appear Black. The video is in English only.

## ***Consent is Everything***

### **Accuracy**

*Reviewer 223*

No medical/scientific concerns noted.

*Reviewer 224*

There are no medical or scientific inaccuracies.

## **Supplemental**

*Reviewer 205*

Consent is Everything is an inclusive material that shows real youth sharing about consent. Consent is Everything shows that consent is not just a sexual health topic, it's an everyday topic as well. The video is short and easy to watch. This video could be used to assist in a conversation about consent. I think it is important that the voices in this video are from young people in Washington State.

*Reviewer 206*

The video does a good job representing kids in current time. There was not any clear representation of diverse abilities in the video. The content that the kids reference is relevant and applicable. The video would be most effective if it were used with a comprehensive curriculum OR if the creators included discussion questions.

*Reviewer 207*

This supplemental video would be engaging for secondary students. It uses real students to discuss the topic of consent from a real-world perspective. The examples they give are ones that students can connect with and therefore understand. I would use this material in my classroom as a supplement to my district approved curriculum.

*Reviewer 213*

I would say this video is appropriate for middle and high school students. It mainly focuses on the non-sexual situations when consent should still be given. However, it can still definitely be applied to sexual activity as well. This video has a diverse group of speakers. In a world where social media and technology play such a large role in a teen's life, it is important to have materials like this that explain consent in a broad, non-sexual way. I would be eager to use this in my classroom.

*Reviewer 214*

I enjoyed this content very much. I appreciated how it talked about the other types of consent besides sexual. Consent relates to many areas- not just sexual activity. Many races/ethnicities were represented; however, I don't recall seeing any person with a disability. As long as all types of students are represented throughout the entire health semester/curriculum, this isn't a big deal to me because you can't cover everything in one short video.

*Reviewer 220*

Film features a range of races and gender expressions with their opinions of consent. Addresses how consent is more than just a sexual skill, but instead stresses how it is a valuable communication skill for all kinds of relationships. Addresses the importance of verbal consent while also acknowledging that some folks are less skilled or less comfortable with verbal communication (important when it comes to language and ability differences).

Film is short (3 minutes), so it is easily added to a curriculum, but would definitely need to be supported with a discussion or other materials; however, there is no guidance or textual follow-up provided with the film.

*Reviewer 222*

The video represents youth from a wide range of racial and ethnic groups and genders speaking about the importance of affirmative consent. Youth in the video normalize affirmative consent by giving personal statements about the importance of affirmative consent to them. The youth presenters share specific, realistic examples of ways to ask for, give or deny consent.

Youth presenters acknowledge the influence of power dynamics on consent, and that people with marginalized identities are often put in situations where navigating consent or rejecting someone is

uncomfortable and difficult. Be prepared to give / discuss more concrete, age-appropriate examples of what “power dynamics” could look like, including in peer/same-age relationships, and relationships where ages vary. Consider tying in other lesson content, such as those on gender roles / gender expectations, communication skills and refusal skills.

## ***Friendlets***

### **Accuracy**

*Reviewer 223*

No medical/scientific concerns noted.

*Reviewer 224*

There are no medical or scientific inaccuracies.

### **Supplemental**

*Reviewer 204*

Pros: Robust discussion guide. Very flexible for teachers and also provides solid structure of concepts. Well-mapped and repetitive (in a good way). The pre-requisites courses for workshop delivery were a bit confusing.

Cons: I found the video clips difficult to interpret, especially for the recommended age range. The clips were short, and fast-paced, and it took me a long time to get my bearings about what I was supposed to focus on. It felt like this might be difficult to facilitate with 4th and 5th graders. The animations, while high quality and inclusive, were simple and felt "young", while the questions and discussion guide seem appropriate for a more mature target audience. This discrepancy between the maturity of the format and that of the content added to my confusion. I am not sure for what age this would be successful.

*Reviewer 205*

The videos for this material are very short and simple and show the breakdown of what is a healthy and un-healthy relationship. Because they are short, it seems like this would be a very easy material to start a conversation in a classroom. I appreciate that the materials show multiple different scenarios that students could find themselves in. The illustration style of the characters creates some ambiguity so this material could reach all students regardless of race, gender, or sexuality.

