
Toolkit for Successful Implementation of Comprehensive Sexual Health Education in Louisiana Schools



Implementation of
Toolkit for Successful

Comprehensive Sexual Health in Louisiana Schools

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Introduction

The purpose of this Toolkit is to assist schools in implementing comprehensive sexual health education in order to prepare students for lifelong health and wellbeing. The Toolkit will guide users through the steps necessary to comply with Louisiana state law and to integrate quality sexual health education into the school curricula.

Background

According to the 2013 Youth Risk Behavior Survey, 47% of high school students nationwide reported ever having had sexual intercourse (1). However, it is difficult, if not impossible, to locate data surrounding adolescent sexual health behaviors in Louisiana due to current state law that prohibits surveying students “about their personal or family beliefs or practices in sex, morality, or religion” (2). Despite the lack of data around student behavior, it is well established that Louisiana consistently ranks among the states with the highest sexual and reproductive health morbidity in the country. In 2013, Louisiana had the 8th highest teen birth rate in the nation, with 39.2 of every 1,000 girls aged 15 to 19 giving birth (3). Of all births to females under 20 years of age in 2013, 17% were repeat births and 12% were low birthweight. From 2005 to 2008, Louisiana experienced the largest increase in the teen pregnancy rate of any state, its rate rising 19%, from 67 to 80 per 1,000 (4).

Teen births negatively impact the education outcomes of both the teen mothers and the children born to them. Teen girls themselves report that parenthood is a leading factor in dropping out of high school; 30% of teen girls who have dropped out cite pregnancy or parenthood as a reason (5). Only 38% of mothers who have a child before age 18 complete high school by age 22 and less than 2% attain a college degree by age 30. Children of older mothers are more prepared to enter the school system and score higher on measures of school readiness compared to the children of teen mothers (6). Children of teen mothers are 50% more likely to repeat a grade, are less likely to complete high school, and have lower performance on standardized tests than those born to older parents. Only about two-thirds of children born to teen mothers earn a high school diploma compared to 81% of children born to older mothers (5). The daughters of young teen mothers are three times more likely to become teen mothers themselves (6). Adolescents who receive comprehensive sexual health education have a lower risk of pregnancy than adolescents who receive abstinence-only or no sexual health education (7).

In 2012, Louisiana ranked second in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 15.9 cases per 100,000 (8). In 2012, Louisiana ranked third in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 887.4 cases per 100,000. Louisiana ranked 5th in reported cases of Chlamydia among young people ages 15–19 in the United States in 2012, with an infection rate of 3,011.4 cases per 100,000. Louisiana’s HIV infection rate among young people ages 13–19 ranked 2nd in the United States in 2011, with a rate of 22.1 cases per 100,000 young people (9). In addition, Louisiana’s AIDS rate among young

people ages 13–19 ranks 4th in the United States, with a rate of 5.5 cases per 100,000 young people.

Sex Education in Louisiana

Sex education in Louisiana is governed by Louisiana Revised Statute 17:281 which does not require sex education instruction at any grade level, although schools are allowed to teach sex education in grades 7–12 (2). Sex education in Louisiana must emphasize abstinence, but can include information on other risk reduction methods such as condoms and birth control (although neither of these can be distributed on school campuses). For more information on the Louisiana sex education law, see Section 1 of this Toolkit. Since sex education is allowed, but not required, there are great disparities over what each school offers when it comes to sex education, with some schools teaching comprehensive sex education, some teaching abstinence-only education, and many teaching nothing at all.

Although comprehensive sex education is allowed, the Governor’s Office accepts Federal Title V Abstinence Education funds which can only be used to promote abstinence from sexual activity. The Governor’s Office of Louisiana Youth for Excellence provides the *Choosing the Best* abstinence-only until marriage curriculum free of charge to middle and high schools (10). Abstinence-only education programs are not effective at delaying the initiation of sexual activity (11), yet the Governor’s Office continues to promote this option to schools.

Methods

The Louisiana Public Health Institute (LPHI) has developed a Roadmap for Successful Implementation of Comprehensive Sexual Health Education in Schools that describes the concise steps necessary to put comprehensive sexual health education into practice in Louisiana schools. The Roadmap was created after a Health Educator Needs Assessment conducted by LPHI showed a great need for sexual health education capacity building among high school health teachers in New Orleans. LPHI worked extensively with representatives from the Louisiana Department of Education to determine what is permitted and required under state law. LPHI continued working with Department of Education staff to develop a model comprehensive sexual health education policy for districts and charter operators. LPHI has worked with several charter operators to expand their capacity to successfully implement and ultimately institutionalize comprehensive sexual health education. Through this work, the steps necessary to integrate comprehensive sexual health education in Louisiana schools were identified and the Roadmap was developed.

The Roadmap developed by LPHI mirrors the WISE Method, which is a practice-based approach to implementing sexual health education that emerged from the experiences of the organizations participating in the Working to Institutionalize Sex Ed (WISE) Initiative. The WISE Method seeks to institutionalize sexual health education in school settings, which establishes it as a convention or norm within the school community. In order for this to occur, the necessary supports (policy, community, human resource, financial), must exist to sustain sexual health instruction over time (10).

Roadmap for Successful Implementation of Comprehensive Sexual Health Education in Schools

1. Identify and clarify state and local policies surrounding sexual health education in schools
2. Assess school/charter/district readiness
3. Develop school/charter/district policy that reflects community values and expectations
4. Adoption of policy by governing board
5. Identify person(s) responsible for teaching sexual health education
6. Select curriculum
7. Obtain curriculum approval by governing board and parent committee
8. Train teachers on comprehensive sexual health education and approved curriculum
9. Implement curriculum in classroom
10. Monitor implementation and evaluate program success
11. Quality improvement and continued implementation, monitoring, and evaluation

How to Use this Toolkit

The Toolkit is a practical guide to help schools implement comprehensive sexual health education. The Toolkit can be used by outside organizations that work with districts and charter operators to implement comprehensive sexual health education, or can be used by people within districts and charter operators to guide the process of incorporating comprehensive sexual health education into schools. LPHI provides technical assistance and support to schools, districts, and charter operators to develop, adopt, and implement comprehensive sexual health education policies and programs in accordance with the framework laid out in this Toolkit.

There are 11 modules in the Toolkit, which align with the 11 steps of the Roadmap. The Toolkit can be used in full from start to finish, or individual modules can be used on their own depending on the readiness and capacity of the school. Although modules can be used independently, it is recommended that each Roadmap step is completed in order to ensure compliance with state law.

Acknowledgements

Many organizations and individuals have shared their experiences and expertise to contribute to the development of this Toolkit. LPHI would like to thank the Louisiana Department of Education for their expertise and cooperation in the development of the Roadmap as well as Warren Easton Charter High School and Algiers Charter School Association for piloting the Roadmap process. Special thanks to the student interns from the Tulane University School of Social Work and School of Public Health and Tropical Medicine for their assistance with this project.

References

1. Centers for Disease Control and Prevention. 1991-2011 High School Youth Risk Behavior Survey Data. *Centers for Disease Control and Prevention (CDC)*. [Online] [Cited: May 28, 2013.] <http://apps.nccd.cdc.gov/youthonline>.
2. *La. Rev. Stat. Ann.* §17:281, 1993.
3. Office of Adolescent Health. Louisiana Adolescent Reproductive Health Facts. *Office of Adolescent Health*. [Online] November 25, 2014. [Cited: March 13, 2015.] <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/fact-sheets/state.html?s=louisiana>.
4. Kost, Kathryn and Henshaw, Stanley. U.S. Teenage Pregnancies, Births and Abortions, 2008: State Trends by Age, Race and Ethnicity. *Guttmacher Institute*. [Online] March 2013. [Cited: May 29, 2013.] <http://www.guttmacher.org/pubs/USTPtrendsState08.pdf>.
5. Ng, Alison Stewart and Kaye, Kelleen. *Why It Matters: Teen Childbearing, Education, and Economic Wellbeing*. Washington, D.C. : The National Campaign to Prevent Teen and Unplanned Pregnancy, 2012.
6. The National Campaign to Prevent Teen and Unplanned Pregnancy. *Why It Matters: Teen Pregnancy and Overall Child Wellbeing*. Washington, DC : s.n., 2007.
7. *Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy*. Kohler, Pamela K., Manhart, Lisa E. and Lafferty, William E. 4, April 2008, *Journal of Adolescent Health*, Vol. 42, pp. 344-351.
8. SIECUS. Louisiana State Profile Fiscal Year 2013. *SIECUS: Sexuality Information and Education Council of the United States*. [Online] [Cited: March 13, 2015.] <http://siecus.org/document/docWindow.cfm?fuseaction=document.viewDocument&documentid=354&documentFormatId=417>.
9. Centers for Disease Control and Prevention. HIV Surveillance in Adolescents and Young Adults. *Centers for Disease Control and Prevention (CDC)*. [Online] [Cited: May 29, 2013.] http://www.cdc.gov/hiv/pdf/statistics_surveillance_2011_HIV_Adolescents.pdf.
10. Working to Institutionalize Sex Ed. The WISE Method Toolkit. [Online] [Cited: April 20, 2015.] <http://wisetoolkit.org/>.

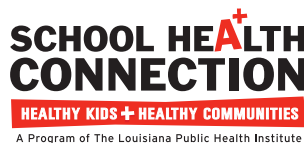


Sexual Health Education in Louisiana

Roadmap for Successful Implementation of Comprehensive Sexual Health Education in Schools



For more information on how to bring age-appropriate sexual health education to your school, please contact School Health Connection at schoolhealth@lphi.org or (504) 301-9800.



STEP 1

1.

Understand
Louisiana Sex
Education Law



Step 1

Identify and Clarify State and Local Policies Surrounding Sexual Health Education in Schools

Purpose

This section will provide a brief, but comprehensive, overview of the Louisiana state law on sexual

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Introduction

It is critical to become familiar with the state law and Board of Elementary and Secondary Education (BESE) policies around sex education prior to planning for comprehensive sexual health education.

Louisiana Revised Statute 17:281 defines permitted instruction in sex education. This law can be confusing to the lay person and there are many misconceptions around the sex education law in Louisiana. One common misconception is that Louisiana state law only permits education on abstinence, however, the law actually says that abstinence must be *emphasized*, and permits comprehensive sexual health education. *Comprehensive* sexual health education provides students with knowledge about a variety of topics including abstinence, human development, anatomy, physiology, families, personal safety, pregnancy, childbirth, responsibilities of parenthood, contraception, STI and HIV/AIDS prevention, healthy relationships, communication skills, media literacy, responsible decision making, and more.

Another commonly misunderstood provision of the state sex education law is the requirement that local education agencies that choose to offer sex education must have a local policy that governs administration of sex education (this will be discussed further in Step 3 of this toolkit). In addition to the state law, BESE Bulletin 741 (Louisiana Handbook for School Administrators) requires that any local education agency that chooses to offer sex education must provide parents/guardians with a description of the course contents, a listing of course materials to be used, and the qualifications of the instructor(s). A more detailed overview of the Louisiana Sex Education law (RS 17:281) follows.



Sexual Health Education in Louisiana

Louisiana Sex Education Law

Louisiana State Law defines sex education as: “the dissemination of factual biological or pathological information that is related to the human reproduction system and may include the study of sexually transmitted disease, pregnancy, childbirth, puberty, menstruation, and menopause, as well as... parental responsibilities.” **Louisiana does not require instruction in sexual health education at any grade level, but does allow sexual health education to be taught in grades 7–12. Sexual health education must emphasize abstinence, but can also include other risk reduction methods, such as contraception and condoms.**

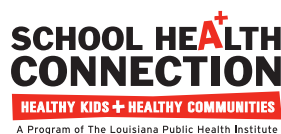
The emphasis of sexual health education instruction “shall be to encourage sexual abstinence between unmarried persons,” including the following aspects:

- Abstinence from sexual activity outside of marriage is the expected standard for all school-age children.
- Abstinence from sexual activity is a way to avoid unwanted pregnancy, sexually transmitted diseases, including HIV/AIDS, and other associated health problems.
- Each student has the power to control personal behavior, and sexual health education instruction should encourage students to base action on reasoning, self-esteem, and respect for others.

