



# Sex Education: Policy and Curriculum

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## INTRODUCTION

Due to important changes in our society, the public schools accept a broader responsibility in the area of sexuality education. Wanting to support children and parents throughout the community, Farmington Public Schools offers a program in sex education and HIV/AIDS which is based on the guiding principle of abstinence.

This program must be taught within legal guidelines. It is our hope that parents and families will supplement public school teaching with additional information and a moral viewpoint which reflects their own beliefs and culture. Farmington Public Schools will not infringe upon the rights of any person. Where there might be differences of interpretation, varying points of view should be presented honestly and objectively.

Sex education is the preparation for personal relationships between the sexes by providing appropriate educational opportunities designed to help the individual develop understanding, acceptance, respect and trust for one's self and others. Sex education includes the knowledge of physical, emotional and social growth and maturation, and understanding of the individual's needs. It involves an examination of man's and woman's roles in society, how they relate and react to supplement each other, the responsibilities of each towards the other throughout life and the development of responsible use of human sexuality as a positive and creative force.

**\*\*Throughout this guide the term "parent(s)" is defined as parent(s)/guardian(s).**

## **DEFINITION OF CONTENT AREAS**

This section defines the content areas of Human Sexuality and Family Life Education. Also included are Reproductive Health, Family Planning, STD's and Dangerous Communicable Diseases to include HIV/AIDS as specified by law.

### **Human Sexuality:**

The study of an individual's sexual development with the needs and pressures associated with this process of growth; concepts relating to a range of social norms, individual needs, common misconceptions, male and female roles, human sexual behavior and physical growth and development and its influence on sexuality.

### **Family Life:**

The emotional, physical, psychological, hygienic, economic and social aspects of the human family and the family's relationship to humankind; Concepts relating to child development and skills of parenthood.

### **Reproductive Health:**

The individual's developing awareness of one's own reproductive system and the responsibility associated with this sexual maturity. Along with the factual information, this section should include the psychological and sociological factors influencing the individual.

### **Dangerous Communicable Diseases**

The principal modes by which dangerous communicable diseases, including, but not limited to, human immunodeficiency virus infection and acquired immunodeficiency syndrome, are spread and best methods for the restriction and prevention of these diseases shall be taught in every public school in this state.

### **Family Planning**

The use of a range of methods of fertility regulation to help individuals or couples avoid unwanted pregnancies, bring about wanted births, regulate the intervals between pregnancies and plan the time at which births occur in relation to the age of parents. Concepts relating to the various means of family planning (natural, chemical, surgical and mechanical), their effectiveness, risks involved and the changing social patterns associated with their use. Clinical abortion shall not be considered a method of family planning, nor shall abortion be taught as a method of reproductive health."

## **State of Michigan Law Regarding Sex Education**

### **Current Revised School Code (PA 451 of 1976) and State School Aid Act (PA 94 of 1979) Provisions Regarding the Teaching of HIV/AIDS, Sex Education, Health Education, and Physical Education in Michigan Schools**

#### ***380.1169 Dangerous communicable diseases; human immunodeficiency virus infection and acquired immunodeficiency virus infection; teacher training; teaching materials; curricula; teaching of abstinence from sex.***

**Sec. 1169.** (1) The principal modes by which dangerous communicable diseases, including, but not limited to, human immunodeficiency virus infection and acquired immunodeficiency syndrome, are spread and the best methods for the restriction and prevention of these diseases shall be taught in every public school in this state. Subject to subsection (3) and section 1507b, the teaching under this section shall stress that abstinence from sex is a responsible and effective method for restriction and prevention of these diseases and is a positive lifestyle for unmarried young people.

(2) Except for licensed health care professionals who have received training on human immunodeficiency virus infection and acquired immunodeficiency syndrome, each person who teaches K to 12 pupils about human immunodeficiency virus infection and acquired immunodeficiency syndrome pursuant to subsection (1) shall have training in human immunodeficiency virus infection and acquired immunodeficiency syndrome education for young people. The superintendent of public instruction, in cooperation with the department of public health, shall train trainers to provide the teacher training required by this subsection and shall provide for the development and distribution to school districts of medically accurate material on the teaching of human immunodeficiency virus infection and acquired immunodeficiency syndrome to young people.

(3) The choice of curricula to be used for human immunodeficiency virus infection and acquired immunodeficiency syndrome education required to be taught under subsection (1) shall be approved by the appropriate school board and implemented in the school setting not later than October 1, 1990. Before adopting any revisions to the curriculum implemented under this section, including, but not limited to, revisions to provide for the teaching of abstinence from sex as a responsible method for restriction and prevention of disease, a school board shall hold at least 2 public hearings on the proposed revisions. The hearings shall be held at least 1 week apart and public notice of the hearings shall be given in the manner required under section 1201 for board meetings. A public hearing held pursuant to this section may be held in conjunction with a public hearing held pursuant to section 1507.

#### ***380.1506 Program of instruction in reproductive health; supervision; request to excuse pupil from attendance; "reproductive health" defined.***

## **Sec. 1506.**

(1) A program of instruction in reproductive health shall be supervised by a registered physician, a registered nurse, or other person certified by the state board as qualified. Upon the written request of a pupil or the pupil's parent or guardian, a pupil shall be excused, without penalty or loss of academic credit, from attending classes in which the subject of reproductive health is under discussion.

(2) As used in subsection (1) and sections 1507 and 1508, "reproductive health" means that state of an individual's well-being which involves the reproductive system and its physiological, psychological, and endocrinological functions.

***380.1507 Instruction in sex education; instructors, facilities, and equipment; stressing abstinence from sex; elective class; notice to parent or guardian; request to excuse pupil from attendance; qualifications of teacher; sex education advisory board; public hearing; distribution of family planning drug or device prohibited; "family planning," "class," and "course" defined.***

**Sec 1507.** (1) The board of a school district may engage qualified instructors and provide facilities and equipment for instruction in sex education, including family planning, human sexuality, and the emotional, physical, psychological, hygienic, economic, and social aspects of family life. Instruction may also include the subjects of reproductive health and the recognition, prevention, and treatment of sexually transmitted disease. Subject to subsection (7) and section 1507b, the instruction described in this subsection shall stress that abstinence from sex is a responsible and effective method of preventing unplanned or out-of-wedlock pregnancy and sexually transmitted disease and is a positive lifestyle for unmarried young people.

(2) The class described in subsection (1) shall be elective and not a requirement for graduation.

(3) A pupil shall not be enrolled in a class in which the subjects of family planning or reproductive health are discussed unless the pupil's parent or guardian is notified in advance of the course and the content of the course, is given a prior opportunity to review the materials to be used in the course and is notified in advance of his or her right to have the pupil excused from the class. The state board shall determine the form and content of the notice required in this subsection.

(4) Upon the written request of a pupil or the pupil's parent or legal guardian, a pupil shall be excused, without penalty or loss of academic credit, from attending a class described in subsection (1).

(5) A school district that provides a class as permitted by subsection (1) shall offer the instruction by teachers qualified to teach health education. A school district shall not offer this instruction unless a sex education advisory board is established by the board of the school district. The board of a school district shall determine terms of service for

the sex education advisory board, the number of members to serve on the advisory board, and a membership selection process that reasonably reflects the school district population, and shall appoint 2 co-chairs for the advisory board, at least 1 of whom is a parent of a child attending a school operated by the school district. At least 1/2 of the members of the sex education advisory board shall be parents who have a child attending a school operated by the school district, and a majority of these parent members shall be individuals who are not employed by a school district. The board of a school district shall include pupils of the school district, educators, local clergy, and community health professionals on the sex education advisory board. Written or electronic notice of a sex education advisory board meeting shall be sent to each member at least 2 weeks before the date of the meeting. The advisory board shall do all of the following:

(a) Establish program goals and objectives for pupil knowledge and skills that are likely to reduce the rates of sex, pregnancy, and sexually transmitted diseases. This subdivision does not prohibit a school district from establishing additional program goals and objectives that are not contrary to this section, section 1169, or section 1507b.

(b) Review the materials and methods of instruction used and make recommendations to the board of the school district for implementation. The advisory board shall take into consideration the school district's needs, demographics, and trends, including, but not limited to, teenage pregnancy rates, sexually transmitted disease rates, and incidents of student sexual violence and harassment.

(c) At least once every 2 years, evaluate, measure, and report the attainment of program goals and objectives established under subdivision (a). The board of a school district shall make the resulting report available to parents in the school district.