*Reviewer 219*

Using non-human characters (like a cloud and a green circle) erase diversity, and the only differences we see in the characters is that one has crutches in their room. The videos were short which means they're easy to include in a variety of different lessons. Some of the reactions in the videos seemed a bit extreme, and I'm curious if the over-the-top reactions take away from the overall messages in some of the videos.

*Reviewer 221*

One Love's Friendlets video series uses brief videos, guided classroom discussions, and inter- and intra-personal practice activities to teach healthy and unhealthy relationship behaviors. The videos' characters represent a range of identities and use gender neutral pronouns. The scenarios are relatable to elementary and middle school aged children and do a nice job showing unhealthy, then modeling healthy, relationship behaviors. The videos' dialogue is realistic albeit a bit advanced for younger learners. Teachers would be wise to check for understanding and define any unknown terms. The accompanying discussion guide offers succinct definitions and age-appropriate friendship examples. These 10 signs are modeled in the videos and explored in classroom activities. This increases the potential for knowledge acquisition and skill development as compared to lessons that rely on student examples of healthy and unhealthy relationships. The lessons are well structured and lesson components set up teachers for success. Each lesson begins with a content warning and inclusivity statement as well as a review of group expectations. This helps teachers set a safe and welcoming classroom climate. The embed scripts and talking points offer guidance for how to describe these issues to students. The partner and journal activities offer students the chance to encode and personalize their learning by linking each lesson's themes to their lived experiences.

## ***Ghost Club***

### **Accuracy**

*Reviewer 223*

No medical/scientific concerns noted.

*Reviewer 224*

There are no medical or scientific inaccuracies.

### **Supplemental**

*Reviewer 201*

I would use this in my classroom with a lot of explanation and putting things into context. The Black female character shows some negative stereotypes, like more anger than the other characters. I would also have to be cautious because I teach in a conservative community and there aren't any heterosexual romantic relationships portrayed in this program. I would have to add that in to avoid conservative families opting their children out. However, as a supplemental program, I would find this to be very useful.

*Reviewer 202*

Strengths: Engaging videos containing good quality audio and visual. The discussion guide is helpful and good handouts and helpful lists are provided such as 10 signs of healthy and unhealthy relationships. The videos and supplemental materials may provide a good platform and effective starting point for colorful classroom discussions.

Shortcomings: Ghost Club videos consist of 3 long episodes and students get way too much screen time already. The videos contain no examples of heteronormative teen behavior. The videos also contain a potential for concern for portraying the Black female character with negative stereotypes such as overweight, angry, slow, different, excluded. The videos also show an example of

inappropriate/unwanted touch between female peers which may be viewed and considered to be social/racial injustice, and some may feel places the Black female character in a negative light. These videos may not be inclusive for all students because they do not demonstrate any heterosexual behavior and portray the female Black character in a potentially negative light.

*Reviewer 203*

I found this material confusing regarding the anger issues associated with one of the friends (Black girl), who was angry in the restroom and throws the brick when she wants the other girl to listen to her. I feel it's inappropriate to have the only black girl in the story to exhibit anger and state that she's not being listened to. Further into the story when the black girl talks about financial hardship and feeling powerless with their physical disability. I do like how the story includes persons living with a disability, and that the material ignites interest in this age group with the mysterious ghost story as a back plot. Addressing consent within the story is valuable, as well as assumptions of one's sexual orientation being easily misinterpreted (when the girl kisses the other girl because she is bisexual, assuming she'd be ok with it).

*Reviewer 204*

The strengths of this material are high production quality, engaging, audience appeal (music, mini-series format, characters), inclusive of diverse gender expression and sexual orientation/relationships. From the teacher perspective, the material offers a lot of flexibility. There is solid structure for implementation while also offering options for time constraints (45 min or 90+ min). There is detailed guidance as well as the "Just the questions" quick reference for teachers. Overall, a very strong package of material to address healthy relationships.

*Reviewer 205*

Ghost Club includes some important moments and has many opportunities to start conversations regarding healthy relationships with partners, siblings, and friends. However, in an attempt to be inclusive and show a diverse group of youth, I worry that the material is playing into harmful stereotypes, especially towards LGBTQIA+ students and students of color.