Sexual health education cannot:

- Include religious beliefs, practices in human sexuality, nor the subjective moral and ethical judgments of the instructor or other persons.
- Test, quiz, or survey students about their personal or family beliefs or practices in sex, morality, or religion.
- Distribute any contraceptive or abortifacient drug, device, or other similar product at any public school.
- Utilize any sexually explicit materials depicting male or female homosexual activity.
- In any way counsel or advocate abortion.

For more information on how to bring age-appropriate sexual health education to your school, please contact School Health Connection at schoolhealth@lphi.org or (504) 301-9800.



The Do's and Don'ts of Comprehensive Sexual Health Education in Louisiana Schools for Compliance with the Law	
DO	DON'T
Emphasize abstinence as a way to avoid unintended pregnancy and sexually transmitted infections	Include religious beliefs
Respect family and community values	Include moral or ethical judgments
Use developmentally appropriate materials	Use sexually explicit materials
Provide medically accurate information on different contraception options (such as a condom, birth control pills, plan B, long acting reversible contraception, etc.) and educate students about proper use, capacities and limitations of each type of contraceptive	Distribute any contraceptive or abortifacient device
Provide skills-based education on the correct use of condoms (condom demonstrations)	Allow students to leave the classroom with condoms (opened or unopened)
Educate students on community resources and clinics available for sexual health services	Counsel students on abortion options
Provide sexual health education for grades 7-12	Use curricula that hasn't been approved by the school/charter board and a parent review committee
Quiz students on the knowledge they have gained from the course	Quiz or survey students on the sexual or religious beliefs of their family or their personal sexual behaviors
Discuss common myths and misconceptions of sexual health and educate students about healthy relationships, so they have the necessary knowledge and skills to make informed, healthy decisions	Provide sexual health education to students without informing their parent or legal guardian
Be engaging and have a focus on building skills such as communication and decision-making	Focus only on the negative aspects of sexual health
Ensure that teachers are trained in sexual health education	Avoid student questions or be afraid to tell them you don't know the answer
Follow mandated reporter laws and inform students that you are a mandated reporter	Fail to protect student confidentiality to the extent possible

8/23/13 LA Law Print

<http://www.legis.la.gov/Legis/Law.aspx?d=80423>

Louisiana Sex Education Law

RS 17:281

SUBPART D-1. PERMITTED COURSES OF STUDY

§281. Instruction in sex education

A.(1)(a) Any public elementary or secondary school in Louisiana may, but is not required to, offer instruction in subject matter designated as "sex education", provided such instruction and subject matter is integrated into an existing course of study such as biology, science, physical hygiene, or physical education. When offered, such instruction shall be available also to non-graded special education students at age-appropriate levels. Except as otherwise required to comply with the provisions of Subparagraph (b) of this Paragraph, whether or not instruction in such matter is offered and at what grade level it is to be offered shall be at the option of each public local or parish school board, provided that no such instruction shall be offered in kindergarten or in grades one through six. Such instruction may be offered at times other than during the regular school day, at such times to be determined by each school board. All instruction in "sex education" shall be identified and designated "sex education".

(b) Effective beginning with the spring semester of the 1992-1993 school year and thereafter, whenever instruction in sex education is offered by any school, such instruction shall be available also to any student in such school, regardless of the student's grade level, who is pregnant or who is a mother or father.

(2) It is the intent of the legislature that, for the purposes of this Section, "sex education" shall mean the dissemination of factual biological or pathological information that is related to the human reproduction system and may include the study of sexually transmitted disease, pregnancy, childbirth, puberty, menstruation, and menopause, as well as the dissemination of factual information about parental responsibilities under the child support laws of the state. It is the intent of the legislature that "sex education" shall not include religious beliefs, practices in human sexuality, nor the subjective moral and ethical judgments of the instructor or other persons. Students shall not be tested, quizzed, or surveyed about their personal or family beliefs or practices in sex, morality, or religion.

(3) No contraceptive or abortifacient drug, device, or other similar product shall be distributed at any public school. No sex education course offered in the public schools of the state shall utilize any sexually explicit materials depicting male or female homosexual activity.

(4) The major emphasis of any sex education instruction offered in the public schools of this state shall be to encourage sexual abstinence between unmarried persons and any such instruction shall:

(a) Emphasize abstinence from sexual activity outside of marriage as the expected standard for all school-age children.

(b) Emphasize that abstinence from sexual activity is a way to avoid unwanted pregnancy, sexually transmitted diseases, including acquired immune deficiency syndrome, and other associated health problems.

(c) Emphasize that each student has the power to control personal behavior and to encourage students to base action on reasoning, self-esteem, and respect for others.

B. Notwithstanding any other provisions of law, the qualifications for all teachers or instructors in "sex education" shall be established and the selection of all such teachers or instructors shall be made solely and exclusively by the public local or parish school board.

C. All books, films, and other materials to be used in instruction in "sex education" shall be submitted to and approved by the local or parish school board and by a parental review committee, whose membership shall be determined by such board.

D. Any child may be excused from receiving instruction in "sex education" at the option and discretion of his parent or guardian. The local or parish school board shall provide procedures for the administration of this Subsection.

E. In the event of any violation of the provisions of this Section, the public local or parish school board in charge of administering and supervising the school where said violation has occurred, after proper investigation and hearing, shall correct the violation and take appropriate action to punish the offending party or parties responsible for said violation.

F. No program offering sex education instruction shall in any way counsel or advocate abortion.

G. A city or parish school system may accept federal funds for programs offering sex education only when the use of such funds does not violate the provisions of this Section and only upon approval by the local school board. The acceptance and use of federal funds for sex education shall in no way be construed to permit the use of any federally supplied materials that violate Louisiana law regulating sex education.

H. Notwithstanding any other provision of law, the Orleans Parish School Board may offer instruction in sex education at the third grade level or higher.

Acts 1979, No. 480, §1; Acts 1982, No. 581, §1, eff. Aug. 15, 1982; Acts 1987, No. 904, §1; Acts 1988, No. 917, §1, eff. July 26, 1988; Acts 1990, No. 1061, §1, eff. July 27, 1990; Acts 1992, No. 842, §1; Acts 1992, No. 1079, §1, eff. July 14, 1992; Acts 1993, No. 921, §1, eff. June 25, 1993

STEP 2

2.

Assess Readiness



Step 2

Assess School/Charter/District Readiness

Purpose

This section will provide resources to assist in assessing the readiness of a district, charter operator, or school.

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Introduction

A readiness assessment is critical to determining whether and how to move ahead with comprehensive sex education (CSE) implementation (1). It is important to understand how ready a local education agency (LEA) is to implement CSE so that you can determine where they are in the path to improving CSE for students. This will allow resources to be focused on LEAs that are prepared for institutionalizing CSE. The readiness assessment is important to predict the likelihood of meaningful improvement in CSE. LEAs that are not ready for implementation should work on improving readiness before planning for implementation. The Working to Institutionalize Sex Ed Initiative has developed a Capacity Assessment and Planning Tool to determine how ready an LEA is to engage in CSE efforts (1). An adapted version of this tool makes up the rest of this section. One purpose of the Capacity Assessment Tool is to ensure that you have the data you need to plan and act most effectively. Assessment leads to staging and staging helps with more thoughtful planning of resources and the programming.

References

1. **Working to Institutionalize Sex Ed.** Phase 2: School District Engagement. *WISE Toolkit*. [Online] [Cited: June 3, 2015.] <http://wisetoolkit.org/phase/phase-2-school-district-engagement>.

Comprehensive Sexual Health Education Local Education Agency Capacity Assessment Tool

This assessment is adapted from the Common Core Capacity and Assessment Planning Tool from The WISE Method Toolkit (www.wisetoolkit.org).

Local Education Agencies (LEAs) are defined by the state of Louisiana to include school districts as well as Type 2 and Type 5 charter operators or charter management organizations (CMOs).

Date: _____

LEA Information

Charter Operator / CMO (if applicable)	
District Name	
Superintendent / CEO Name	
Address	
Phone Number	
Website	

Respondent Information:

Please complete the following information for the individual(s) who are assisting with completion of this tool.

Name	Title	Phone Number	Email

How long has the current superintendent/CEO held the position?

- <1 year
 ≥1 and <3 years
 ≥3 years and <5 years
 ≥5 years

On average, how long have previous superintendents/CEOs held their position?

- <1 year
 ≥1 and <3 years
 ≥3 years and <5 years
 ≥5 years

What is the average tenure among teachers?

- <1 year
 ≥1 and <3 years
 ≥3 years and <5 years
 ≥5 years

School Enrollment Information:

[Add additional rows as needed to include each school in the LEA. If a district includes charter schools, be sure to indicate their charter operators.]

	School	Charter Operator/ CMO	Grades	Number of Students	Number of Students in Grades 3-6	Number of Students in Grades 7 & Above	Are there students with special education needs?
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

Sexual Health Education Capacity Assessment

1. Are there any major programs, initiatives, or new curricula that your LEA will be participating in or implementing during the upcoming school year?

Yes



Please explain _____

No

2. Please list any existing programs or organizations that your LEA partners with to provide sexual health education or services (this could include educational programming, referral services, resources, or other partnerships). [Add additional rows as needed.]

Program/ Organization Name	Program/ Service Provided	Target Audience	Approximate # Served

3. Do schools in this LEA currently provide health education?

Yes, all schools

Yes, some schools

No (If no, skip to question 5)

4. Which health education curricula are currently used by schools in this LEA?

[Add additional lines as needed.]

5. Do any schools in this LEA currently provide sex education? (*Sex education is defined as the provision of information about bodily development, sex, sexuality, and relationships, along with skills-building to help young people communicate about and make informed decisions regarding sex and their sexual health.*)

Yes (If yes, skip to question 9)

No

6. Is there interest in this LEA to begin teaching sex education?
- Yes
↓
Who should be involved to support getting sex education into schools?
-
- No (If no, skip to question 9)
7. Has the LEA begun taking steps toward teaching sex education?
- Yes
 No
8. When would the LEA like to begin teaching sex education?
- ASAP
 Next Semester
 Next Year or at a later time
9. Is the LEA familiar with the current state law regarding sex education?
- Yes
 No
↓
- a. Does the LEA want a copy of the state law to ensure it is in compliance?
- Yes
 No
10. Is there a written policy at the district- or charter-level that governs sex education instruction?
- Yes (if yes, please attach policy to assessment)
 No
 Don't know
11. Is there a written wellness policy at the district- or charter-level that meets USDA guidelines?
- Yes (if yes, please attach policy to assessment)
 No
 Don't know
- If no sex education is currently taught in the LEA, please go to question 16.**
12. Does the LEA currently **mandate** any training for teachers who teach sex education?
- Yes
 No

13. Does the LEA currently **offer** any training for teachers who teach sex education?
 Yes
 No (skip to question 13)
14. How do teachers who teach sex education receive training?
 a. Who provides the training? _____
 b. How often is training offered? _____
15. Are any school-, charter- or district-wide data collected about the effectiveness of the sex education classes taught (such as assessments, portfolios, or rubrics)?
 Yes
 No
 Don't know
16. Who makes curriculum decisions for the LEA?
 [Check all that apply]
 School board
 Charter board
 Curriculum director
 Curriculum review board
 Superintendent
 CEO
 Principal
 Teachers
 Others (please specify) _____
17. Is there a curriculum review board?
 Yes
 ↓
 a. Please list members and respective affiliations. _____
 No

18. Is there a school health advisory committee/wellness committee at the district- or charter-level?

Yes



b. Please list members and respective affiliations.