(6) Before adopting any revisions in the materials or methods used in instruction under this section, including, but not limited to, revisions to provide for the teaching of abstinence from sex as a method of preventing unplanned or out-of-wedlock pregnancy and sexually transmitted disease, the board of a school district shall hold at least 2 public hearings on the proposed revisions. The hearings shall be held at least 1 week apart and public notice of the hearings shall be given in the manner required under section 1201 for board meetings. A public hearing held pursuant to this section may be held in conjunction with a public hearing held pursuant to section 1169.

(7) A person shall not dispense or otherwise distribute in a public school or on public school property a family planning drug or device.

(8) As used in this section, "family planning" means the use of a range of methods of fertility regulation to help individuals or couples avoid unplanned pregnancies; bring about wanted births; regulate the intervals between pregnancies; and plan the time at

which births occur in relation to the age of parents. It may include the study of fetology. It may include marital and genetic information. Clinical abortion shall not be considered a method of family planning, nor shall abortion be taught as a method of reproductive health.

(9) As used in this section and sections 1506 and 1507a:

(a) "Class" means an instructional period of limited duration within a course of instruction and includes an assembly or small group presentation.

(b) "Course" means a series of classes linked by a common subject matter.

**380.1507a Notice of excuse from class; enrollment. Sec. 1507a.**

If a parent or legal guardian of a pupil files with the public school in which the pupil is enrolled a continuing written notice that the pupil is to be excused from a class described in section 1507, the pupil shall not be enrolled in a class described in section 1507 unless the parent or legal guardian submits a written authorization for that enrollment.

**380.1507b Sex education and instruction; curriculum requirements. Sec. 1507b.**

(1) Instruction under section 1507 in sex education and instruction under section 1169 on human immunodeficiency virus infection and acquired immunodeficiency syndrome shall emphasize that abstinence from sex is a positive lifestyle for unmarried young people because abstinence is the only protection that is 100% effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted human immunodeficiency virus infection and acquired immunodeficiency syndrome.

(2) Material and instruction in the sex education curriculum under section 1507 that discusses sex shall be age-appropriate, shall not be medically inaccurate, and shall do at least all of the following:

(a) Discuss the benefits of abstaining from sex until marriage and the benefits of ceasing sex if a pupil is sexually active.

(b) Include a discussion of the possible emotional, economic, and legal consequences of sex.

(c) Stress that unplanned pregnancy and sexually transmitted diseases are serious possibilities of sex that are not fully preventable except by abstinence.

(d) Advise pupils of the laws pertaining to their responsibility as parents to children born in and out of wedlock.

(e) Ensure that pupils are not taught in a way that condones the violation of the laws of this state pertaining to sexual activity, including, but not limited to, sections 158, 335a, 338, 338a, 338b, and 520b to 520e of the Michigan penal code, 1931 PA 328, MCL 750.158, 750.335a, 750.338, 750.338a, 750.338b, and 750.520b to



750.520e.

(f) Teach pupils how to say "no" to sexual advances and that it is wrong to take advantage of, harass, or exploit another person sexually.

(g) Teach refusal skills and encourage pupils to resist pressure to engage in risky behavior.

(h) Teach that the pupil has the power to control personal behavior. Pupils shall be taught to base their actions on reasoning, self-discipline, a sense of responsibility, self-control, and ethical considerations such as respect for self and others.

(i) Provide instruction on healthy dating relationships and on how to set limits and recognize a dangerous environment.

(j) Provide information for pupils about how young parents can learn more about adoption services and about the provisions of the safe delivery of newborns law, chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.1 to 712.20.

(k) Include information clearly informing pupils that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment and that 1 of the other results of being convicted of this crime is to be listed on the sex offender registry on the internet for up to 25 years.

(3) This section does not prohibit a public school from offering sex education with behavioral risk reduction strategies, as defined by law, that are not 100% effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted human immunodeficiency virus infection and acquired immunodeficiency syndrome.

***388.1766 Dispensing or distributing family planning or drug or device, dispensing prescriptions for family planning drug, or making referrals for abortion; forfeiture.***

**Sec. 166.** A district in which a school official, member of a board, or other person dispenses or otherwise distributes a family planning drug or device in a public school in violation of section 1507 of the revised school code, being section 380.1507 of the Michigan Compiled Laws, dispenses prescriptions for any family planning drug, or makes referrals for abortions shall forfeit 5% of its total state aid appropriation.

***388.1766a Instruction in reproductive health or other sex education; complaint process.***

**Sec. 166a.**

(1) In order to avoid forfeiture of state aid under subsection (2), the board of a district or intermediate district providing reproductive health or other sex education instruction under section 1169, 1506, or 1507 of the revised school code, MCL 380.1169, 380.1506, and 380.1507, or under any other provision of law, shall ensure that all of the following are met:

(a) That the district or intermediate district does not provide any of the instruction to a pupil who is less than 18 years of age unless the district or intermediate district notifies the pupil's parent or legal guardian in advance of

the instruction and the content of the instruction, gives the pupil's parent or legal guardian a prior opportunity to review the materials to be used in the instruction, allows the pupil's parent or legal guardian to observe the instruction, and notifies the pupil's parent or legal guardian in advance of his or her rights to observe the instruction and to have the pupil excused from the instruction.

(b) That, upon the written request of a pupil's parent or legal guardian or of a pupil if the pupil is at least age 18, the pupil shall be excused, without penalty or loss of academic credit, from attending class sessions in which the instruction is provided.

(c) That the sex education instruction includes age-appropriate information clearly informing pupils at 1 or more age-appropriate grade levels that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment, and that 1 of the other results of being convicted of this crime is to be listed on the sex offender registry on the internet for up to 25 years.

(2) If a parent or legal guardian of a pupil enrolled in a district or intermediate district believes that the district or intermediate district has violated this section or section 1169, 1506, or 1507 of the revised school code, MCL 380.1169, 380.1506, and 380.1507, he or she may file a complaint with the superintendent or chief administrator of the district or intermediate district in which the pupil is enrolled. Upon receipt of the complaint, the superintendent or chief administrator of the district or intermediate district shall investigate the complaint and, within 30 days after the date of the complaint, provide a written report of his or her findings to the parent or legal guardian who filed the complaint and to the superintendent of public instruction. If the investigation reveals that 1 or more violations have occurred, the written report shall contain a description of each violation and of corrective action the district or intermediate district will take to correct the situation to ensure that there is no further violation. The district or intermediate district shall take the corrective action described in the written report within 30 days after the date of the written report.

(3) If a parent who has filed a complaint with a district under subsection (2) believes that the district is still not in compliance with law based on the findings made by the superintendent or chief administrator of the district, the parent may appeal the findings to the intermediate district in which the district is located. If there is an appeal to an intermediate district under this subsection, the intermediate superintendent of the intermediate district shall investigate the complaint and, within 30 days after the date of the appeal, provide a written report of his or her findings to the parent or legal guardian who filed the appeal and to the superintendent of public instruction. If the investigation by the intermediate superintendent reveals that 1 or more violations have occurred, the intermediate superintendent in consultation with the local district shall develop a plan for corrective action for the district to take to correct the situation to ensure that there is no further violation, and shall include this plan for corrective action with the written report provided to the parent or legal guardian and the superintendent

of public instruction. The district shall take the corrective action described in the plan within 30 days after the date of the written report.

(4) If a parent who has filed a complaint with an intermediate district under subsection (2) or a parent who has filed an appeal with an intermediate district under subsection (3) believes that the district or intermediate district is still not in compliance with law based on the findings made by the intermediate superintendent of the intermediate district, the parent may appeal the findings to the department. If there is an appeal to the department under this subsection, the department shall investigate the complaint and, within 90 days after the date of the appeal, provide a written report of its findings to the parent or legal guardian who filed the appeal, to the superintendent of public instruction, and to the district and intermediate district. If the department finds 1 or more violations as a result of its investigation, then all of the following apply:

(a) The department shall develop a plan for corrective action for the district or intermediate district to take to correct the situation to ensure that there is no further violation, and shall include this plan for corrective action with the written report provided to the parent or legal guardian, the superintendent of public instruction, and the district or intermediate district. The district or intermediate district shall take the corrective action described in the plan within 30 days after the date of the written report.

(b) In addition to withholding the percentage of state school aid forfeited by the district or intermediate district under subsection (5), the department may assess a fee to the district or intermediate district that committed the violation in an amount not to exceed the actual cost to the department of conducting the investigation and making the reports required under this subsection.

(5) If an investigation conducted by the department under subsection (4) reveals that a district or intermediate district has committed 1 or more violations of this section or section 1169, 1506, or 1507 of the revised school code, MCL 380.1169, 380.1506, and 380.1507, the district or intermediate district shall forfeit an amount equal to 1% of its total state school aid allocation under this act.