*Reviewer 211*

This material is of high audio-visual quality, and entertaining. Additionally, the cast represents several races, ethnicities, and sexual orientations. However, the characters are not well developed and often play to harmful stereotypes; these problematic characterizations severely detract from any positive aspects of the material.

*Reviewer 213*

The video does a good job of portraying multiple types of relationships including dating, friendships, and siblings. It includes characters from the LGBTQIA community and those of diverse backgrounds. At times, the Black female character is part of a stereotype. The plot will likely be engaging for students. Might be a little advanced for 7th graders, likely depends on your community. It was refreshing to see material that is up to date with trends, lingo, etc. for teenagers and therefore may make it more relatable.

The discussion guide is extensive and gives multiple options for how you could use this for a lesson(s). It gives all the talking points an educator would need to be successful and feel comfortable discussing LGBTQIA topics and healthy relationships.

*Reviewer 214*

Overall, I liked the material. I did have a little bit of a hard time initially figuring out what they were getting at, until I had the discussion guide in front of me. The bizarre plot kind of takes away from the focus of health vs. unhealthy relationships, and many parts felt pretty cheesy.

Also, I struggled with how stereotypically portrayed some of the characters were, more specifically the Black character (Tori) and one of the LGBTQ+ characters (Aidan). I felt that Tori fit the mold of a stereotypical Black girl—loud, everything's a joke, behind all the other characters, etc. Also, Aidan's character was represented as flamboyant, diva-ish, and just stereotypically gay.

Last, when Tori brings up her scoliosis, it felt like a forced attempt to include someone with a disability.

*Reviewer 216*

The Ghost Club is a fun and easy to incorporate (with Internet access) miniseries. The videos discuss tough and complex social issues using the adventure of a quirky group of ghost hunting students. The focus is on healthy relationships and socioemotional learning, less on the anatomy and biology of sexual health. A particular focus is placed on demonstrating how consent, respect (of spiritual beliefs, and of gender identity), and healthy conflict resolution work and look in live social dynamics. Having the discussions played out with actors is a helpful modeling tool for students to see how these conversations might take place. There is an element of spiritualism, and appropriation therein, that may need to be considered and or addressed before using this tool in your class.

*Reviewer 217*

The para-normal nature of this video is very off-putting and may be inappropriate for some communities/cultures. The characters are somewhat stereotypical in their roles and the POC character is left out and left behind in some cases. The point of the video is lost in the strange setting and secondary plot. The Discussion guide is absurdly long and complicated to use. While it offers options for how to view and debrief, it is cumbersome at best.

*Reviewer 218*

The creators at One Love continue to put out some of the most teen-centered, inclusive, and responsive content available to engage with teens about unhealthy dating relationships and friendships, consent and navigating break-ups. The Ghost Club 3 episodes and accompanying discussion guide offer a wealth of discussion questions and activities that tackle the nuance of all relationships, including the stigma that relationships have to be perfect and are without healthy conflict, all while the characters center LGBTQ+ identities, experiences, and relationships in the storyline. The pillar of One Love's programs is its "10 Signs," which breaks down 10 healthy and 10 unhealthy signs of relationships. These touch points are echoed throughout the discussion guide as they explore healthy/unhealthy aspects of dating relationships, friendships, and sibling relationships.

The videos, however, are not without their shortcomings. It is refreshing to see a video series that centers the experiences of LGBTQ+ teens in a way that feels accessible for all students, but some of the racial stereotyping that comes up would need to be addressed.

*Reviewer 219*

The videos relied on outdated tropes about Black and gay teenagers and had a really problematic representation of Native and Indigenous American history and spirituality. The videos were engaging and age-appropriate, and the actors were diverse, but often they were not represented in an inclusive and valid way.

*Reviewer 220*

The videos in the curriculum appear to actually have a decent budget, and the script and acting are believable, which can aid in student buy-in. The 10 signs of a healthy/unhealthy relationship complement the videos well. The lesson plans are largely discussion-based, which can be nice in terms of student engagement, but can be difficult to grade learning. Many discussion questions are repeated through the three different videos. Options for journal entries instead of partner discussions are given for those who prefer to process internally.