No

19. For what grade levels is the LEA interested in implementing comprehensive sexual health education? [Louisiana state law only allows sex education to be taught in grades 7–12.]

20. Sex Education Implementation Matrix—complete the matrix for *each* grade-level that will be part of sex education implementation efforts. [Please copy and paste tables as needed to have one table for each school. Delete the row if a grade is not included in the school.]

School Name: _____				
	How many students are in this grade level?	How many students are currently receiving sex education?	What curriculum is currently used? If sex education is not currently being taught, do you have a curriculum in mind? If no specific curriculum is used or planned, please write N/A.	<u>Approximately</u> how many hours of sex education are students currently receiving each school year in each grade level? (Average hours/student in a school year)
7				
8				
9				
10				
11				
12				
SPED				

21. Which of the following best describe the LEA leadership (superintendents, administrators, and principals) support/opposition regarding teaching sex education?

(Check the one box that best describes the climate)

- The LEA leadership strongly opposes sex education being taught in schools
- The LEA leadership opposes sex education being taught in schools
- The LEA leadership is largely neutral on this issue
- The LEA leadership is largely divided on this issue
- The LEA leadership supports sex education being taught in schools
- The LEA leadership strongly supports sex education being taught in schools
- Don't know
- Other
(explain): _____

22. Which of the following best describe the community's support/opposition regarding teaching sex education?

(Check the one box that best describes the climate)

- The community strongly opposes sex education being taught in schools
- The community opposes sex education being taught in schools
- The community is largely neutral on this issue
- The community is largely divided on this issue
- The community supports sex education being taught in schools
- The community strongly supports sex education being taught in schools
- Don't know
- Other
(explain): _____

23. What barriers does this LEA face in providing sex education in schools? (Check all that apply)

- Funding
- Materials
- Training
- School administration opposition
- Parent/community opposition
- Lack of time
- Lack of staffing
- Lack of data to "make the case" for sex ed
- Sex education is not perceived as a priority
- Current health curriculum does not include comprehensive sexual health information
- Current time allotted for health education is inadequate to address all topic areas
- Other, please specify: _____

24. What supports / technical assistance would help this LEA’s ability to offer/enhance sex education?

	Support to...	Teachers	Administrators	Curriculum Directors (or similar)
Policy	Increase understanding / access to existing LEA sex education policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Establish LEA sex education policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evaluate LEA sex education policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Affirm/monitor existing LEA sex education policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Revise existing LEA sex education policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Understand state education laws/ policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum + Training	Select a sex education curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adapt a sex education curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Update a sex education curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Map and align sex education curriculum to school frameworks (e.g., education standards; school improvement plan; pacing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Identify resources to purchase sex education curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Provide training on specific sex education curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Provide training to improve comfort teaching sex education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement	Understand age-appropriate sexual health content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Strengthen administrative support for sex education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring	Develop/ manage an LEA-wide implementation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Develop/ manage a fidelity monitoring plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Capacity Assessment Summary

25. Consider each of the following statements and check off each box that matches the capacity of the LEA.

Not Ready

- The LEA is not considering sex education.
- The LEA is not concerned with state or local policies.
- The LEA overall does not support sex education curricula.
- The LEA does not have community support for this programming.
- There is no staff time to commit to implementing sex education.

Getting Ready

- The LEA is considering a sex education program.
- The LEA is interested in establishing programming and would like to take action steps on this path within 6 months.
- The LEA has some administrative buy-in for sex education curricula.
- The LEA has some community buy-in for sex education.
- The LEA has little to no staff time to devote to implementing this programming.

Ready for Action

- The LEA is interested in using sex education curricula.
- The LEA would like to take action steps on this path within 1 month.
- The LEA has adequate administrative buy-in for this programming.
- The LEA has adequate community buy-in for this programming.
- The LEA has sufficient staff time to devote to this programming, but needs to build more.

Ready for Implementation/Improvement/Monitoring

- The LEA is already using a sex education curricula.
- The LEA is planning steps to implement this programming or will do so in the coming weeks.
- The LEA has strong support from the administration.
- The LEA has strong support from the community.
- The LEA has sufficient staff time to devote to this programming and is in the process of building more, if necessary.

26. Based on the findings of this assessment, what stage best represents this LEA?
Count the check marks in each of the above categories and mark the category with the most checks.

- Not Ready
- Getting Ready
- Ready for Action
- Ready for Implementation/Improvement/Monitoring

STEP

3



Develop
Local Policy



Step 3

Develop School/Charter/District Policy That Reflects Community Values and Expectations

Purpose

This section will help local education agencies in the development of a quality sexual health education program and to provide an outline of what policies should be included.

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Introduction

The Louisiana state sex education law (RS 17:281) requires that local education agencies (LEAs) that choose to teach sex education must establish a local policy to “provide procedures for the administration” of sex education. For more information on the state sex education law, see Step 1 of this Toolkit. This policy must include procedures allowing for parents/guardians to excuse their student from receiving instruction in sex education, often referred to as “opt-out”. Beyond procedures for opt-out, local policies can support (or mandate) teaching comprehensive and evidence-informed sexual health education. The remainder of this section is a model comprehensive sexual health education policy that can be adapted by LEAs. The highlighted text in the following model policy example should be tailored to the LEA developing the policy, and each LEA should revise the policy to reflect the values and expectations of their community.

Model Comprehensive Sexual Health Education Policy

[LEA] is committed to providing a school environment that promotes and protects health, well-being, and the ability to learn. Therefore, it is the policy of [LEA] that all schools will provide opportunities for all students [in grades X and above] to receive comprehensive, developmentally-appropriate, medically-accurate, and evidence-informed instruction about sexual health in an effort to decrease behaviors that place young people at risk for unintended pregnancies and sexually transmitted infections.

To achieve this goal, [LEA] will:

- a) Comply with requirements of Louisiana state law and Board of Elementary and Secondary Education policies.
- b) Provide an age-appropriate educational program [in grades X and above] to promote lifelong sexual health and prevent HIV, other sexually transmitted infections (STIs), and pregnancy among school-aged youth. The program shall:
 - i) Be integrated as part of a comprehensive, standards-based health education curriculum that is designed to improve student knowledge, attitudes, and behavior [or another existing course of study].
 - ii) Not include religious beliefs nor the subjective moral and ethical judgment of any person.
 - iii) Emphasize abstinence from sexual activity outside of marriage as the expected standard for all students and emphasize that abstinence from sexual activity is a way to avoid unwanted pregnancy and STIs, including HIV.
 - iv) Provide medically accurate information on contraception, condoms, and other measures that reduce the risk of pregnancy and of exposure to HIV and other STIs.
 - v) Emphasize that each student has the power to control personal behavior.
 - vi) Be engaging, interactive, and help students to develop skills in areas such as communication, making sound decisions, resisting negative peer and social pressure, and taking responsibility for one's self and future opportunities.
 - vii) Help students understand the qualities of a healthy relationship, including the role of self-respect and respect for partners during dating relationships.
 - viii) Help students understand the responsibilities of parenthood.
 - ix) Help students analyze the influences of popular culture, media, and technology.
 - x) Help students recognize the negative impact of alcohol and drug use on making healthy decisions and resisting negative peer and social pressures.
- c) Not test, quiz, or survey students about their personal or family beliefs or practices in sex, morality, or religion; but may test, quiz, or survey students about their knowledge of sexual health.
- d) Not distribute any contraceptive or abortifacient drug, device, or other similar product.
- e) [Provide/encourage/allow] skills-based training that demonstrates the correct use of condoms; students shall be monitored during such demonstrations and students shall not be allowed to

remove any condom, opened or unopened, from the classroom where the skills-based training takes place.

- f) Allow instruction of the sexual health education content of approved textbooks being used in all courses of study at the school.
- g) Submit all other instructional materials used during the course of study of comprehensive sexual health education for approval by the [School/Charter Board] and by a parental review committee, whose membership shall be determined by the [School/Charter Board].
- h) When deemed appropriate by the [School/Charter Board], offer instruction in comprehensive sexual health education as part of a program offered at times other than during the regular school day.
- i) Ensure that comprehensive sexual health education is taught by teachers [certified/licensed/trained] in health education or by external health educators trained in delivering an evidence-based comprehensive sexual health education instructional program.
- j) Ensure that instructors and students maintain confidentiality within the comprehensive sexual health education course. The only exceptions to confidentiality are
 - i. Mandatory reporting of child abuse or neglect.
 - ii. Referrals to a medical or social services provider [such as the school-based health center].
- k) Allow any student to be excused from receiving instruction in comprehensive sexual health education at the option and discretion of his/her parent or guardian.
- l) Notify parents/guardians about instruction in comprehensive sexual health education at the beginning of each school year, at the time of a student's enrollment, or at the time that arrangements are made for instruction by external health educators or guest speakers. This notice shall include
 - i. That written and audiovisual educational materials to be used in comprehensive sexual health education are available for review.
 - ii. That parents/guardians may request in writing that their child not receive comprehensive sexual health education.
- m) Provide students excused by their parents/guardians from comprehensive sexual health education with an alternative educational activity.
- n) Prohibit disciplinary action, academic penalty, or other sanction if a student's parent or guardian declines to permit the student to receive comprehensive sexual health education.
- o) Provide information to the parents/guardians of each student relative to the risks associated with human papillomavirus (HPV) and the availability, effectiveness, and known contraindications of immunization against HPV. The information shall describe the link between HPV and cervical cancer, the means by which HPV is spread, and where a person may be immunized against HPV. The information shall be updated annually if new information on HPV becomes available. Such information shall include a form on which the student's parent or guardian may grant written permission for the student to receive such information directly.
- p) In the event of any violation of the provisions of this policy, the [School/Charter Board], after proper investigation and hearing, shall correct the violation and take appropriate action to punish the offending party or parties responsible for said violation.

STEP 4

4.

Engage School/
Charter Board



Step 4

Adoption of Policy by Governing Board

Purpose

This section will guide the engagement process for school boards in an effort to ensure buy-in for comprehensive sexual health education and adoption of a local sex education policy.

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Introduction

Once a policy has been developed that meets the needs of the local education agency (LEA), the next step is for the policy to be reviewed and adopted by the governing board. In Louisiana, the governing board of the LEA may be the local school board, or may be the charter board of the charter operator. The goal of the governing board is to adopt a comprehensive sex education (CSE) policy that will receive limited opposition and improve academic performance while requiring limited funds. For more information on developing a CSE policy, see Step 3 of this Toolkit. In addition to adopting an LEA policy, it is also essential to engage the governing board to ensure buy-in for CSE success. Without their support, CSE efforts may be stalled or stopped all together (1).

In order to effectively engage governing boards, it is important to tailor your communication to meet their distinct needs (2):

- Messaging that affirms the long-term value of implementing comprehensive sexual health education.
- Data that shows a need for sex education.
- Data that shows a correlation between implementation of comprehensive sexual health education and improved academic performance and graduation rates.
- Support from administration (at the school and LEA level).
- Support from community leaders, parents and students.