(6) The department, with the approval of the superintendent of public instruction, shall establish a reasonable process for a complainant to appeal to the department under subsection (4). The process shall not place an undue burden on the complainant, the district or intermediate district, or the department.

(7) The department shall track the number of complaints and appeals it receives under this section for the 2004-2005 school year and, not later than the end of that school year, shall submit a report to the standing committees and appropriations subcommittees of the legislature having jurisdiction over education legislation and state school aid that details the number and nature of those complaints and appeals and the cost to the department of handling them.

**Summaries of these laws may be found at <http://www.mich.gov/mde/>**



## NOTES TO THE PRINCIPAL

Farmington Public Schools affirms the right of parents to be informed by mail about the curriculum prior to the teaching of such. If audio-visual materials are a part of such curriculum, we affirm the right of parents to be invited in for a parent preview to view and discuss materials prior to the teaching of the unit of instruction. A sample letter to parents informing them of the Family Life Education/HIV/AIDS curriculum follows within this guide.

We affirm the right of parents to withdraw their children from the teaching of sex education, including HIV/AIDS education, without prejudice. (A sample letter follows.) Letters of withdrawal should be in writing to the principal prior to the teaching of the unit.

Parents are also entitled to file a Continuing Written Notice (CWN) per the guidelines of the State of Michigan. A CWN should be filed with the office of instruction and the District Health Coordinator, as well as the school principal. A CWN exempts the student from all sexuality instruction K-12 unless written approval is submitted.

### DISTRIBUTION OF KITS for Family Life Education Program - **Grades 4 and 5:**

- The FLE kits are housed at District Science Center in the Ten Mile Building.
- **To allow you more flexibility in the scheduling of your FLE program, no dates have been suggested for the school year. We do suggest, however, that you plan ahead and reserve a kit for the weeks you will need it.**
- Following your program, **return the kit to the science center.**

Family Life Education kits and associated materials, for Grades 7 and 9 have been permanently assigned to each middle school and high school. Maintenance of materials is to be the responsibility of each school.

Information regarding the AIDS for Seniors program is available through the District Science Center, x2079 or through the District Health Coordinator x2837.

## **NOTES TO THE TEACHER**

Instruction of specific units in the areas of sex education instruction shall be taught only by specially trained and designated personnel.

With Public Act(s) mandating the instruction of HIV/AIDS, personnel will be asked to instruct HIV/AIDS curricula. It is essential that personnel have accurate information on sex education information including HIV/AIDS education. It is of utmost importance that personnel be aware of and be comfortable with their own concerns and attitudes in the area of sexuality.

The teacher, in the course of discussion situations, shall in no way attempt to impose his/her attitudes and values on the students, but instead will help them to think situations through with all of the ramifications of human responsibility and commitments in mind.

The use of texts, audio-visual, and all other materials used in these units shall be limited to those specified in the curriculum. Any revisions and additions to the program can be made only after review by the Sex Education Advisory Board and subsequently approved by the FPS Board of Education.

Every school is to inform parents, in writing, of the inclusion of the HIV/AIDS lessons within Farmington's curriculum, as well as, to notify parents prior to the instruction of Family Life Education/HIV/AIDS lessons.

In addition, every school is to offer a parent preview of the FLE materials to be used and a review of the course outline. Parent previews are the responsibility of the building principal and the designated teacher(s).

The parent has the right to have his/her child withdrawn from a class during units devoted to sex education instruction and/or HIV/AIDS education. This is to be done by written request of the parent. In order to assure continuity, if students are removed from sexuality instruction, they are to be removed from the entirety of the unit. Alternative instruction will be provided through the teacher and/or administrator. In addition, parents have the right to observe during the classroom instruction through written requests to the principal. (See Parental Notification Letter(s).)

In the event a child does not attend such units of instruction, he/she shall be provided with a meaningful and constructive educational opportunity during that period of time, with no penalty for having been withdrawn.

## **RIGHTS OF PARENTS**

We affirm the right and obligation of parents to communicate the concepts of human sexuality with their children.

We affirm the right of parents to receive assistance from the larger community in the education of their children in human sexuality.

We affirm the right of parents' access to books, group discussions, and other educational experiences designed to help them carry out their roles as the primary sex educators of their children.

We affirm the right of parents to be informed by mail of the preview of materials, the curricula, concepts, and teaching materials prior to the teaching of sex education to their children.

We affirm the right of parents to withdraw their children from sex education and/or HIV/AIDS education instruction without prejudice.

We affirm the right of parents to observe instruction of FLE sessions with prior arrangement with building administration.

## **GUIDELINES FOR PARENTAL OBSERVATIONS**

If parents of participating students request to observe the Family Life Education program, the following guidelines should be followed:

Parental observations must be scheduled through the building principal PRIOR to the start of FLE programs.

Parents must be those of students attending Farmington Public Schools. Parents must only observe programs in buildings where son/daughter is presently attending.

Observations are meant to observe sexuality programs, thus observers should refrain from any disruption of the primary educational process. Thus the schools request:

- No comments, questions or critiques during class sessions.
- No note taking during class sessions.
- No video or audio taping during class sessions.

As the purpose of these observations is not to critique or comment, any concerns following observations should be addressed to the building principal.

Observations should remain confidential to protect the privacy of other students involved.



## **GUIDELINES FOR PARENT PREVIEWS**

### **Grades 4 - 12**

- It shall be left to the discretion of individual schools as to facilitating day or evening previews.
- It is recommended that FLE instructors attend the preview.
- Parents should be reminded that they have the right to observe in FLE classes, however, the district advises against observations due to disruption of the learning process.
- Parents should be reminded that they have the option to withdraw their child from the FLE program.
- Parents will be informed that a child who demonstrates or exhibits inappropriate behavior will be removed from the program.
- Parents will be provided with:
  - Synopsis of Family Life Education programs, grades 4-12
  - Instructional times of programs
  - Names/availability of Family Life Education teachers, facilitators, school nurse, counselors and/or social worker
  - Preview of all videos and material
  - Demonstration of HIV/AIDS activity lessons, when applicable

**FAMILY LIFE EDUCATION**  
**Question/Answer Session Guidelines**  
**Fourth and Fifth Grade**

Within the Family Life curriculum, there are at least two opportunities for students to submit questions to the teacher. "Questions" refers to questions that are asked by students either in an oral or written format. (To be answered in group setting, not one-on-one.)

- To the greatest extent possible, questions should be answered honestly and directly, based on the most accurate scientific information, without personal opinion.
- At the fourth and fifth grade levels, questions pertaining to penis/vaginal intercourse will be addressed with a standardized district definition only if asked. (See Glossary)
- In keeping with the scope and sequence of the sexuality curriculum, at the fifth grade level only, if asked, questions pertaining to homosexuality, oral sex, and/or anal sex will be answered according to the standard district approved glossary definition (found in FLE Rules and regulations)
- Teachers may discard inappropriate questions, particularly those that are intended to solicit a reaction from other students.
- When reading questions, it may be necessary to re-word in order to clarify slang terms.
- Under no circumstances are questions related to personal experience or the experiences of others to be read, asked or answered.
- At fourth grade level, questions should only be asked in a written format
- At the fifth grade level, questions may be asked verbally or in written format

**NOTE: Instructors will strongly encourage parents to discuss sexuality issues with their children.**

**FAMILY LIFE EDUCATION**  
**Question/Answer Session Guidelines**  
**SECONDARY**

Within the Family Life curriculum, there are at least two opportunities for students to submit questions to the teacher. "Questions" refers to questions that are asked by students either in an oral or written format. (To be answered in group setting, not one-on-one.)

- To the greatest extent possible, questions should be answered honestly and directly, based on the most accurate scientific information using board approved resources and without personal opinion.
- In keeping with the scope and sequence of the sexuality curriculum, questions pertaining to sexuality, (heterosexual, homosexual, bisexual, transgender) or sexual contact/activity (vaginal, oral, and/or anal sex) will be answered according to the district approved glossary definitions and in compliance with Michigan State Law.
- Value judgments based on sexuality may not be expressed
- Teachers may discard inappropriate questions, particularly those that are intended to solicit a reaction from other students.
- When reading questions, it may be necessary to re-word in order to clarify slang terms.
- Under no circumstances are questions related to personal experience or the experiences of others to be read, asked or answered.