While the content features a range of races, gender identities, and sexual orientations, the content neglects to problematize the racial stereotypes of the angry black woman, hyperfeminine Latina, or the white-presenting male character as the leader.

*Reviewer 221*

The structure, scripts, main messages, and resources included One Love's Ghost Club workshop that provides teachers with the tools to lead meaningful discussions and healthy and unhealthy relationships that would lead to knowledge and skills acquisition among student participants. One Love provides helpful reminders for teachers throughout the discussion guide, including tips for reinforcing expectations, providing content warnings, and offering resources and reassurance. The lessons are easy to follow and well organized. If followed thoroughly, students have the opportunity to explore nuanced and relatable situations, develop empathy for self and others, and practice simple strategies that build agency and communication skills. The production value of the videos is of high quality and the concept is innovative. However, the plot distracts from the videos' messages to the extent that students may not be able to focus on the content and engage in productive dialogue around the discussion questions. The characters are overly-styled such that they represent stereotypes rather than representing a range of authentic identities.

*Reviewer 222*

The videos are engaging and very clearly role model a range of healthy and unhealthy relationship behaviors, and role model youth discussing consent, setting boundaries, and communicating about boundary violations. The discussion guide provides clear, well-structured suggestions for leading a comprehensive and student-centered conversation. With these resources, any teacher should be able to facilitate a productive conversation that meets the learning objectives.

The setting and central storyline revolves around contacting spirits and spiritualism. For some students and families, that will feel appropriate and even affirming of their spiritual practices and beliefs, while for others it will feel controversial or at odds with their beliefs. Be aware of the range



of beliefs held in your classrooms and communities and be prepared to validate student reactions in ways that support the full range of beliefs and values. The central characters are LGBTQ+, so be aware that some students may respond negatively and be prepared to affirm the value and dignity of all people. There is a lack of robust disability representation, and so I encourage teachers to explore with students how people with disabilities might have some unique experiences in relationships and navigating boundaries.

## ***Healthy LGBTQIA***

### **Accuracy**

*Reviewer 223*

No medical/scientific concerns noted.

*Reviewer 224*

This resource does not contain any medically or scientifically inaccurate information. Definitions of terms are correct and the source for these definitions is provided. They provide citation for statistics from credible sources. Some general statements such as the importance/prevalence of online platforms (15) for dating are not incorrect and are general enough to not need citation, but the claims would be strengthened with citations.

### **Supplemental**

*Reviewer 205*

This material could be a good resource to use when talking about healthy relationships. The supporting materials provide helpful conversation starters and would be useful when talking to any student, however, the supporting materials assist in discussing this topic with LGBTQIA+ students. Supporting materials focus on validating the experience of the student and support healthy conversations.

*Reviewer 206*

Very inclusive activities to help students understand identities, relationships, and healthy communication.

*Reviewer 214*

Definitely liked this material! I especially like the packet with parent information. I feel that some parents panic when their child comes out and gets lost in the fact that their child isn't maybe what they had pictured, instead of just seeing them as a human who will have relationships just like anyone else. I thought the parent guide offered parents a chance to take a breath. I think the information presented is wonderful!

*Reviewer 219*

The video was short, clear, and affirming. It used inclusive language and was age appropriate. It did not, however, mention any cultural or external influences that go into relationships and did not offer any other resources aside from the One Love website.

#### *Reviewer 220*

The curriculum gives multiple teaching options (small group vs large group, online vs in-person, etc.) to suit your situation. Different types of discussion activities are given as well (silent chalk talk, open group discussion, spectrum, sticky note ideas, etc.) The curriculum makes genuine attempts at remaining bias-free (example: “it is important not to demonize hookup culture; for many queer people it is an important part of life!”). The curriculum covers a wide range of content, including self-love, online dating, dealing with microaggressions, navigating abusive relationships, etc. The discussions seem like they are actually intended to be dominated by the learners, rather than the facilitator(s) (yay!), and they are based on the lived experiences of the participants. The typical One Love “Signs of Un/Healthy Relationships” handout has been specifically tailored to LGBTQ relationships. Curriculum includes a parent guide for positive family engagement with their children. (This guide is helpful for prevention and reparations but does seem separate from the rest of the curriculum.)