Making the Case

Making the case for CSE can be extremely powerful. For example, some LEA leaders will be persuaded by research that shows that CSE is more effective than abstinence-only education or that healthy youth perform better academically while others may be motivated by the link between healthy youth and decreased poverty outcomes. Understanding the persuasive arguments and lever points that will increase support for CSE is key to securing LEA administration buy in. Listen closely to how LEA leaders make decisions and develop your case accordingly (1). When communicating with governing boards and other policy makers, it is important to use language that a non-specialist can understand, present clear arguments, tell a relevant story, and most importantly, be brief (3; 4). When providing written supporting documents to governing boards, do not exceed two pages (4). In the following section you will find talking points to help make the case for CSE. Choose the talking points that you think will most resonate with the governing board you are addressing.

Data Talking Points

Health Outcomes & Risk Behaviors

Health outcome data for Louisiana is outlined below. These statistics are updated regularly. The Sexuality Information and Education Council of the United States releases State Profiles each year that compile state level statistics and provide national comparison. These profiles can be found here: <http://www.siecus.org/index.cfm?fuseaction=Page.viewPage&pageId=1427&parentID=478>.

- In 2013, Louisiana had the 8th highest teen birth rate in the nation (5).
- Infants born to teen mothers are 17% more likely to be preterm and 25% more likely to be born with a low birth weight compared to infants born to older mothers (6). This raises the probability of intellectual and developmental disabilities, blindness, deafness, cerebral palsy, chronic respiratory problems, mental illness, dyslexia, and hyperactivity (7).
- From 2005 to 2008, Louisiana experienced the largest increase in the teen pregnancy rate of any state, its rate rising 19%, from 67 to 80 per 1,000 (8).
- Adolescents who receive comprehensive sexual health education have a lower risk of pregnancy than adolescents who receive abstinence-only or no sexual health education (9).
- The United States' lowest performing schools are also the ones worst affected by all health disparities, including teen pregnancy (10).
- In 2012, Louisiana ranked 5th for Chlamydia case rate, 3rd for gonorrhea case rate, and 2nd for syphilis case rates among young people (11).
- In 2011, Louisiana ranked 2nd for HIV infection rate among young people (12).
- Evaluations of comprehensive sexual health education programs show that these programs can help youth delay onset of sexual activity, reduce the frequency of sexual activity, reduce the number of sexual partners, and increase condom and contraceptive use (10).
- Students who participate in health programs with proven-effective curricula increase their health knowledge and decrease risky behaviors related to the program (10).

In order to find parish-specific data on sexually transmitted diseases—including HIV, you can visit the Louisiana Office of Public Health STD/HIV Program at <http://new.dhh.louisiana.gov/index.cfm/page/919>.

To find parish-specific data on teen birth rates, visit the KIDS COUNT Data Center at <http://datacenter.kidscount.org/data#LA/5/0>.

Academic Success

- Only 38% of mothers who have a child before age 18 complete high school by age 22 and less than 2% attain a college degree by age 30 (13).
- 30% of teen girls who have dropped out of high school cite pregnancy or parenthood as a reason (13).
- Teen pregnancy takes a particular toll on school connectedness. It is a major disruption in a teen’s life which makes it difficult to remain engaged in school and active in the school community —leading to lower grades and higher dropout rates (10).
- Teens experience almost half of the 20 million STD cases in America each year—leading to worry and emotional distress, sometimes painful symptoms, and trips to a doctor or clinic for treatment—all of which could impact school attendance and performance negatively (10).
- An extensive review of school health initiatives found that programs that included health education had a positive effect on academic outcomes, including reading and math scores (10).
- Children of older mothers are more prepared to enter the school system and score higher on measures of school readiness compared to the children of teen mothers (7).
- Children of teen mothers are 50% more likely to repeat a grade, are less likely to complete high school, and have lower performance on standardized tests than those born to older parents (7).
- Only about two-thirds of children born to teen mothers earn a high school diploma compared to 81% of children born to older mothers (13).

Economic Wellbeing

- School-based comprehensive sexual health education programs are not only cost effective but often result in significant cost savings (14).
- For every dollar invested in implementing comprehensive sexual health education in schools, \$2.65 is saved in medical expenses and future economic activity (15).
- The monetary cost to society of HIV/AIDS, other STI, and unintended teen pregnancy are enormous. Sexual health education in the schools represents society’s only opportunity to reach nearly all youth with the knowledge and skills needed to make informed choices that reduce the likelihood of unwanted pregnancy and HIV/STI. Reducing these negative outcomes results in significant economic cost savings to society (14).
- Comprehensive sexual health education programs can increase contraceptive use among sexually active young people, which ultimately results in substantial cost savings to the healthcare system (14).
- Most Chlamydia infections in young people are asymptomatic, and if it is left untreated Chlamydia often leads to pelvic inflammatory disease, infertility, chronic pelvic pain, ectopic pregnancy, and increased susceptibility to HIV infection. The lifetime medical costs associated with the treatment of these conditions are significant and consume considerable healthcare resources (14).
- The disparity in educational attainment between teen mothers and other teens is followed by decreased economic opportunities and earnings in subsequent years (13).
- Between 2009 and 2010, roughly 48% of all mothers age 15 to19 lived below the poverty line (13).

- 63% of teen mothers receive some type of public benefits within the first year after their children were born (13).
- Teen mothers are likely to have a second birth which can further inhibit their ability to finish school or keep a job. About 25% of teen mothers have a second child within 24 months of the first birth (16).
- The vast majority of teen mothers are not married when their child is born, however, less than one quarter of teen mothers received any child support payments (13).
- The daughters of young teen mothers are three times more likely to become teen mothers themselves (7).
- The sons of teen mothers are twice as likely to end up in prison (7).

Community Support

In addition to data and statistics, it can be helpful to show that there is community support for comprehensive sex education (CSE). This includes support from administrators, parents, students, and community leaders. The role, extent, and nature of community engagement will vary depending on the specifics of the governing board you are trying to engage. If board meetings tend to have lots of public comment, it may be more important to have supporters present at the meeting. Whereas if the board tends to have smaller meetings with less public comment, it may be more appropriate to provide them with written materials rather than having extra people in the room. Prior to attending the governing board meeting, engage influential community members as CSE champions. The focus should be on identifying and engaging CSE champions and creating a dialogue among key stakeholders about the benefits of incorporating CSE into the LEA and the next steps for getting there (17).

Once champions are identified, engage them in one-on-one conversations about the value of CSE for the LEA. Ask primary champions to recommend other key stakeholders who should be brought into the discussion and engage key influencers and thought leaders in the community. Bring together diverse partners in individual and group discussions, such as parents and community members, community-based organizations, teachers and school staff, and faith leaders as advocates to support CSE. While it is important to include diverse stakeholders, the number of champions needed to increase support for CSE will vary by LEA. In many cases, just a few key influential champions can help move the process forward; in other LEAs, a broader community dialogue may be necessary to build adequate momentum. (17)

The youth voice is also extremely important, see if there are any students who are comfortable being CSE champions. Potential student groups to tap into are the student council, the youth advisory committee for the school-based health center, and school health advisory committees. Community-based organizations may also be able to identify youth champions.

It may be necessary to build the willingness and skills of parents and other community members to advocate for CSE. This can be done by equipping community members with the skills and knowledge to advocate for CSE policy and by organizing and mobilizing CSE champions to promote CSE and respond to questions from parent and other community members. If there is divided sentiment among parents and other members of the community regarding CHSE, organize gatherings to share information and engage in dialogue to discuss and address concerns. This could be done through existing forums such as the

parent teacher organization, or through town hall or other meetings. Consider submitting a letter to the editor to increase awareness of the benefits of CSE. (17)

Parent Survey

Time and time again, research on parents’ support for CSE is tremendously positive: 80 to 85% of parents across the United States agree that CSE should be taught in schools (17). One method for building evidence of local parental support for CSE is by conducting a parent survey. Parent surveys are a low-cost way to quickly demonstrate parental support for CSE and provide clear data to school districts, policymakers, and community members. You can use positive reactions from parents about CSE to support your efforts and quell concerns from LEA leadership about parent opposition (17). A sample parent survey is included below, based off a parent survey developed by the Georgia Campaign for Adolescent Power and Potential.

Sample Parent Survey

This is a short survey about some important school health issues. We appreciate your participation.

1. Are you the parent or guardian of a school-age child?

Yes No

2. To the best of your knowledge, is sex education currently being taught in your public school system?

Yes No

3. In your opinion, should sex education be taught in [insert LEA name] schools?

Yes No

4. The following lists possible topics regarding sexual health education classes. For each topic, please mark the earliest school level you think it would be appropriate to start teaching each topic in—elementary, middle, or high school—or if you think the topic should not be taught at all, or if you’re not sure.

Topic	Elementary School	Middle School	High School	Not At All	Not Sure
Reproductive anatomy and puberty					
Healthy relationships and friendships characterized by trust and respect					
Abstinence from sexual activity, and what it means to abstain					

Topic	Elementary School	Middle School	High School	Not At All	Not Sure
The transmission and prevention of sexually transmitted diseases, or STDs					
The effectiveness and failure rates of birth control methods, including condoms					
Sexual orientation or natural preference in sexual partners					
How to use birth control methods					

5. What is your gender?

Male Female

6. What is your political affiliation?

Democrat Republican Other

7. What is your race/ethnicity?

Hispanic/Latino African American White Asian Other

8. How old are you?

Under 18 18 – 29 30 – 45 46 – 65 Over 65

Moving Forward

In addition to making the case and showing support for CSE, it is important to remind the governing board that LEAs that choose to offer sex education must have a local policy that governs administration of sex education. The primary motivation of engaging the governing board is for them to adopt a policy that requires, or at the very least supports or allows CSE in schools in the LEA. When the governing board is considering the policy, they will likely want to know the costs associated with implementation, such as purchasing CSE curricula, training faculty, and overseeing program evaluations. Be sure to have this information available when presenting to the board. In order to demonstrate the steps necessary to move from policy to action, present a concrete implementation plan for CSE to the governing board. A sample implementation plan based on the steps outlined in this toolkit is presented below.

Implementation Plan

Roadmap Step	Activities	Person Responsible	Timeline
Identify and clarify state and local policies surrounding sexual health education in schools	Offer a Louisiana law and local policy training (facilitated by School Health Connection) to all faculty		
Assess school/charter/district readiness	Complete Capacity Assessment Tool		
Develop school/charter/district policy that reflects community values and expectations	Adapt model policy		
Adoption of policy by governing board	Engage governing board to present support for comprehensive sex education (CSE) and present the drafted policy		
	Governing board approves policy		
Identify person(s) responsible for teaching sexual health education	Identify when CSE will be taught (during health class, science class, PE, etc.) and who will teach it		
	Evaluate the CSE professional disposition (comfort with, commitment to, and self-efficacy) and existing knowledge of selected teachers		
Select curriculum	Review curriculum options		
	Select curriculum for each middle and high school in the LEA		
Obtain curriculum approval by governing board and parent committee	Present selected curriculum to governing board for approval		

Roadmap Step	Activities	Person Responsible	Timeline
	Present selected curriculum to parent review committee for approval		
Train teachers on comprehensive sexual health education and approved curriculum	Train selected teachers on basics of sexual health		
	Train selected teachers on building comfort when teaching about sexual health		
	Train selected teachers on approved curriculum		
Implement curriculum in classroom	Trained teachers teach CSE classes		
Monitor implementation and evaluate program success	Conduct a pre-test of student knowledge before classes take place		
	Monitor fidelity of CSE instruction		
	Conduct a post-test of student knowledge to measure learning		
	Conduct student satisfaction surveys		
	Conduct interviews with instructors to identify areas for improvement		
Quality improvement and continued implementation, monitoring, and evaluation	Use results from monitoring and evaluation to make improvements to CSE		
	Continue implementation		
	Continued monitoring and evaluation		

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STEP

5.