**NOTE: Instructors will strongly encourage parents to discuss sexuality issues with their children.**

## **SECONDARY LEVEL SEXUALITY GUIDELINES**

### **FAMILY LIFE EDUCATION COURSES/TOPICS**

Any required course specifically teaching topics or units on reproductive health, sexuality, sexuality issues surrounding HIV/AIDS, homosexuality, abortion, contraception, etc. must follow PA 226 State guidelines.

- All curricula materials and audio-visuals must meet with the approval of the PA 226 Advisory Board.
- Personnel involved must be a certified health teacher and have completed the necessary training through the ISD
- Written parental notification is required.
- Parents must be offered a preview of materials/course work, the right to observe, as well as the right to withdraw student(s) from the course, or sections of, without penalty.

### **ANY ELECTIVE COURSES, TEACHING UNITS OR TOPICS ON SEXUALITY ISSUES**

- Parents must be notified of the contents, either within course description or separate mailing.
- Staff involved must have completed the 20-clock hour reproductive health workshop mandated by the State for certification, i.e. Life Management.

### **SCHOOLWIDE ASSEMBLIES**

If assembly is to address sexuality issues and/or HIV/AIDS education, written parental notification must be made.

**SCHOOL NEWSPAPERS** Sexuality content presented must match Board-approved curriculum criteria. Personal descriptors or student surveys of sexual attitudes or behaviors are not approved.

RESEARCH PAPERS, DEBATES OR SPEECHES CHOSEN BY STUDENTS THAT PERTAIN TO SEXUALITY ISSUES, i.e. ABORTION, HOMOSEXUALITY, CONTRACEPTION, DATE RAPE, ETC.

- A disclaimer notification should be presented in school newsletters annually to notify parents that this may occur from time to time. A sample notification may read:

"From time to time, students may choose sexuality topics or issues for debate, oratory or research projects. If you object to such topics being discussed, please notify the school, in writing, and we will exclude your child, without penalty, from such classroom sessions."

### ABORTION

Any references to abortion must follow PA 226 guidelines:

"Clinical (induced) abortion involves the termination of a pregnancy by chemical and/or mechanical means as opposed to information about spontaneous abortion, i.e. miscarriage).

As indicated in PA 226 of 1977, clinical abortion shall not be considered a method of family planning, nor shall abortion be taught as a method of reproductive health."

## SAMPLE Permission Slip Elementary

Dear Parents,

Based on the objectives provided by the Michigan Department of Education in the areas of health and life skills the Farmington Board of Education has an established Family Life Education program. This program includes reproductive health as well as HIV/AIDS prevention, and has been an integral piece of the Farmington curriculum since 1971. Your child will receive this instruction from a fully certified instructor with special training in the field of sexuality education. The curriculum is reviewed annually, is board approved and is developmentally appropriate for their grade level. The FPS Board of Education approved changes in 2007. Further information is available at [www.farmington.k12.mi.us/curriculum](http://www.farmington.k12.mi.us/curriculum).

As parents and guardians, your involvement in your child's education is imperative. In order to make informed decisions you will have the opportunity to review the selected materials to be presented in your child's class. You also have the right to observe instruction in Family Life Education, and if you wish to do so should make arrangements with the building principal. The parent preview is scheduled for \_\_\_\_\_. At this time you will be able to review the content of instruction, as well as view materials used including videos. This is also an opportunity to ask any questions you may have regarding this curriculum.

You have the right to excuse your child from the Family Life portion of their class. They will be excused without penalty, and will be provided with an alternative placement.

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### Grades 4-5 Family Life Education

Every student MUST HAVE a signed form on file. Please return to \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_ I have seen this notification and need no further information.

\_\_\_\_ My child is to be withdrawn from the (school year) program.

Student Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: You may file a **“continuing written notice”** which would exclude your child from all further family life instruction. If you choose to file a continuing written notice, it should be on file with the building administrator as well as with the District Health Coordinator

## SAMPLE LETTER SECONDARY

Dear Parents,

Based on the objectives provided by the Michigan Department of Education in the areas of health and life skills the Farmington Board of Education has an established Family Life Education program. This program includes reproductive health as well as HIV/AIDS prevention, and has been an integral piece of the Farmington curriculum since 1971. Your child will receive this instruction from a certified instructor with special training in the field of sexuality education. The curriculum is reviewed annually, is board approved and is developmentally appropriate for their grade level. The FPS Board of Education approved changes in 2007. Further information is available at [www.farmington.k12.mi.us/curriculum](http://www.farmington.k12.mi.us/curriculum).

As parents and guardians, your involvement in your child's education is imperative. In order to make informed decisions you will have the opportunity to review the selected materials to be presented in your child's class. You also have the right to observe instruction in Family Life Education, and if you wish to do so should make arrangements with the building principal. The parent preview is scheduled for \_\_\_\_\_. It is at this time that you will be able to review the content of instruction, as well as view materials used including videos. This is also an opportunity to ask any questions you may have regarding this curriculum.

You have the right to excuse your child from the Family Life portion of their class. They will be excused without penalty, and will be provided with an alternative assignment.

Sincerely,

Principal

If you wish to excuse your child from the Family Life portion of the curriculum, check below and return this form to your child's school.

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\_\_\_\_\_ My child is to be withdrawn from the Family Life Education classes for this school year.

Student's Name (please print)\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

NOTE: You may file a **"continuing written notice"** which would exclude your child from all further family life instruction. If you choose to file a continuing written notice, it should be on file with the building administrator as well as with the District Health Coordinator.

## **SAMPLE LETTER FOR AIDS FOR SENIORS PROGRAM, GRADE 12**

The Farmington Board of Education has had an established Family Life Education program since 1971. As an extension of this program, HIV/AIDS Education is being offered to all seniors in our AIDS for Seniors Program. This program is an assembly, where students will have the opportunity to hear a speaker and ask questions about living with this disease.

As parents/guardians your involvement in your child's education is essential. Consequently it is important that you review the materials and curriculum content to be used in the AIDS for Senior program. Farmington's Board of Education, in compliance with the Michigan State Law, has made the materials and curriculum guides available for your review. Contact \_\_\_\_\_ for questions regarding this program.

The State of Michigan recommends this instruction, but also allows for removal of your son/daughter from participation in the AIDS for Seniors program. If you wish to exercise your right to excuse your son/daughter from instruction without please return this written notification to \_\_\_\_\_ before \_\_\_\_\_.

Sincerely,

Principal

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\_\_\_\_\_ Please remove my child from the AIDS for Seniors Programming

Student Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Parent Name \_\_\_\_\_



## **SYNOPSIS OF HIV/AIDS LESSONS K-3**

### **KINDERGARTEN**

AIDS is a new disease that is not common in children.  
Health helpers are working hard to stop AIDS.  
AIDS is not the same as teachers' aides.  
AIDS is hard to get.  
Sick people need caring and concern.

### **FIRST GRADE**

AIDS is a new disease that is not common in children.  
Health helpers are working hard to stop AIDS.  
AIDS is not the same as teachers' aides.  
AIDS is hard to get.  
Sick people need caring and concern.

### **SECOND GRADE**

Worry/fear affects our lives.  
AIDS is a new disease that affects mostly grown-ups.  
Grown-ups are learning how to protect themselves from AIDS.  
AIDS is hard to get.  
Health helpers are working hard to stop AIDS.  
Sick people need caring and concern.

### **THIRD GRADE**

AIDS is a new communicable disease caused by a virus.  
AIDS is not common in children.  
AIDS is hard to get.  
People with AIDS don't always look sick.  
People with AIDS, like those with any illness, need love and caring.

NOTE: Basic universal precautions are presented throughout the entire unit on disease prevention, such as hand washing, covering one's nose or mouth when sneezing or coughing, avoiding contact with others' blood as in cuts, nose bleeds, etc.

## **GRADES 4-5, 6-9 and AIDS for Seniors, Gr. 12**

Farmington Public Schools has had a Family Life Education program since 1971. societal as well as state law changes have prompted Farmington, throughout the years, to revise and expand its programs to reflect the needs of our community and its children, HIV/AIDS age-appropriate lessons are included in the K-3 Comprehensive Health program. NOTE: All HIV/AIDS lessons are taught in coed sessions.