The curriculum centers queer voices, with allies welcome; this would not be appropriate for communities/spaces that are less welcoming of LGTBQ people. The emphasis is on LGBTQ culture, and while it doesn’t necessarily treat the community as a monolith, it doesn’t spend much time exploring how other intersecting identities may play important roles in participants’ lives, like race, ethnicity, or ability (although it does say if you want to take the conversation in a different direction, that you are welcome to). The curriculum is based on discussion and student-produced text; there are no visuals included, which may be difficult for students who are less engaged or for EL students.

#### *Reviewer 222*

These lessons do an excellent job of helping youth explore topics and practice skills around navigating relationships, consent, and interpersonal communication. The lessons center student voice and address the concerns and realities of LGBTQIA+ teens and young adults. The middle school specific lessons focus on consent, self-love, and communication in age-appropriate ways, and do not include explicit discussion of sexual activities. One thing to note is that students may be unfamiliar with some terms used in lessons, so facilitating a conversation about terminology may be helpful. One lesson is for “high school or older” - so I am not including those lesson’s content in this review for middle school aged youth.

The parent materials give clear, concrete guidance about how parents and guardians can support their LGBTQIA+ child, how to repair a damaged relationship, and how to talk about dating and relationship safety. There are many specific examples and sentence starters that a parent / guardian could use for initiating a conversation about identity, co-creating a supportive parent/child relationship, teen dating, and dating violence.

### ***In Their Shoes***

#### **Accuracy**

##### *Reviewer 223*

No medical/scientific concerns noted.

##### *Reviewer 224*

This resource focuses on interpersonal relationships and intimate partner violence. There are no medical or scientific errors that need to be corrected in this resource.

## **Supplemental**

### *Reviewer 201*

I really like the idea of focusing on one character and then sharing with a larger group. I think all these scenarios are relatable.

### *Reviewer 202*

Strengths: Covers a variety of issues teens may experience such as pregnancy, rape, homelessness, coming out, family discord, relational violence, stalking, suicide, murder, domestic violence, and more. The virtual format provides a good format for the virtual classroom. The “Send a Message” lesson plan helps students learn how to communicate their concerns to friends who are in dangerous dating situations. The material was engaging and easy to navigate.

Shortcomings: In Their Shoes consists of intense and extremely dangerous dating scenarios that at times did not always seem appropriate for the classroom setting, such as rape, voluntary teen homelessness, being murdered at the hands of a partner, and attempting suicide by drowning in front of a partner while they are at work as a lifeguard. Material seemed very intense and may be emotionally triggering and upsetting. This lesson seems to focus solely on unhealthy teen relationships and contains no examples of healthy teen love.

### *Reviewer 203*

I really appreciate the repeatedly available help crisis line being provided throughout the material. Great to select different choices and then be able to read through other's perspectives. Powerful material, feel that the need for debriefing cannot be overlooked with this supplemental material.

### *Reviewer 205*

In Their Shoes is a creative way to let student's see other perspectives. Although the scenarios could be a situation that a student could find themselves in, I think the subject of the scenario could be a little intense for students, especially in a conservative district. I think that some of the situations could be triggering and alarming for students and might cause some students to feel uncomfortable. The format of the material is engaging, it is an interesting format. However, I can see this material being hard for teachers who do not have as much experience, especially with this topic.

### *Reviewer 210*

I like the inclusion of the role playing and think it is an effective way to develop a deeper understanding that is in this curriculum. I also think it would be more appealing to youth who are accustomed to the use of technology that it would be great to add video narration of at least one example to demonstrate the exercise in action.

### *Reviewer 218*

This virtual version is based on the in-person classroom simulation, which has been around for several years. The simulation (unchanged/not updated for this virtual version) includes a variety of characters, all of whom experience unhealthy or abusive behaviors. Like any materials which may

trigger a young survivor, this material would need pre-viewing support to prepare students for the content and a resource list which includes local, teen-centered domestic violence support. The virtual simulation is straightforward, easy to navigate/toggle between cards and there are ways to set it up either as a whole group or with small breakout rooms. The program is designed as a “choose your own adventure” story where students make choices on what characters should do next in their relationship. The program concludes with a full group debrief and discussion questions, which are provided in the discussion guide.