Select Educator



Step 5

Identify Person(s) Responsible For Teaching Sexual Health Education

Purpose

This section will help schools identify who will be teaching the selected comprehensive sexual health education program.

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Introduction

In addition to parents, America’s teachers play a vital role in providing young people with the information they need to protect their health and futures. However, nationwide only 61% of colleges and universities require sexual health education courses for health education certification and nearly one-third of teachers responsible for sexual health education report receiving no pre-service or in-service training in this area (1). In Louisiana, sexual health education is most commonly taught by teachers with a certification in health and physical education, although may be taught by teachers of other subjects or by outside health educators.

There are several things to consider when selecting an educator for comprehensive sex education (CSE). The first, and most practical, is in what class will CSE be offered? In high schools, CSE is most commonly taught in health class, although it may be incorporated into other subjects as well. Not all middle schools offer health classes, so CSE may be taught in health, physical education, or another subject depending on class availability. In addition to considerations of schedule, it is important to select a teacher who has the appropriate competencies to effectively teach sexual health education. The *National Teacher Preparation Standards for Sexuality Education* define these competencies as: Professional Disposition; Diversity and Equity; Content Knowledge; Legal and Professional Ethics; Planning; Implementation; and Assessment (1). It is important to assess CSE teachers’ competencies to determine their professional development needs.

National Teacher Preparation Standards for Sexuality Education

The National Teacher Preparation Standards were designed for use by institutes of higher education with teacher preparatory programs in health and physical education to improve the sexuality education-related course content they offer or require for graduation by health- and physical education teacher candidates (1). Each standard includes a rationale and measurable indicators or learning objectives that teacher-candidates must master to meet the standard (1). In addition to helping teacher preparation programs improve, these standards are useful for assessing and selecting CSE teachers.

The full National Teacher Preparation Standards for Sexuality Education are available on the Future of Sex Education web site at <http://www.futureofsexed.org/documents/teacher-standards.pdf>.

Standard 1: Professional Disposition

Teacher candidates demonstrate comfort with, commitment to and self-efficacy in teaching sexual health education (2). Research shows that comfort with and commitment to sexual health education has a direct impact on teaching ability. Well prepared teachers need to first and foremost appreciate the value of sexual health education and believe it is important for young people to have access to the information and skills they need to make healthy decisions. Research demonstrates that it is imperative that teachers demonstrate comfort with, commitment to, and self-efficacy in teaching sexual health education. *Teachers without these qualities should not teach this topic.*

Standard 2: Diversity & Equity

Teacher candidates show respect for individual, family and cultural characteristics and experiences that may influence student learning about sexual health (2). There is tremendous diversity represented in Louisiana classrooms. Often, “diversity” refers to race, culture and ethnicity. Within sexual health education, however, there are other forms of diversity to consider as well, such as family structure (e.g., single parents, step parents, teen parents); religious affiliation; social, emotional and physical developmental level; sexual orientation; gender identity and expression; sexual history; and relationship abuse. These visible and invisible diversities are present in every classroom and affect how students learn. Effective teachers are respectful of multiple dimensions of diversity and tailor instruction appropriately.

Standard 3: Content Knowledge

Teacher candidates have accurate knowledge of the biological, emotional and social aspects of human sexuality and the laws relating to sexuality and youth (2). Many educators receive little or no professional preparation in sexual health education. This is highly problematic, as human sexuality is a complex topic area. Sufficient and current knowledge of sexual development and the biological, emotional, and social aspects of sexuality is essential for the successful teaching of sexual health education. Effective sexual health education teachers, at a minimum, will have familiarity with all of the topic areas described in the National Sexual health education Standards, Core Content and Skills, K-12. In addition, effective sexual health education teachers will understand relevant federal and state laws specific to sexuality and youth (e.g., age of consent) and know the sexual health resources available to students in their community.

Standard 4: Legal & Professional Ethics

Teacher candidates make decisions based on applicable federal, state and local laws, regulations and policies as well as professional ethics (2). Teaching sexual health education can pose unique ethical and legal challenges for a teacher. This includes, but is not limited to, student disclosure or teacher suspicion of sexual abuse, incest, relationship abuse or other behaviors that threaten student health and well-being. Students may also disclose sexual activity, sexual orientation, gender identity, pregnancy or STD/HIV status, and more. In all instances, it is important for teachers to understand their professional obligations and adhere to state, federal and district policies that pertain to confidentiality and reporting these types of disclosures. Teachers also may be presented with situations in which the laws, policies and/or regulations are unclear or lacking. Teachers need to have an ethical framework for decision-making about when to keep information confidential, when to make a referral, when to seek guidance within their school system or when they should report a situation to law enforcement. In every instance, teachers should be knowledgeable about their school district policies and procedures and the resources that are available to them.

Standard 5: Planning

Teacher candidates plan age- and developmentally-appropriate sexual health education that is aligned with standards, policies and laws and reflects the diversity of the community (2). There are numerous factors to consider when planning instruction in any subject area. Sexual health education, however, poses additional issues to consider given that Louisiana state law dictates that abstinence must be emphasized and places additional restrictions on instruction. As such, it is especially important for teachers to plan lessons that meet state and local policies and standards, and to understand the process/protocol for getting these lessons approved. It is also incumbent upon teachers to know what resources are available to them and are approved for use during the planning process. These include, but are not limited to: state and local policies, the Sexual Health Module within the Health Education Curriculum Analysis Tool (HECAT), Louisiana grade level expectations for health, national standards (including the National Sexuality Education Standards), and curricula and other materials that have already been approved or adopted by their local education agency.

Effective teachers will plan course content that takes into account the available local and state health and education data; developmental stages; physical and cognitive abilities and diversities of the students in the classroom, including family structure; religious affiliation; sexual experience; parenting status (i.e., teen parents); sexual orientation; gender expression and identity; dating violence; sexual abuse and pregnancy/STD history, including HIV status. Planning for sufficient time for students to practice skills—including analyzing influences, interpersonal communication and decision-making—is essential to effective sexual health education.

Standard 6: Implementation

Teacher candidates use a variety of effective strategies to teach sexual health education. For many students, taking a sexual health education class may be the first time they have had the opportunity to discuss sexuality openly with a trusted adult (2). Teachers should be prepared for a range of student reactions, which may present unique classroom opportunities and challenges. Effective teachers create

a classroom environment that sets clear classroom ground rules and expectations while acknowledging that there may be reactions to the content material that cannot be addressed via ground rules or expectations. Effective teachers, therefore, also encourage open, honest and respectful communication in the classroom and facilitate discussions that engage learners appropriately.

Standard 7: Assessment

Teacher candidates implement effective strategies to assess student knowledge, attitudes and skills in order to improve sexual health education instruction (2). All effective teachers assess student learning and revise their lesson plans accordingly. Assessing the sexual health education learning in the cognitive, affective and behavioral domains requires a wider repertoire of assessment strategies.

Teacher Assessment Tools

There are many different ways to assess teachers' capacity in these standards.

Performance Assessment Tool for Teachers Teaching Sexual Health Education

The *Performance Assessment Tool for Teacher Candidates Teaching Sexuality Education* was developed to assist college/university supervisors, cooperating teachers and teacher candidates in the formative and summative evaluation of the candidates' proficiency in planning, implementing and assessing sexuality education instruction in the secondary school levels (3). This tool can also be used by middle and high school administrators to assess the professional development needs of those who are currently teaching sexual health education in their classrooms (1). The Performance Assessment Tool evaluates whether the teacher is proficient, developing proficiency, or not proficient in each of the seven *National Teacher Preparation Standards for Sexuality Education*. The indicators used to evaluate teacher effectiveness are

Standard 1: Professional Disposition

- 1.1 Demonstrate the ability to teach in ways that communicate that maturation is an inherent part of child and adolescent development.
- 1.2 Describe the importance of CSE as an integral part of health education.
- 1.3 Demonstrate awareness of their own personal values, beliefs, biases and experiences related to CSE.
- 1.4 Demonstrate how their personal values, beliefs, biases and experiences can influence the way they teach CSE.
- 1.5 Model self-efficacy to teach CSE in age- and developmentally-appropriate ways.
- 1.6 Select their own continuing professional development needs relating to CSE.

Standard 2: Diversity & Equity

- 2.1 Demonstrate the ability to create a safe and inclusive classroom environment for all students.
- 2.2 Describe how students' diverse backgrounds and experiences may affect students' personal beliefs, values and knowledge about health.
- 2.3
 - a. Demonstrate the ability to select or adapt CSE materials that both reflect the range of characteristics of the students and community.

- b. Respect the visible and invisible diversities that exist in every classroom in a culturally relevant manner.

Standard 3: Content Knowledge

- 3.1 Describe accurate and current content, as reflected in the *National Sexuality Education Standards* in the following topic areas:
 - a. Anatomy and physiology.
 - b. Puberty and adolescent development.
 - c. Sexual orientation and gender identity and expression.
 - d. Pregnancy and reproduction.
 - e. Sexually transmitted diseases and HIV.
 - f. Healthy relationships.
 - g. Personal safety.
- 3.2 Explain the stages of child and adolescent sexual development including cognitive, physical and emotional changes.
- 3.3 Describe at least three health behavior theories relevant to sexual health promotion.
- 3.4 Describe current federal and state laws relating to sexual health that have an impact on youth.
- 3.5 Demonstrate the ability to identify accurate and reliable sources of information to keep their own sexual health-related content knowledge current and relevant.
- 3.6 Demonstrate the ability to identify valid and reliable sexual health information, health products and community services relevant to students.

Standard 4: Legal & Professional Ethics

- 4.1 Explain how to determine relevant state and school district reporting laws and procedures relating to student disclosure regarding sexual abuse, incest, dating violence, and other associated sexual health issues.
- 4.2 Explain the policies and ethics associated with student confidentiality relating to sexual health issues.
- 4.3 Describe when and from whom to seek guidance on sexuality health-related ethical/legal matters when there is no policy or the policy is unclear.
- 4.4 Differentiate between professional and unprofessional conduct with students, both in and outside of the classroom and school.

Standard 5: Planning

- 5.1 Apply learning and behavioral theories to sexual health education lesson planning.
- 5.2 Apply state and/or district laws, policies and standards to select and adapt curriculum content that is appropriate and permissible for a district.
- 5.3 Identify appropriate resources and policies to guide instructional planning.
- 5.4 Plan effective strategies to teach sexual health education in the cognitive, affective and behavioral learning domains.
- 5.5 Plan age- and developmentally-appropriate sexual health education instruction

Standard 6: Implementation

- 6.1 Demonstrate strategies for creating a safe, respectful learning environment that fosters open discussion about a wide range of sexual health-related topics.
- 6.2 Demonstrate effective classroom management skills specific to CSE. Convey accurate and developmentally-appropriate information about sexual health.
- 6.3 Engage learners using realistic and relevant situations relating to CSE.

Standard 7: Assessment

- 7.1 Use multiple strategies to assess knowledge, skills and attitudes about sexual health that are measurable, observable and aligned with learning objectives.
- 7.2 Analyze assessment results and determine any necessary changes for future CSE instruction.
- 7.3 Apply assessment results to the continuous improvement of their CSE instruction.

The full Performance Assessment Tool is available from the Future of Sex Education web site at http://www.futureofsexed.org/documents/Teacher_Candidate_Evaluation_Forms.pdf.

Content Knowledge

The Performance Assessment Tool is a good way to assess content knowledge of teachers already teaching sexual health education, but you can also use knowledge surveys to assess this standard. One way to do this is by using the same assessment tools that will be used to assess student knowledge in the sexual health education course. If a curriculum has already been purchased, you can use the student assessments from that curriculum. If a curriculum has not yet been selected or purchased, some curricula have their assessment tools freely available online. One such curriculum is *Reducing the Risk: Building Skills to Prevent Pregnancy, STD & HIV*.