#### Grade 4

- Approximately five class sessions
- Segregated sessions
- Presents basic prepubertal/pubertal changes through audio-visual and the answering of students' questions
- Taught by specially trained teacher
- HIV/AIDS lesson taught (Growing Healthy Curriculum) in coeducational sessions
  - Abstinence is stressed

#### Grade 5

- Approximately seven class sessions
- Segregated and coed sessions
- Expands on pubertal changes through audio-visual and the answering of students' questions
- Taught by a specially trained teacher
- HIV/AIDS lesson taught (Growing Healthy Curriculum)
  - Abstinence is stressed

#### Grade 7

- Approximately ten-fifteen class sessions
- Coed sessions only
- Emphasis on anatomy and physiology of the reproductive system, sexually transmitted diseases including HIV/AIDS education, substance abuse, interpersonal relationships, and decision-making with emphasis on abstinence
- Use of audio-visual, guest speakers, and the answering of students' questions supplement the unit
- Incorporated within 8<sup>th</sup> grade courses and taught by specially trained teacher

#### Grade 9

- Approximately twelve to eighteen class sessions
- Coed sessions only
- Emphasis on anatomy and physiology of the reproductive system, sexually transmitted diseases including HIV/AIDS education, contraception with emphasis on abstinence, interpersonal relationships, problem-solving, and decision-making to include peer resistance skills

- Use of audio-visual, guest speakers, and the answering of students' questions supplement the unit
- Taught within a comprehensive health course by the 9<sup>th</sup> grade health teacher

#### Grades 10-12

- Elective courses offered through the Life Management department

#### AIDS for Seniors, Grade 12

- Approximately four hours of instruction
- Coed sessions only
- Emphasis on abstinence as the best means of prevention of HIV/AIDS, modes of transmission, dispelling myths about the disease, relationship of illegal and legal drugs to risky behaviors, risk factors of contraceptive methods, emotional aspects of HIV/AIDS, interpersonal relationships, and decision-making
- Use of audio-visual, guest speakers, and the answering of students' questions supplement the program
- Incorporated within the American Government classes by specially trained teacher facilitators

# Sex Education Glossary

\*The following definitions are specific to items that may be sensitive in their nature. Definitions of body parts, specific sexually transmitted infections, and terms related to adolescence can be found within other resources including textbooks, dictionaries, and district resource materials. For up-to-date information regarding STI's, refer to the Centers for Disease Control data.

1. **Abortion:** “Clinical abortion involves the termination of a pregnancy by chemical and/or mechanical means as opposed to information about spontaneous abortion (i.e. miscarriage)
2. **Abstinence:** refraining from the use of certain substances or actions; refraining from sexual intercourse
3. **AIDS:** Acquired Immune Deficiency Syndrome. The final stages of HIV infection; the body is often infected with a multitude of opportunistic diseases from a weakened immune system.
4. **Anal Sex:** Sexual contact involving the penis to anus
5. **Artificial Insemination:** A medical procedure that involves the introduction of sperm into the uterus without sexual intercourse
6. **Birth Control:** An effort to avoid the birth of a child through abstinence, contraception, or sterilization
7. **Bisexuality:** Of or pertaining to both sexes; sexual feelings or behaviors towards members of both sexes
8. **Celibacy:** Abstention from sexual intercourse or marriage
9. **Circumcision:** Surgical removal of all or part of the foreskin of the penis
10. **Climax:** The peak of excitement in the genitals
11. **Clitoris:** The organ of sexual stimulation for the female at the anterior part of the vulva
12. **Condom:** A thin latex sheath worn on the penis during sexual intercourse to reduce the risk of pregnancy and sexually transmitted infections
13. **Contraception:** The prevention of conception
14. **Dental Dam:** A thin latex square used to prevent sexual contact during oral sex
15. **Ejaculation:** The emission of seminal fluid through the penis

16. **Erection:** Enlarging of the penis or clitoris as blood engorges the spongy tissue
17. **Erogenous Zones:** Regions of the body that are exceptionally sensitive to sexual stimulation
18. **Female Condom:** A thin latex covering for the vagina that is worn during sexual intercourse to assist in reducing the risk of pregnancy or infection
19. **Foreplay:** The sexual activity that precedes sexual intercourse
20. **Heterosexuality:** Sexual feelings or behaviors toward persons of the opposite sex
21. **HIV:** The virus that leads to AIDS, Human Immunodeficiency Virus
22. **Homosexuality:** Sexual feelings or behaviors towards persons of the same sex
23. **Masturbation:** The stimulation of sexual organs; manual self stimulation; touching one's sexual organs
24. **Oral Sex:** Sexual contact involving mouth on penis or mouth on vagina
25. **Orgasm:** peak of excitement in the genitals
26. **Penis/Vaginal intercourse:** The insertion of the penis into the opening of the vagina
27. **Sexual Intercourse:** 4<sup>th</sup> grade: Sexual union of two persons, involving penis/vaginal intercourse; Grades 5-12: Sexual union of two persons involving oral, anal, or vaginal sex.
28. **Transsexual:** A person anatomically of one sex, but desires to belong to the opposite sex. Some undergo surgery to change his/her external sex organs
29. **Transvestite:** A person who dresses in clothing of the opposite sex
30. **Wet Dream:** A nocturnal emission, seminal ejaculation during sleep
31. **Withdrawal:** Removal of the penis during sexual intercourse prior to ejaculation

# Elementary FLE Curriculum Overview

Grade Level	Content
<b>K</b>	Lesson for HIV/AIDS: Includes introduction to the word AIDS as a disease that is not common in children. Distinguish between the disease AIDS, and a teacher's aid.
<b>1</b>	Follow up on the word AIDS, and what it is. Discussion includes: <ul style="list-style-type: none"> <li>• AIDS is hard to catch</li> <li>• Health helpers are working hard to stop it</li> <li>• People with AIDS need love from their friends and families</li> </ul>
<b>2</b>	Lesson is focused on what "WORRIES" people have, including being worried about getting sick. (Pillow case activity)
<b>3</b>	Brainstorm a list of diseases Explanation of important points regarding AIDS
<b>4</b>	<b><i>FAMILY LIFE EDUCATION BEGINS FORMALLY</i></b>  <b><u>Units of Study:</u></b> <ul style="list-style-type: none"> <li>I. Personal Awareness</li> <li>II. Uniqueness of Individuals</li> <li>III. Maturation of the Reproductive System</li> <li>IV. Common Preadolescent Concerns</li> <li>V. HIV/AIDS</li> </ul>
<b>5</b>	<b><u>Units of Study:</u></b> <ul style="list-style-type: none"> <li>I. Personal Awareness</li> <li>II. Uniqueness of Individuals</li> <li>III. Maturation of the Reproductive System</li> <li>IV. Common Preadolescent Concerns</li> <li>V. HIV/AIDS</li> <li>VI. Emotional Aspects of Puberty</li> </ul>

## **Middle School Curriculum**

The following is the sex education unit of instruction taught within Seventh Grade Health Course in Farmington Public Schools.

### ***Overview***

Family life education is an important part of the seventh grade health course. This unit of instruction will be offered to all seventh-grade students. The following are to be taught in a **coeducational** setting.

Personnel involved in the teaching of FLE must have completed the training in reproductive health and HIV/AIDS as required by the district. It is also recommended to receive updated training as new information becomes available.

Question and Answer sessions are an integral piece of the learning process. The following items will aid in successful facilitation of these important sessions:

- Discuss the importance of confidentiality in the FLE class
- Students must be given a minimum of two opportunities to ask questions in this venue
- Student questions should be addressed factually
- Slang should be clarified

**\*\* Requirement:** All students must have written parental notification on file in order to take part in this unit of study. If a student opts out of this instruction, alternative placement should be organized at the school level. The absence of a student should not affect his/her grade, although they are responsible for the completion of the alternate lessons.

### ***Key Concepts***

- Human sexuality includes the knowledge and acceptance of oneself as well as the knowledge and acceptance of others as unique individuals.
- Knowledge of human reproductive anatomy and physiology is crucial to understanding oneself.
- Abstinence is the guiding principle in dealing with one's own sexuality as well as a healthy and positive lifestyle choice.
- Making sexual decisions involves acceptance of consequences and responsibility.