Given the teen dating violence present in some of these characters, I feel a facilitator would need to know their audience/students fairly well and perhaps assign students specific characters based on their knowledge of a student’s experience. Having established classroom Group Norms and strategies of trauma-informed approaches to teaching sexual health would also benefit a classroom teacher when using materials such as In Their Shoes which explores unhealthy relationships and teen dating violence so directly.

## **Yes Means Yes**

### **Accuracy**

*Reviewer 223*

No medical/scientific concerns noted.

*Reviewer 224*

In this video, all the definitions of consent presented are correct and claims of the benefits are correct. The only modification needed is that a citation should be provided for the claims about benefits of consent such as feeling more relaxed (min 1:30-2:15). This could be included in the video description.

### **Supplemental**

*Reviewer 202*

Shortcomings: Boring video with poor quality audio and video. The video consists of un-engaging PowerPoint slides with very little use of images and overall lack of creativity. This video is unlikely to engage the viewer or leave a lasting or thought-provoking impact on students.

Strengths: Short 6-min. YouTube video that presents the definition of affirmative consent and how to say no. Seems appropriate for all ages. Seems straight-forward and free of bias.

*Reviewer 203*

I appreciate how this material starts off comparing that we are aware of “No means No”, and how this video is about “Yes means Yes”. This supplemental material is important in how it highlights consent to require a clear enthusiastic verbal yes. Value resides in the benefits of consent, regarding safety, respect, and empowerment. I like how the video acknowledges that without a clear enthusiastic “Yes”, the initiating partner may face legal charges, arrest, and charges of rape. Also, I value how the material highlights that the initiator has a responsibility to wait for the clear enthusiastic “Yes”, and not wait for a “no” when asking for consent. This supplemental material expands on the subject of consent with recommending that students take time to know their own

limits, and practice ways to talk about what they want. To me, that is the most valuable part of the video is offering the suggestion to actually practice saying the words where individuals practice stating what they want, practice saying what they are or are not ok with.

*Reviewer 205*

The Yes Means Yes video is a simple and basic way to discuss affirmative consent. The video is relatively short and provides clear examples of what affirmative consent can look like and the benefits of practicing not just consent, but affirmative consent. The video is not the most engaging tool, but the information is very valuable. The Yes Means Yes video could be a useful tool when teaching a class about affirmative consent.

*Reviewer 209*

Simplistic, it's very basic yet accurate and explains affirmative consent clearly.

*Reviewer 211*

The “Yes Means Yes” video is short and informative, but not particularly engaging as it is in a slide deck format with ongoing narration. This video describes affirmative consent as the “standard applied in some sexual consent policies” at its start, which could be interpreted as undermining the messaging. The narration does a great job of explaining the importance of clear, enthusiastic consent, and highlighting many importance aspects of affirmative consent, including: the responsibility of a person initiating sexual activity, the need for clear communication and not relying on body language or previous experience, what does and does not constitute consent, and the importance of clear boundaries. This video does not address how affirmative consent can and should be applied outside of sexual activity. This material gives a great summation of affirmative consent but may be more memorable if used in conjunction with other activities that require increased student engagement.

*Reviewer 216*

This short video on Affirmative consent helps to unpack the nuanced ideas behind affirmative consent as defined in legislation. The video is short enough to add into any lesson plan on consent or healthy relationships. It is not designed to stand alone for a whole unit and would need additional materials for activities and assessments. The video breaks down the ethics and social expectations around getting and giving consent in a method that was not strictly heteronormative and was based in respect for all involved in a sexual encounter. You should check with local legislation/policy to see if your city/state uses affirmative consent language. Support around what to do if consent is violated will need to be discussed and local providers of care for victims of sexual violence should be identified and resources made available.

*Reviewer 217*

While the content is strong, the video is very unengaging. Mostly, there are words on a screen with occasional images, which show young people of color and a gay couple.