You can access the Reducing the Risk Student Knowledge Survey and Survey Answer Key at <http://pub.etr.org/docpages.aspx?pagename=solution-rtr-info#test>.

Professional Disposition & Legal Knowledge

In addition to the Performance Assessment Tool and content knowledge surveys, it may be helpful to assess teachers' familiarity with the Louisiana sex education law and what is currently being taught in their school as well as their comfort with, commitment to, and concerns about sexual health education. School Health Connection has developed a CSE Teacher Needs Assessment survey to evaluate these topics. The CSE Teacher Needs Assessment begins on the following page. The answer key for the legal knowledge section is provided below.

Legal Knowledge Answer Key

2. No
3. 7–8 & 9–12
4. Abstinence, Condoms, Contraception, & Universal Values

*CSE Teacher Needs Assessment***Legal Knowledge**

1. Are you familiar with the current state law regarding sex education?
 - Yes
 - No

2. Is sex education required in Louisiana?
 - Yes
 - No
 - I don't know

3. In what grades can you teach sex education? *Check all that apply.*
 - K–2
 - 3–6
 - 7–8
 - 9–12

4. What topics can you teach about in sex education? *Check all that apply.*
 - Abstinence
 - Condoms
 - Contraception
 - Religious Beliefs
 - Moral/Ethical Judgements
 - Universal Values

Professional Background

5. Are you certified or licensed in the following subjects? *Check all that apply.*
 - Health Education
 - Physical Education
 - Other _____
 - None

6. Do you currently teach health education to your students?
 - Yes (If so, what curriculum do you use? _____)
 - No

7. Do you currently teach sexual health education to your students?
 - Yes (if so, what curriculum do you use? _____)
 - No

8. Does anyone else teach sexual health education in your school?

- Yes (if so, who teaches it and what curriculum do they use? _____)
- No
- I don't know

9. Do you think comprehensive sexual health education is an important topic for young people?

- Yes
- No
- I have no opinion

10. How important do you think comprehensive sexual health is a topic area for **you to teach** to your students? *Please circle the corresponding number below.*

			Neither				
			Important				
Not at all	Very	Somewhat	nor	Somewhat	Very	Extremely	
important	Unimportant	Unimportant	Unimportant	Important	Important	Important	
1	2	3	4	5	6	7	

11. What areas of comprehensive sexual health education do you see as important in your school?

- Anatomy and physiology
- Puberty and adolescent development
- Sexual orientation and gender identity
- Pregnancy and reproduction
- Sexually transmitted diseases and HIV
- Healthy relationships
- Personal safety
- Contraception
- Dating violence
- Sexual violence
- Access to reproductive health care
- Peer pressure
- Influence of media and technology
- Communication skills
- Correct use of condoms
- Decision-making skills
- Impact of alcohol and drug use
- Responsibilities of parenthood
- Other: _____

12. What are your main concerns regarding teaching comprehensive sexual health in your school?
Please number in order of priority (1 being the highest priority, 8 being the lowest).

- ___ State, BESE, or local policy
- ___ Your knowledge of the topic areas
- ___ Your comfort level teaching or discussing sexual health with the students
- ___ Support of school administration
- ___ Parental opposition
- ___ Not enough time/scheduling issues
- ___ Don't know where to start
- ___ It doesn't apply to my class/curriculum

13. Please indicate the degree to which you agree or disagree with the statement below by circling the corresponding number.

"I would be comfortable teaching comprehensive sexual health education to my students."

- | | | | | |
|-------------------|----------|---------------|-------|----------------|
| | | Neither Agree | | |
| Strongly Disagree | Disagree | nor Disagree | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

14. Which of the following would you need to feel more comfortable teaching comprehensive sexual health education at your school? *Check all that apply.*

- Knowing that I am protected by law
- Support from school administrators, principals and charter board leaders
- Support from teachers
- Support from parents
- Student interest
- Having adequate instruction/class time
- Having a curriculum I am familiar with
- Having knowledge of the topic

References

1. **Future of Sex Education.** National Teacher Preparation Standards for Sexuality Education. *FoSE*. [Online] [Cited: June 3, 2015.] <http://www.futureofsexed.org/teacherstandards.html>.
2. —. National Teacher Preparation Standards for Sexuality Education.
3. —. Performance Assessment Tool for Teacher Candidates Teaching Sexuality Education: For use with Middle School and High School Levels.

STEP

6.

Select Curriculum



Step 6

Select Curriculum

Purpose

This section will give descriptions of examples of the different curricula choices local education agencies and schools have for comprehensive sexual health education.

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Introduction

There are many things to consider when choosing a sexual health education curriculum. Selection should be made based on the needs of the school where the curriculum will be implemented. Some things to consider are:

- In what class will the curriculum be offered?
- Who will be teaching the curriculum?
- How much time is available (both the length and number of sessions)?
- What funding is available to purchase the curriculum?
- Has the curriculum been proven effective?

In order to ensure that an appropriate curriculum is selected, it is best to involve an interdisciplinary team that can choose potential comprehensive sex education (CSE) curricula and then conduct mapping and alignment of potential curricula to applicable standards and policies to identify the degree to which CSE curricula meet local needs. Based on the mapping and alignment exercise, the team will select a curriculum that is appropriate for the grade level and community, and that meets the requirements and needs of the local education agency. Local education agencies may want to include one or more evidence-based interventions (EBIs) in this vetting process. EBIs have demonstrated effectiveness in

achieving desired behavior changes – such as delaying the onset of intercourse and/or increasing condom use – through research and evaluation (1).

Educational standards are commonplace in public education and are a key component in developing a rich learning experience for students. The purpose of standards is to provide clear expectations about what students should know and be able to do by the conclusion of certain grade levels (1). Standards are an important part of the educational process, but they do not provide specific guidance on how a topic area should be taught. They also generally do not address special needs students, students for whom English is their second language, or students with any of the other unique attributes of a given classroom or school setting. In addition, although standards are based on grade level, children of the same age often develop at different rates and some content may need to be adapted based on the needs of the students.

Standards that are relevant to CSE include the Louisiana Grade Level Expectations, the National Sexuality Education Standards, and the National Health Education Standards (1). The Louisiana Academic Standards and Grade Level Expectations describe what knowledge and skills students are expected to have at each grade level in Louisiana. The National Sexuality Education Standards provide guidance on the content of sexual health education that is developmentally and age appropriate (1). The National Health Education Standards focus on key health concepts and skills (1). In addition to published standards, the Louisiana Public Health Institute has developed a list that describes a quality sexual health education program, which can help guide curriculum decisions.

The Louisiana Public Health Institute has compiled an inventory of select comprehensive sex education curricula. In order to be included, curricula must teach about abstinence as the best method for avoiding sexually transmitted diseases (STDs) and unintended pregnancy, but also teach about condoms and contraception as methods to reduce the risk of unintended pregnancy and of infection with STDs, including HIV (2). They also must teach interpersonal and communication skills and help young people explore their own values, goals, and options. Abstinence-only-until-marriage programs, such as *Choosing the Best*, are not considered to be *comprehensive* sex education, and were not included in this inventory. These programs teach abstinence as the only morally correct option of sexual expression for teenagers and usually censor information about contraception and condoms for the prevention of STDs and unintended pregnancy. The curricula and resources described in this section are not all that exist, but merely a selection of available *comprehensive* sex education curricula. Inclusion in this Toolkit does not represent an endorsement by the Louisiana Public Health Institute.

Quick Curricula Reference Table

Name	Description	Target Grades	Number & Length of Sessions	Curriculum Cost	Training	Website
HealthSmart	Comprehensive health education with sexual health, including abstinence, puberty, HIV, STIs, and pregnancy prevention. Also includes Emotional & Mental Health; Violence, Safety & Injury Prevention; Nutrition & Physical Activity; and Tobacco, Alcohol, & Other Drug Prevention. <i>Family materials available in Spanish.</i>	5-6 7-8 9-12	4 Personal & Family Health Lessons for 5 th grade 6 Personal & Family Health Lessons for 6 th grade 22 comprehensive sexual health education lessons for middle school 23 comprehensive sexual health education lessons for high school Complete middle and high school health curricula last full year	Elementary School Print: \$549.99/grade \$3.79/student for additional magazines for 5 th & 6 th grade Middle and High School Print: \$549.99 for Middle or High School complete print version \$91.99 for individual content areas \$3.00/workbook for each content area Digital: \$199.00/year K-12 digital version \$9.00/student for content license	Contact ETR for quotes	http://www.etr.org/healthsmart/
Family Life And Sexual Health (FLASH)	Abstinence-based approach that also addresses pregnancy prevention, HIV, and STIs with a focus on positive and healthy sexuality across the life span. <i>Family homework available in Spanish, Vietnamese, Chinese, Arabic, and Russian.</i>	4-6 7-8 9-12 SPED	18 Lessons for elementary school 23 Lessons for middle school 15 Lessons for high school 28 Lessons for special education (ages 11–21)	Elementary School: free download or \$75.99 for print version Middle School: free download or \$99.99 for print version High School: \$49.99/year for online access or \$99.99 for print version SPED: free download or \$75.99 for print version \$374.99 for print version of all grade levels	Contact ETR for quotes	http://www.etr.org/flash/
Teaching Sexual Health	A collection of resources and lesson plans including the most current, effective methodology to teach sexual health education. The “Differing Abilities” collection of resources includes lesson plans of a general nature that can be adapted for students of different functioning levels. <i>Some lessons are available in French.</i>	7-8 9-12 SPED	10 Lessons for 7 th grade 14 Lessons for 8 th grade 12 Lessons for 9 th grade 18 Lessons for 10 th –12 th grade 14 Lessons for special education	Free	Not Available	http://teachers.teachingsexualhealth.ca/lesson-plans/

Name	Description	Target Grades	Number & Length of Sessions	Curriculum Cost	Training	Website
Making Proud Choices! School Edition	Uses an empowerment model to encourage healthy sexual behaviors, including condom use, to reduce risk of unplanned pregnancy, HIV, and STIs.	7-12	14 Lessons Lessons are 40 minutes	\$648.00 basic curriculum set \$3.00/workbook <i>The Institute of Women and Ethnic Studies (www.iwesnola.org) implements this curriculum at no-cost in New Orleans middle schools.</i>	Contact ETR for quotes	http://www.etr.org/ebi/programs/making-proud-choices/
Be Proud! Be Responsible!	Multimedia curriculum to promote behavioral change, including delayed initiation of sex, reduce unprotected sex, and make proud and responsible choices in order to decrease risk for HIV, STIs and pregnancy.	7-12	6 Lessons Lessons are 60 minutes	\$499.00 basic curriculum set \$3.00/workbook	Contact ETR for quotes	http://www.etr.org/ebi/programs/be-proud-be-responsible/
Promoting Health Among Teens! Comprehensive Version	Brief, interactive lessons for students to learn about puberty, STI, HIV, and pregnancy prevention	7-12	12 Lessons Lessons are 60 minutes	\$679.00 basic curriculum set \$3.00/workbook	Contact ETR for quotes	http://www.etr.org/ebi/programs/promoting-health-among-teens-comprehensive/
Wyman's Teen Outreach Program (TOP)	TOP is an evidence-based youth development program that includes values clarification, relationships, communication/assertiveness, influence, goal-setting, decision-making, human development, sexual health, and community service learning.	7-12	Weekly sessions for 9 months. <i>Additional 20 hours of community service.</i>	\$26,000 for the first year, \$6,000 each subsequent year (10 copies of curriculum included) Additional materials costs of \$640/student	Included in the curriculum cost.	http://wymancenter.org/nationalnetwork/top/
It's Your Game: Risk Reduction	A classroom- and computer-based program grounded in theory to prevent teen pregnancy, STIs, and HIV. It emphasizes abstinence but also teaches other medically accurate ways of prevention.	7-8	12 Lessons for 7 th grade 12 Lessons for 8 th grade Lessons are 50 minutes <i>Lessons are taught over 2 years.</i>	Free Online <i>Training is required before curriculum can be accessed.</i>	\$500 per participant plus travel costs to Houston. Training lasts 3 days.	https://sph.uth.edu/iyg/
Reducing the Risk	Active approach to unplanned pregnancy, HIV, and STI prevention, teaching students about interpersonal and social skills they can use to abstain or protect themselves. <i>Student materials available in Spanish.</i>	9-12	16 Lessons Lessons are 45 minutes	\$249.99 basic curriculum set \$3.00/workbook	\$399.99 online training Contact ETR for in-person training quotes	http://www.etr.org/ebi/programs/reducing-the-risk/