### ***Benchmarks***

The student will:

1. Understand that there is correct and incorrect scientific terminology to describe human anatomy and the physical functioning of the human body.
2. Understand the physiology of reproductive system and the changes associated with puberty
3. Understand the modes of transmission and methods of prevention for HIV/AIDS as well as other sexually transmitted infections (STI's)
4. Understand how emotional changes associated with puberty may affect relationships
5. Understand that individuals differ in patterns of growth and development
6. Realize that individuals are responsible for their own health and hygiene
7. Understand that the practice of abstinence can positively influence one's physical, social and emotional life

### ***Required Activities***

*Sexual Harassment: No Excuses* – Video from Human Relations Media

*Abstinence: It's The Right Choice* – Video

*Understanding HIV/AIDS* – Video

AIDS- Facts and Myths – Teacher Resource Packet

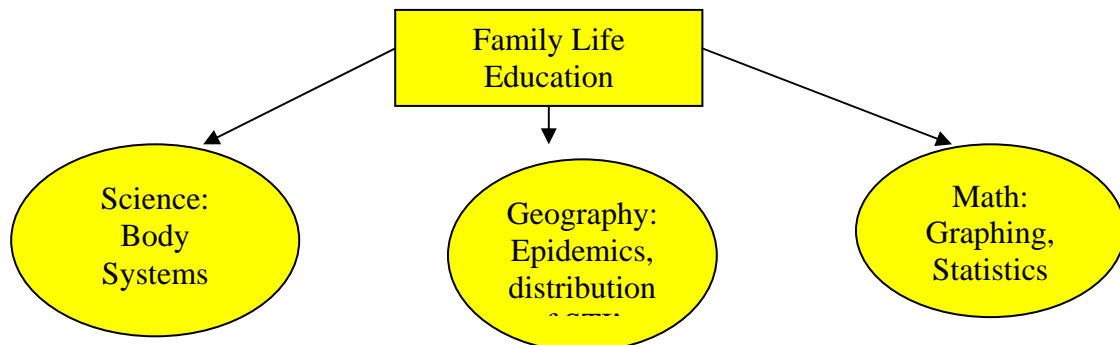
High Risk/Low Risk Lesson – Teacher Resource Packet

Dreaded X Activity – Teacher Resource Packet

### ***Assessment and Evaluation***

- AIDS- Facts and Myths
- Low Risk/High Risk Behavior
- Identification of Risk Fluids for HIV Infection
- Testing facts regarding STI's and their transmission
- Identification of Reproductive organs

### ***Integration***





There are many possibilities to integrate the topics of this unit of study with other disciplines. Connecting to science is possible through the study of the reproductive system. Students in the seventh grade are focused on life science, and this is a natural extension. There are also possibilities to incorporate writing into this unit of study. Teachers may choose to assign research projects based on any of the subjects included in this unit.

### ***Authentic Applications***

An understanding of the physiology of the reproductive system will increase awareness for adolescents as they face the physical and emotional changes associated with puberty. There are a growing number of middle school age students engaging in sexual activities. If they have the knowledge of the risks to their physical health as well as their emotional health, they may make better choices. If teenagers understand all of the risk factors of specific sexual behaviors it is possible they may prevent the contraction and spread of diseases such as HIV/AIDS. Many students do not associate some of the risks with activities such as oral sex, it is imperative that they understand the consequences of all of their decisions. Applied to real life situations, this unit of study may keep kids safe, physically, mentally, and emotionally.

### ***Resources***

Texts: *Adolescence: Growing and Changing* (Glencoe)

*Abstinence* (Glencoe)

Teacher Resource Packet

Videos: *Sex Ed: The Puberty Years*

*Living with AIDS*

*Understanding HIV/AIDS*

*Abstinence: The Right Choice*

No Excuses: Sexual Harassment

Resource Binder: *A Silent Crisis: Creating Safe Schools for Sexual Minority Youth*

## **Grade 9 Curriculum**

**\*The Following is the sex education unit of instruction taught within the Ninth Grade Health Course**

### **Overview:**

FLE is an integral part of the 9<sup>th</sup> grade Health Education program. This unit of instruction is to be offered to all 9<sup>th</sup> graders in Farmington Public Schools and taught in coeducational settings.

- (1) Students not involved in Health classes shall be integrated within FLE classes during this unit of instruction.
- (2) The FLE unit, including HIV/AIDS Education, is designed to be taught for a minimum of 12-18 days (to include time for question and answer sessions.)
- (3) Personnel involved in the teaching of FLE must have completed training in reproductive health workshops as required by the District. It shall also be recommended that instructors update their training as new information becomes available.
- (4) Question and answer sessions are an integral part of the learning process. The following guidelines are to aid in the implementation of question and answer sessions.
  - Suggested maximum class size: 29
  - Discuss importance of confidentiality in a Family Life Education class.
  - Student questions should be addressed in the following manner:
    - Factually and succinctly
    - Slang should be clarified with proper terminology
    - Questions of a personal nature, including opinions, should be acknowledged, but not answered.
  - All students should be encouraged to write a question.
  - All instruction should be coeducational.

**Requirements:** Prior written parental notification. (To be mailed.)

### **Key Concepts:**

- Abstinence is the guiding principle in dealing with one's sexuality as well as a healthy and positive lifestyle choice.
- Human sexuality includes the knowledge and acceptance of oneself as well as the knowledge and acceptance of others as unique individuals.
- The knowledge of human reproductive anatomy and physiology is crucial to understanding oneself.
- Making sexual decisions involves acceptance of consequences and responsibility.

- Effective communication skills regarding abstinence and refusal skills contribute to responsible sexual behavior.
- Understanding of the state laws related to sexuality can influence decision-making.

### **Benchmarks:**

- Understand that the practice of abstinence can positively impact one's physical, social, and emotional life.
- Understand the definition of sexuality to reflect one's attitudes, feelings and behaviors.
- Understand that there is correct scientific terminology to describe human anatomy.
- Understand the physiology of the reproductive system and the changes of puberty.
- Understand that individuals differ in patterns of growth and development.
- Realize that individuals are responsible for their own health and personal hygiene.
- Recognize that abstaining from sexual activity or using contraception are ways to reduce high-risk behaviors.
- Understand that HIV/AIDS/STDs can be controlled through education.
- Evaluate the lasting consequences of engaging in high-risk behaviors.
- Identify the basic underlying dynamics of harassment.
- Develop skills in applying strategies toward being responsible sexual beings.
- Identify resources in home, school, community, and county.
- Realize that choices made pertaining to sexuality affect one's physical, social and emotional life.
- Understand the underage sex law in the State of Michigan
- Develop an understanding of adoption services in the State of Michigan, as well as the provisions of the Safe Delivery of Newborns law.
- Understand the laws pertaining to the responsibility of parents of children born outside of a committed adult relationship.

### **Topics of Study:**

- I.** Introduction to Reproductive Anatomy and physiology (1-2 days)
  - II.** Emotional aspects of sexuality (2-3 days)
  - III.** Abstinence and pregnancy prevention (3-4 days)
  - IV.** Refusal skills and delaying tactics (2-3 days)
  - V.** Protection from HIV and STDs (3-4 days)
  - VI.** Skill reinforcement (1-2 days)
  - VII.** Legal aspects of sexuality activity (2-3 days)
- 
- I.** Introduction to Reproductive Anatomy and Physiology
    - A.** Bodily growth and change to include seminal emissions, masturbation, and menstruation

- B. Correct identification of bodily parts and functions through use of proper terminology
  - C. Personal hygiene
- II. Emotional Aspects of Sexuality
  - A. Definition of sexuality
  - B. Family relationships and communication
  - C. Peer relationships
- III. Abstinence and Pregnancy
  - A. What is abstinence?
  - B. Clarification of myths/ineffective methods
  - C. Methods of prevention
    - 1. Abstinence
    - 2. Non-prescription
    - 3. Prescription
    - 4. Surgical
- IV. Refusal Skills and Delaying Tactics
  - A. Sexuality
  - B. Decision-making and impairment (alcohol and other drug issues)
  - C. Avoiding high-risk situations
  - D. Avoiding harassment
- V. Protection HIV and STDs
  - A. Definitions
    - 1. HIV: Human Immunodeficiency Virus which is the virus responsible for causing AIDS
    - 2. HIV/AIDS: A dangerous communicable disease primarily spread through intimate sexual contact or by contact with infected blood.
    - 3. AIDS: Acquired Immune Deficiency Syndrome which is a life threatening illness caused by the HIV virus.
    - 4. STDs: Sexually Transmitted Diseases which are bacterial or viral that are primarily transmitted through intimate sexual contact. (See Teacher Reference section for classification chart.)
  - B. HIV levels of infection (within 1-3 weeks of becoming infected with HIV, a person becomes a carrier and remains a carrier for life)
    - 1. Asymptomatic HIV: infected with HIV and having no symptoms
    - 2. HIV-related illness: infected with HIV and having some symptoms
    - 3. AIDS: infected with HIV and having several opportunistic diseases
  - C. STD levels of infection
    - 1. May be asymptomatic despite progression of disease
    - 2. May be symptomatic within days, weeks, or months depending on disease, i.e.:

- Discharge from genitals
- Burning or itching within genital area
- Painful urination
- Sores, bumps or blisters on or near mouth, genitals or anus
- Pelvic pain