Name	Description	Target Grades	Number & Length of Sessions	Curriculum Cost	Training	Website
Safer Choices	Two-year curriculum that is not comprehensive and assumes basic knowledge, working with the entire school community to increase healthy behaviors.	9-12	11 Lessons for Level I 10 Lessons for Level II Lessons are 45 minutes <i>Lessons are taught over 2 years.</i>	\$349.99 basic curriculum set \$3.00/student workbook for each level \$3.00/peer leader workbook (5/class)	Contact ETR for quotes	http://www.etr.org/ebi/programs/safer-choices/
All4You!	Evidence-based program designed to reduce sexual risk behaviors. <i>Alternative Education Settings</i>	9–12	9 Lessons Lessons are 70-90 minutes <i>Additional 5 service-learning visits</i>	\$399.99 basic curriculum set \$3.00/workbook	Contact ETR for quotes	http://www.etr.org/ebi/programs/all4you/
All4You2!	Evidence-based program to prevent HIV, other STDs, and pregnancy among students ages 14 to 18. <i>Alternative Education Settings</i>	9–12	15 Lessons Lessons are 50 minutes	\$499.99 basic curriculum set \$3.00/workbook	Contact ETR for quotes	http://www.etr.org/ebi/programs/all4you2/
Sexuality Education for Students with Developmental Disabilities	This curriculum is designed for teams of self-advocates, staff and teachers to co-teach together. This cognitively accessible curriculum includes lessons, scripts, handouts, and teaching tools. Plus it has a manual that provides tips on how to establish a sexuality education class and how to be an effective, engaging sexuality educator. It also outlines challenges when teaching this topic and offers tactics to overcome them.	SPED	20 Lessons	\$250.00	Contact disabilityworkshops@myfairpoint.net	http://www.disabilityworkshops.com/resources.htm

Curriculum Descriptions

HealthSmart	
Website	http://www.etr.org/healthsmart/
Curriculum Cost	<ul style="list-style-type: none"> • \$549.99 5th or 6th Grade print version + \$3.79/student for magazines • \$549.99 Middle or High School print version + \$18.00/student for workbooks • \$91.99 for individual Middle or High School content areas + \$3.00/workbook • \$199.00/year K–12 digital version + \$9.00/student for content license
Training	2-day training, contact ETR for quote http://www.etr.org/healthsmart/training/
Grades	K–4 (do not include sexual health) 5 & 6 (include sexual health topics only allowed in schools under the Orleans Parish School Board) Middle School High School
Length	5 th Grade: 4 personal & family health lessons 6 th Grade: 6 personal & family health lessons Middle School: 22 comprehensive sexual health education lessons High School: 23 comprehensive sexual health education lessons Complete middle and high school health curricula last full year
Evidence-Based Intervention	No (evidence-informed but not officially designated as an EBI)
Workbooks	Middle and High School (or license to print digital handouts)
Computer-Based Lessons	No
Peer Leaders	No
Parent Involvement	Middle and High School (take-home family activity sheets)
Service Learning	No
Languages	Family materials available in English and Spanish
Topics Included	<ul style="list-style-type: none"> • Abstinence, Puberty, Personal, Family, & Sexual Health • HIV, STD, & Pregnancy Prevention • Emotional & Mental Health • Violence, Safety, & Injury Prevention • Nutrition & Physical Activity • Tobacco, Alcohol, & Other Drug Prevention
Additional Info	<p>HealthSmart is grounded in sound educational and behavioral theory. It focuses on the primary identified and monitored by the Centers for Disease Control and Prevention (CDC). HealthSmart meets the National Health Education Standards, and reflects the characteristics of effective health education curricula defined by the CDC. It also incorporates key knowledge and skill expectations detailed in the CDC's Health Education Curriculum Analysis Tool (HECAT) for each grade level.</p> <p>Comprehensive Sexual Health Education Lesson Plan</p> <p><u>Middle School</u> Abstinence, Puberty & Personal Health Lessons 4–10, 12, & 13 HIV, STD, & Pregnancy Prevention Lessons 1, & 5–16</p> <p><u>High School</u> Abstinence, Puberty & Personal Health Lessons 6–16 Emotional & Mental Health Lessons 9 & 10 HIV, STD, & Pregnancy Prevention Lessons 4–6, 8–11, 13, & 14 Violence & Injury Prevention Lesson 8</p>
Louisiana Programming	LPHI offered a HealthSmart training for New Orleans middle and high school teachers in August 2015.

Family Life and Sexual Health (FLASH)	
Website	http://www.etr.org/flash/
Curriculum Cost	<ul style="list-style-type: none"> • Elementary School—free download or \$75.99 for print version • Middle School—free download or \$99.99 for print version • High School—\$49.99/year for online access or \$99.99 for print version • Special Education—free download or \$75.99 for print version • \$374.99 for print version of all grade levels
Training	1- or 2-day training, contact ETR for quote: FLASHTrain@etr.org
Grades	4–6 (only allowed in schools under the Orleans Parish School Board) 7–8 High School Special Education (ages 11–21)
Length	Elementary School: 18 lessons Middle School: 23 lessons High School: 15 lessons Special Education: 28 lessons
Evidence-Based Intervention	No (evidence-informed but not officially designated as an EBI)
Workbooks	No
Computer-Based Lessons	No
Peer Leaders	No
Parent Involvement	Yes (family homework)
Service Learning	No
Languages	Family Homework is available in English, Spanish, Vietnamese, Russian, Chinese, and Arabic
Topics Included	<ul style="list-style-type: none"> • Physical development • Promotion of sexual health • Prevention of disease • Affection • Interpersonal relationships • Body image • Gender roles
Additional Info	<p>FLASH lessons prepare students to:</p> <ul style="list-style-type: none"> • Abstain from sex • Use condoms and birth control when they do have sex • Confirm consent before engaging in sexual activity • Communicate with their family about sexual health • Make decisions that minimize risk to their sexual health • Seek medical care in order to take care of their reproductive health <p>FLASH is based on the Theory of Planned Behavior. Lessons include a variety of strategies designed to create positive attitudes, beliefs and norms and to build skills in order to reduce rates of pregnancy, STDs and sexual violence.</p> <p>FLASH supports and respects diverse community values through its inclusive design, its use of the Values Question Protocol, and through the design of the Family Homework, which encourages discussion about values.</p>
Louisiana Programming	N/A

Teaching Sexual Health	
Website	http://teachers.teachingsexualhealth.ca/lesson-plans/
Curriculum Cost	Free Download
Training	Not Available
Grades	4–6 (only allowed in schools under the Orleans Parish School Board) 7 & 8 9 & 10–12 Special Education (not grade specific)
Length	4 th Grade: 9 lessons 5 th Grade: 10 lessons 6 th Grade: 9 lessons 7 th Grade: 10 lessons 8 th Grade: 14 lessons 9 th Grade: 12 lessons 10 th –12 th Grades: 18 lessons Special Education: 14 lessons
Evidence-Based Intervention	No
Workbooks	No
Computer-Based Lessons	Some lessons use SMART™ Notebook software
Peer Leaders	No
Parent Involvement	No
Service Learning	No
Languages	English, some lessons available in French
Topics Included	<ul style="list-style-type: none"> • Abstinence • Decision Making • Sexual Development • Puberty • Responsibilities & Consequences • Social Influences • Contraception • STI/HIV • Various Types of Abuse • Reproduction, Pregnancy, and Birth • Responsibilities of Parenting • Reducing Sexual Risk • Safer Sex • Sexual Assault • Personal Values • Dating & Healthy Relationships • Substance Use • Taking Care of Yourself • My Boundaries • Friendships • Creating Safe Sexual Relationships
Additional Info	All lesson plans include materials, teacher notes, and tips. Content is reviewed on a rotating, annual basis.
Louisiana Programming	N/A

Making Proud Choices! School Edition	
Website	http://www.etr.org/ebi/programs/making-proud-choices/
Curriculum Cost	\$648.00 for basic curriculum set + \$3.00/workbook (30 workbooks included with curriculum)
Training	2-day training, contact ETR for quote http://www.etr.org/ebi/training-ta/types-of-services/training-of-educators/
Grades	6-12 (currently allowed in grades 7–12 under Louisiana law)
Length	14 lessons (40 minutes/lesson)
Evidence-Based Intervention	Yes
Workbooks	Yes
Computer-Based Lessons	No
Peer Leaders	No
Parent Involvement	No
Service Learning	No
Languages	English
Topics Included	<ul style="list-style-type: none"> • Getting to Know You and Steps to Making Your Dreams Come True • The Consequences of Sex: Pregnancy • The Consequences of Sex: STDs • The Consequences of Sex: HIV Infection • Attitudes About Sex, HIV & Condom Use • Strategies for Preventing HIV Infection: Stop, Think and Act • Developing Condom Use and Negotiation Skills • Enhancing Refusal and Negotiation Skills
Additional Info	<p>Goals</p> <p>The goal of <i>Making Proud Choices!</i> is to empower young adolescents to change their behavior in ways that will reduce their risk of an unplanned pregnancy or becoming infected with HIV and other STDs. Specifically, this curriculum emphasizes that adolescents can reduce their risk for STDs, HIV and pregnancy by using a condom, if they choose to have sex.</p> <p>Objectives</p> <ul style="list-style-type: none"> • Have increased their knowledge of HIV, STDs and pregnancy prevention • Believe in the value of safer sex, including abstinence • Have improved their ability to negotiate abstinence/safer-sex practices • Have increased their ability to use condoms correctly • Have stronger intentions to use condoms if they have sex • Have a lower incidence of HIV/STD sexual risk-taking behavior • Take pride in choosing responsible sexual behaviors
Louisiana Programming	The Institute of Women and Ethnic Studies implements <i>Making Proud Choices!</i> Visit http://iwesnola.org/our-work/youth-sexual-health-prevention/#by-nola for more information.