D. Modes of transmission

1. Sexual contact (penis/vagina, penis/rectum, mouth/rectum, mouth/genital: HIV and STDs
2. Sharing needles during intravenous drug use: HIV
3. An infected mother to her fetus or newly-born baby: HIV and STDs
4. Breast milk of infected mother to infant: HIV
5. Contact with infected blood: HIV
6. Contact with sores or blisters: STDs

E. Clarification of myths/ineffective prevention methods for all diseases

F. Methods of prevention

1. Abstinence - The behaviors where there is no direct contact of another person's penis, vagina anus, mouth or fluids with sex organs
2. Proper use of a latex barrier (i.e. condom, dental dam) with any intimate sexual contact as defined above
3. Avoidance of all drugs to include alcohol and especially the use of intravenous drugs
4. Medical exams
5. Use of Universal Precautions (see Teacher Reference Section)

VI. Skill Reinforcement

- A. Abstinence reinforcement
- B. Skill application
- C. Implementing strategies toward responsible behavior

VII. Legal aspects of sexual activity

- A. Underage Sex Laws
- B. Safe Delivery of Newborns Law
- C. Adoption services

**Activities:**

**I. Introduction to Reproductive Anatomy and Physiology**

Required activities:

- Identify male/female anatomy and physiology
- Discuss menstruation and ovulation

- Use provided flip-chart to aid in discussion
- Question and answer session following established guidelines

## **II. Emotional Aspects of Sexuality**

Required activities:

- Define sexuality
- Question and answer session following established guidelines

Suggested activities:

- Avoiding High-Risk situations, Reducing the Risk curriculum, pg. 93
- Ten Steps to Sexual Intimacy (See Activity Notes.)

## **III. Abstinence and Pregnancy**

Required activities:

- Define abstinence
- View Abstinence video
- So What's An Abstinence Anyway? (See Activity Notes.)
- Discuss myths and misconceptions regarding pregnancy
- Discussion on contraception
  - Contraceptive demonstration kit
  - Flip-chart
  - Steps to proper condom use - teacher usage only (See Activity Notes.)

Suggested activities:

- Abstinence, Sex and Protection - Pregnancy Prevention Emphasis, Reducing the Risk curriculum, pg. 11
- Abstinence: Not Having Sex, Reducing the Risk curriculum, pg. 37
- Three Criteria for Not Having Intercourse + A Question (See Activity Notes.)
- Put Birth Control in this Picture (See Activity Notes.)

## **IV. Refusal Skills and Delaying Tactics**

Required activities:

- Using Refusal Skills, Reducing the Risk curriculum, pg. 69
- Avoiding harassment

## **V. Protection from HIV and STDs**

Required activities:

- Define HIV, AIDS and STDs
- View video on STDs
- Discussion of myths and misconceptions
- Discussion of modes of transmission
- View video on HIV/AIDS
- Abstinence, Sex and Protection, HIV Prevention Emphasis, Reducing the Risk curriculum, pg. 25
- Reducing the Risk curriculum activities, pgs. 163-181

Suggested activities:

- View *Positive: A journey into AIDS* video
- Present statistical updates from State of Michigan's *HIV Report*

## **VI. Skill Reinforcement**

Required activities:

- Selected Reducing the Risk activities, pgs. 181-205

## **VII. Legal aspects of sexuality**

*Required activities:*

- *Video: Let's get Real about Teen Sex and the Law*
- *Present information regarding adoption services in the State of Michigan*
- *Discussion of Safe Delivery of Newborns law*

# Goals and Objectives

The following K-12 Goals and Objectives are representative of the Farmington Public School District's Sex Education curriculum. These goals reflect the reproductive health and sexually transmitted infection portion of the health curriculum as identified by the Sex Education Advisory Board. In accordance with Michigan Law [380.1507(5)], goals and objectives are established by the board to reflect pupil knowledge and skills. These goals are measured through an assessment instrument for program success at the ninth grade level.

## **Goals:**

1. To equip students with the knowledge and skills to develop healthy relationships and to avoid sexual behaviors that put them at risk for pregnancy and sexually transmitted infections including HIV/AIDS.
2. To increase the student understanding of abstinence including the many benefits to abstaining and/or ceasing sexual behavior in order to protect oneself from the physical, emotional and legal consequences of sexual activity.

## **Objectives:**

**(Note: The following objectives were taken from the "Farmington Public Schools: Family Life Education and HIV/AIDS Education" Binder – Grade 9 Family Life Education "Benchmarks". The Sex Education Advisory Board amended some of the following objectives. The amendments are highlighted.)**

1. Understand that the practice of abstinence can positively impact one's physical, social, and emotional life.
2. Understand the definition of sexuality to reflect one's attitudes, feelings and behaviors.
3. Recognize that abstaining from sexual behavior or using contraception are ways to reduce high-risk behaviors.
4. Understand that HIV/AIDS/STI's can be controlled through education.
5. Evaluate the lasting consequences of high-risk behaviors.
6. Develop skills that allow students to work toward becoming respectful, responsible sexual persons.
7. Develop refusal and delaying skills.
8. Identify resources in home, school, community and county.
9. Realize that choices made pertaining to sexuality affect one's physical, social and emotional life.



# Evaluation Tool for Ninth Grade Health

In response to the Michigan Department of Education's laws pertaining to HIV/STD and sex education in the public schools, the following has been developed by the Farmington Public School's Sex Education Advisory Board. The law requires that each school district choosing to teach sex education must develop program goals, and subsequently evaluate these goals. The program goals were established to increase pupil knowledge and skills that are likely to reduce the rates of sex, pregnancy, and STD's. The following evaluation tool will be delivered at the close of the Family Life Education unit of instruction within the Ninth Grade Health Course. The results will be reported, and made available to parents in the district at least once every two years. The numbers in parentheses next to each item, reflect the objectives being measured.

## Test Items

### Multiple Choice

1. Patty and Christopher have been dating for almost a year. One night, Patty says, "Chris, I think it's time we go all the way." Chris doesn't feel comfortable progressing to this level. Which of the following responses by Chris is the most assertive and direct in communicating his concerns to Patty? **(7)**

- A. "I'm not ready yet; we should both consider the risks."
- B. "If anyone found out, I would get into a lot of trouble."
- C. "It's getting late and I think I have to go home now."
- D. "Not again! You always want to go all the way."

2. Tammy and Steve have been dating for several months. Steve is eager to have sex with Tammy and shares these feelings. Tammy is flattered, but has decided to wait. Which of the following responses best indicates that Steve respects and supports Tammy's decision? **(6)**

- A. "I care about you and understand your need to wait."
- B. "Don't worry, I haven't done this before, either."
- C. "We don't need to worry, because I have condoms."
- D. "I'm nervous too, but if we take it slow we should be okay."

3. Sean is deciding whether to become sexually active or remain abstinent. Which of the following should be LEAST important for Sean to consider when making his decision? **(1, 9)**

- A. Is he mature enough to handle the responsibility?
- B. Will becoming sexually active make him more popular at school?
- C. What are his future goals?
- D. What are his family values?

4. Kevin has asked the new girl in town out for Saturday night while his girlfriend Kim is out of town. Which of the following would be the most responsible way for a friend to deal with this situation? **(2, 6)**

- A. Tell Kim what happened, knowing she will become angry and confront Kevin.
- B. Start a rumor about Kevin in school.
- C. Do nothing; Kevin and his girlfriend may have agreed to date others.
- D. Start an argument with Kevin so he won't consider the person a friend anymore.

5. Last year, Carlos contracted herpes from a previous relationship. Given the potential consequences of each of the following actions, which of the following would be the most responsible thing for Carlos to do before he is involved sexually again? **(4,6)**

- A. Ignore what happened in the past
- B. Make sure he uses a condom
- C. Discuss the risks with a partner before becoming sexually active
- D. Only engage in sexual activity when herpes sores are not present

6. Chad has made plans with his girlfriend, Elisa, for Saturday and has offered to arrange for one of Elisa's friends to double date with Darrell. Darrell, who has a girlfriend, doesn't want to go on the date. Which of the following communication approaches should Darrell use? **(6, 7)**

- A. Appreciative, but assertive, about his position
- B. Passive and non-committal about his position
- C. Aggressive and confrontational about his position
- D. Insensitive and arrogant about his position

7. Michela, who is 22 years old, is considering becoming sexually active. She does not want to contract HIV. What goal should Michela set for herself to best reduce her risk for HIV? **(3, 4)**

- A. Plan to get tested if symptoms appear
- B. Be sure to consistently and correctly use a diaphragm
- C. Be sure to consistently and correctly use a latex condom
- D. Be sure to consistently and correctly use the birth control pill

8. Scott feels like he is the only person in school who hasn't had sex. It seems all everyone talks about is sex. Which of the following would be the most healthful way for Scott to deal with his feelings? **(1)**

- A. Have sex to see what everyone is talking about
- B. Make a plan to have safe sex at the next party
- C. Plan a date with someone who has a reputation for being sexually active
- D. Spend time with, and get support from, other students who aren't sexually active

9. Kyle's girlfriend has been pressuring him to have sex. The next time his girlfriend asks, Kyle has decided to be firm and direct in saying "no." Kyle should say: **(7)**

- A. "Since you don't care about me, I am not giving you what you want."
- B. "I am not going to have sex because I am not ready."
- C. "Well, I don't know if we should have sex yet."
- D. "What if you get pregnant?"

10. Kelly's boyfriend wants to be alone with her. Kelly knows he will pressure her about having sex. In this situation, Kelly should: **(7)**

- A. leave the lights on when they are alone.
- B. have condoms with her in case something does happen.
- C. avoid being alone with her boyfriend and ask him to be respectful of her wishes.
- D. ask a friend to call periodically when she is alone with her boyfriend.

11. Chris and Melanie are alone when Melanie hints to Chris that she wants to have sex. Chris says, "No, I am not ready." Which of the following responses best shows that Melanie respects Chris's decision? **(1, 6)**

- A. "If you cared about me like I care about you, you would be ready."
- B. "I am not going to pressure you, but just know I won't wait forever."
- C. "Take your time. I know others who will do what you won't."
- D. "I want you to be comfortable. It's no big deal."

12. Maria's boyfriend has been pressuring her to have sexual intercourse. Maria does not want to have intercourse. Which of the following would most likely provide Maria with reliable information and assistance? **(5, 8)**

- A. An Internet chat room
- B. A trusted adult
- C. Articles in women's magazines
- D. Her boyfriend

13. The most reliable sources of information concerning the effectiveness of forms of birth control include: **(5, 8)**

- A. parents, trusted adults, and health care providers.
- B. friends, magazine articles, and the Internet.
- C. older siblings, magazine articles, and friends.
- D. television shows, movies, and magazine advertisements.

14. Mary has been sexually active only once. She has discovered that her sexual partner is HIV positive. What would be the best thing for Mary to do? **(4, 5)**

- A. Nothing, she is not at risk.
- B. Donate blood for her partner's treatment.
- C. Wait and see if symptoms appear.
- D. Get an HIV test.

15. Which of the following would be the most healthful choice for individuals who choose to be sexually active? Get screening for sexually transmitted diseases: **(9)**

- A. only if they notice symptoms.
- B. only if they think their partner has a sexually transmitted disease.
- C. every 3 to 6 months.
- D. every 2 years.

16. If a person suspects he or she has a symptom of a sexually transmitted disease, the most healthful action he or she could take is to: **(8, 9)**

- A. try not to worry about it, because it will go away.
- B. search for treatment information on the Internet.
- C. contact a local health clinic.
- D. go to a pharmacy and purchase an over-the-counter remedy.

17. Of the following, the most effective way to reduce the risk of contracting a sexually transmitted disease is to: **(1, 4)**

- A. always use the birth control pill.
- B. abstain from all sexual activity.
- C. always use a latex condom.
- D. always use contraceptive foam.

18. In which of the following situations would unintended sexual activity be LEAST likely to happen? **(9)**

- A. A house party with adult supervision and no alcohol or other drugs
- B. A beach party with no adult supervision and alcohol
- C. A date that ends with the couple driving to a remote location
- D. A co-ed sleepover

19. Establishing healthy sexual limits may increase a person's chances of: **(6, 9)**

- A. attaining personal goals.
- B. contracting a sexually transmitted disease.
- C. becoming a parent.
- D. losing the trust of one's parents and friends.

20. Which of the following would most likely contribute to a positive, healthy relationship? **(6, 9)**

- A. Honest communication between two partners
- B. Unclear expectations between two partners
- C. Stereotyping a partner
- D. Differences between partners

# Condom Report

*\*The following data was collected and included in this report as a result of parent concern that students must receive accurate information regarding the effectiveness of condoms in preventing pregnancy and STI's. This report is available to all secondary teachers for use in applicable courses.*

- 1) Condoms are 98 percent effective in preventing pregnancy when used consistently and correctly.
- 2) The first-year effectiveness rate in preventing pregnancy among typical condom users on average is 86 percent. This includes pregnancies resulting from errors in condom use.
- 3) Using a latex condom to prevent transmission of HIV is more than 10,000 times safer than not using a condom. Latex condoms, when used consistently and correctly, are highly effective in preventing the transmission of HIV, the virus that causes AIDS. In addition, correct and consistent use of latex condoms can reduce the risk of other STDs.
- 4) Latex condoms, when used consistently and correctly, can reduce the risk of transmission of gonorrhea, chlamydia, and trichomoniasis.
- 5) Latex condoms, when used consistently and correctly, can reduce the risk of genital herpes, syphilis, chancroid, and HPV only when the infected areas are covered or protected by the condom.
- 6) The use of latex condoms has been associated with a reduction in risk of HPV-associated diseases, such as cervical cancer.
- 7) A study published in the American Journal of Public Health observed female sex workers in Nevada brothels, where condom use is required by law, and found that of 353 condoms used by the sex workers during the study, none broke or fell off during intercourse, and only two (0.6 percent) slipped off during withdrawal.
- 8) Studies have reported breakage rates during vaginal intercourse ranging from zero percent to 6.7 percent. Most studies report that condoms break less than two percent of the time during intercourse or withdrawal.
- 9) Condoms fall off the penis in 0.6 percent to 5.4 percent acts of vaginal intercourse and may slip down the penis without falling off in 3.4 percent to 13.1 percent of acts of vaginal intercourse. Breakage rates during anal sex for gay men in four prospective studies ranged from 0.5 percent to 12 percent, with rates less than two percent in three of the studies.
- 10) In 2001, the Centers for Disease Control and Prevention Youth Risk Behavior Surveillance Summaries found that among currently sexually active students in grades nine through 12 nationwide, 57.9 percent reported that either they or their partner had used a condom during last sexual intercourse compared to 58.0 percent in 1999, 56.8 percent in 1997, 54.4 percent in 1995, and 52.8 percent in 1993.
- 11) The National Survey of Family Growth reported that 20 percent of American women 15 to 44 years of age reported using a condom in 1995 compared to 15 percent in 1988 and 12 percent in 1982. Scientific studies on STDs characterized by genital

ulcers, e.g., genital herpes and syphilis, are inconclusive as to whether the risk of these diseases is lowered for condom users. However, based on what we do know about the transmission vector for these diseases, we believe that the condom will provide some measure of protection when it covers the ulcer.

- 12) Clinical studies evaluating the relationship between condoms and HPV-related disease have not been consistent. However, even though the biological mechanism has not been conclusively demonstrated, women whose partners use condoms seem to be at reduced risk for genital warts, as well as at reduced risk for cervical cancer - compared to women whose partners do not use condoms. Therefore, there does appear to be a benefit from condom use for prevention of HPV-related disease.
- 13) Condoms are not effective in preventing HPV and Genital Warts infections. The only way you can prevent getting an HPV infection is to avoid direct contact with the virus, which is transmitted by skin-to-skin contact. If you or your sexual partner has warts that are visible in the genital area, you should avoid any sexual contact until the warts are treated.
- 14) Research studies have not confirmed that male latex condoms prevent transmission of HPV, but studies do suggest that using condoms may reduce your risk of developing diseases linked to HPV, such as genital warts and cervical cancer. Unfortunately, many people who don't have symptoms don't know that they can spread the virus to an uninfected partner. (National Institutes of Health)

**Sources:**

***SIECUS***

***National Institutes of Health***

***Centers for Disease Control***

***Journal of Obstetrics and Gynecology***

# Sex Education Advisory Board

## Members:

Irene Rogers, Parent, Co-Chairperson  
Tera Shamey, Health Coordinator, Co-Chairperson  
Pam Green, Principal  
Angie Smith, Parent  
Linda Kansa, Community Health Coordinator  
Sharon Drochak, Teacher  
Mary Biedron, Community Clergy  
Katie Nietzsche, Student  
Amy Donato, Teacher  
Beth Salk, Parent  
Tami Fink, Parent  
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Lisa Rotter, Parent  
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Maya Menlo, Student  
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### ***Additional Participants:***

Jacob Rotter, Student  
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