Be Proud! Be Responsible	
Website	http://www.etr.org/ebi/programs/be-proud-be-responsible/
Curriculum Cost	\$499.00 for basic curriculum set + \$3.00/workbook (30 workbooks included with curriculum)
Training	2-day training, contact ETR for quote http://www.etr.org/ebi/training-ta/types-of-services/training-of-educators/
Grades	6-12 (currently allowed in grades 7–12 under Louisiana law)
Length	6 lessons (50 minutes/lesson)
Evidence-Based Intervention	Yes
Workbooks	Yes
Computer-Based Lessons	No
Peer Leaders	No
Parent Involvement	No
Service Learning	No
Languages	English
Topics Included	<ul style="list-style-type: none"> • Introduction to HIV, STDs and Pregnancy • Building Knowledge About HIV, STDs and Pregnancy • Understanding Vulnerability to HIV, STDs and Teen Pregnancy • Attitudes and Beliefs about HIV, Condom Use and Safer Sex • Building Condom Use Skills • Building Negotiation and Refusal Skills
Additional Info	<p>Goals</p> <p>The goal of <i>Be Proud! Be Responsible!</i> is to help young people change behaviors that place them at risk for HIV, STDs and pregnancy. The curriculum is intended to delay initiation of sex among sexually inexperienced youth, to reduce unprotected sex among sexually active youth, and to help young people make proud and responsible decisions about their sexual behaviors.</p> <p>Objectives</p> <ul style="list-style-type: none"> • Have increased their knowledge about pregnancy, HIV, AIDS and other STDs • Believe in the value of safer sex and abstinence • Have confidence in their ability to negotiate safer sex & to use condoms correctly • Be able to use condoms and negotiate sexual situations • Intend to practice safer sex • Reduce sexual risk behaviors • Take pride in and responsibility for choosing responsible sexual behaviors
Louisiana Programming	N/A

Promoting Health Among Teens!—Comprehensive Version	
Website	http://www.etr.org/ebi/programs/promoting-health-among-teens-comprehensive/
Curriculum Cost	\$679.00 for basic curriculum set + \$3.00/workbook (30 workbooks included with curriculum)
Training	Contact ETR for quotes
Grades	6-12 (currently allowed in grades 7–12 under Louisiana law)
Length	12 lessons (60 minutes/lesson)
Evidence-Based Intervention	Yes
Workbooks	Yes
Computer-Based Lessons	No
Peer Leaders	No
Parent Involvement	No
Service Learning	No
Languages	English
Topics Included	<ul style="list-style-type: none"> • Getting to Know You • Exploring and Expressing Sexual Feelings • The Consequences of Sex: HIV Infection • A Plan to Reduce the Consequences of Sex • The Consequences of Sex: STD Infection • The Consequences of Sex: Pregnancy • STD/HIV Vulnerability • Risky Sexual Behavior and Content Review • Sexual Responsibility: Abstinence Skills • Sexual Responsibility: Condom Use Skills • Enhancing Sexual Responsibility Skills • Role-Plays: Refusal and Negotiation Skills
Additional Info	<p>Overview In the <i>Promoting Health Among Teens! Comprehensive</i> curriculum, students learn about puberty, sexually transmitted diseases (STDs), such as HIV, and pregnancy prevention. Students participate in Talking Circles, Brainstorming, and Role-Plays. The program also includes DVD videos, exercises, and games that make learning enjoyable.</p> <p>Objectives</p> <ul style="list-style-type: none"> • Increased knowledge about prevention of HIV, STDs, and pregnancy. • More positive attitudes/beliefs about abstinence and condom use. • Increased confidence in their ability to negotiate abstinence. • Increased confidence in their ability to negotiate safer sex and to use condoms correctly. • Increased negotiation skills. • Improved condom-use skills. • Stronger intentions to abstain from sex, or use condoms if they have sex. • A lower incidence of HIV/STD risk-associated sexual behavior. • A stronger sense of pride and responsibility in making a difference in their lives.
Louisiana Programming	N/A

Wyman's Teen Outreach Program (TOP)	
Website	http://wymancenter.org/nationalnetwork/top/
Curriculum Cost	<ul style="list-style-type: none"> • \$26,000.00 for the first year, \$6,000.00 for each subsequent year (includes 10 copies of the curriculum) • Additional materials costs of \$640.00/student
Training	Included in curriculum cost
Grades	6–12 (currently allowed in grades 7–12 under Louisiana law)
Length	Weekly sessions for 9 months plus 20 hours of community service
Evidence-Based Intervention	Yes
Workbooks	No
Computer-Based Lessons	No
Peer Leaders	No
Parent Involvement	No
Service Learning	Yes
Languages	English, Spanish, and Mongolian
Topics Included	<ul style="list-style-type: none"> • Values Clarification • Relationships • Communication/Assertiveness • Influence • Goal-Setting • Decision-Making • Human Development and Sexuality • Community Service Learning
Additional Info	<p>TOP is an evidence-based youth development program that includes comprehensive sexual health education.</p> <p>In order to implement TOP, your organization must become a Certified Replication Partner.</p> <p>To implement TOP with fidelity, you must:</p> <ul style="list-style-type: none"> • Meet once per week for a minimum of nine months • Utilize the TOP curriculum weekly • Maintain one trained TOP facilitator per TOP class • Maintain a ratio of no more than one TOP facilitator to 25 students • Conduct Wyman's pre- and post-surveys for students and facilitators each year • A minimum of 20 hours of Community Service Learning per youth per year
Louisiana Programming	The Department of Health and Hospitals Office of Public Health Family Planning Program contracts with community-based organizations to implement TOP across the state in Orleans, Jefferson, East Baton Rouge, Caddo, Lafayette, and Rapides Parishes.

It's Your Game: Risk Reduction	
Website	https://sph.uth.edu/iyg/
Curriculum Cost	Free online access (training is required in order to access the curriculum)
Training	\$500.00 per participant plus travel costs to Houston for 3-day training
Grades	7 & 8
Length	Designed to be taught over two years 7 th grade: 12 lessons (50 minutes/lesson) 8 th grade: 12 lessons (50 minutes/lesson)
Evidence-Based Intervention	Yes
Workbooks	No
Computer-Based Lessons	Yes (four computer-based lessons for each grade)
Peer Leaders	No
Parent Involvement	Yes (three parent-child homework activities for each grade)
Service Learning	No
Languages	English
Topics Included	<ul style="list-style-type: none"> • Knowing Your Body • Healthy Friendships and Healthy Relationships • Selecting, Detecting, and Protecting Your Rules • Consequences of Sex • Risk Reduction Strategies
Additional Info	<ul style="list-style-type: none"> • It's Your Game, Keep it Real is a program of the University of Texas Prevention Research Center in cooperation with the Center for Health Promotion and Prevention Research at The University of Texas School of Public Health. • It's Your Game, Keep it Real is a classroom- and computer-based program for middle school youth. The curriculum is grounded in theory and was developed to prevent teen pregnancy and sexually transmitted diseases (STDs), including HIV. • It's Your Game emphasizes abstinence but also teaches students how to protect themselves from pregnancy and STDs using medically accurate information. • Level 1 of It's Your Game is implemented with 7th grade students and Level 2 of It's Your Game is implemented with 8th grade students. • Training is required before curriculum implementation. This is an interactive training designed to enhance participants' understanding of adolescent health and development, the issues adolescents face and how to help them develop healthy relationships and communication skills. • Training length is 2 days at a cost of \$500 per participant (plus travel & lodging costs – Houston, TX). Upcoming training dates are posted on the program website. For more information, contact Benaye Bell at (713) 500-9601.
Louisiana Programming	N/A

Reducing the Risk	
Website	http://www.etr.org/ebi/programs/reducing-the-risk/
Curriculum Cost	\$249.99 for basic curriculum set + \$3.00/workbook (30 workbooks included with curriculum)
Training	\$399.99 for RTRworks! online training for 1 person (12-month online access) http://pub.etr.org/ProductDetails.aspx?id=100000042&itemno=Z011 Contact ETR for quote for 3-day in-person training http://www.etr.org/ebi/training-ta/types-of-services/training-of-educators/
Grades	9–12
Length	16 lessons (45 minutes/lesson)
Evidence-Based Intervention	Yes
Workbooks	Yes
Computer-Based Lessons	No
Peer Leaders	No
Parent Involvement	No
Service Learning	No
Languages	Workbooks available in English and Spanish
Topics Included	<ul style="list-style-type: none"> • Abstinence • Birth Control • Sexuality • Skills Development • Healthy Relationships • Adolescent Development • Parent-Child Communication • Healthy Life Skills
Additional Info	<ul style="list-style-type: none"> • Goes beyond the facts about risk and protection to present a powerful, active approach to preventing teenage pregnancy and protecting against HIV and other STDs. • Teaches students the interpersonal or social skills they can use to abstain or protect themselves, including refusal skills, delay tactics and alternative actions. • 5th Edition features updated activities on pregnancy, STD and HIV risk perception; new emphasis on awareness of the risk of concurrent partners in STD and HIV transmission; new appendix on reproductive anatomy and physiology; specific steps for teaching about condom use and advice on adaptation if necessary; and colorful classroom posters for use in teaching skills. • Proven effective in 3 studies. • Training is self-paced, highly interactive and evidence-based to prepare and support educators to effectively lead Reducing the Risk. Shown to improve RTR implementation and fidelity. Training can be completed in just 2 to 5 hours—and is available anytime to provide support and resources for leading Reducing the Risk.
Louisiana Programming	The Institute of Women and Ethnic Studies implements <i>Reducing the Risk</i> . Visit http://iwesnola.org/our-work/youth-sexual-health-prevention/#by-nola for more information.

Safer Choices	
Website	http://www.etr.org/ebi/programs/safer-choices/
Curriculum Cost	\$349.99 for basic curriculum set + \$3.00/student workbook (30 workbooks for each level included with curriculum) + \$3.00/peer leader workbook (5 workbooks included with curriculum)
Training	3-day training, contact ETR for quote http://www.etr.org/ebi/training-ta/types-of-services/training-of-educators/
Grades	9–12
Length	Designed to be taught over two years Level I: 11 lessons (45 minutes/lesson) Level II: 10 lessons (45 minutes/lesson)
Evidence-Based Intervention	Yes
Workbooks	Yes
Computer-Based Lessons	No
Peer Leaders	Yes (5–8/class)
Parent Involvement	Yes (newsletters, student-parent homework activities, other events)
Service Learning	No
Languages	English
Topics Included	<ul style="list-style-type: none"> • Abstinence • Birth Control • Sexuality • Skills Development • Healthy Relationships • Adolescent Development • Parent-Child Communication • Healthy Life Skills
Additional Info	<p><i>Safer Choices</i> is a comprehensive intervention to reduce the number of high school students engaging in unprotected sex. <i>Safer Choices</i> assumes that students have basic instruction on reproductive anatomy and physiology and puberty. The <i>Safer Choices</i> curriculum consists of five primary components:</p> <ul style="list-style-type: none"> • School Organization, featuring a School Health Promotion Council involving teachers, students, parents, administrators, and community representatives; • Curriculum and Staff Development, which includes a sequential 20-session classroom curriculum as well as staff awareness and training events; • Peer Resources and School Environment, which involves establishing a <i>Safer Choices</i> peer team or club that hosts school-wide activities; • Parent Education, featuring activities for parents such as parent newsletters, student-parent homework activities, and other parent events; and • School/Community Linkages, which involve activities to enhance students' familiarity with and access to support services outside school, such as homework to gather information about local services, resource guides, presentations by HIV positive speakers.
Louisiana Programming	N/A

All4You!	
Website	http://www.etr.org/ebi/programs/all4you/
Curriculum Cost	\$399.99 for basic curriculum set + \$3.00/workbook (30 workbooks included with curriculum)
Training	3-day training, contact ETR for quote http://www.etr.org/ebi/training-ta/types-of-services/training-of-educators/
Grades	Alternative Schools (grades 9–12)
Length	9 classroom-based sessions (70–90 minutes/session) 5 service learning sessions (140 minutes/session) Sessions should be scheduled 2 to 3 times per week
Evidence-Based Intervention	Yes
Workbooks	Yes
Computer-Based Lessons	No
Peer Leaders	Yes
Parent Involvement	No
Service Learning	Yes (5 sessions)
Languages	English
Topics Included	<ul style="list-style-type: none"> • HIV, other STDs, and pregnancy prevention risk factors • Negotiation and refusal skills • Contraception and condom use skills • Handling risky situations • Attitudes and beliefs regarding perceived risk of STDs/pregnancy and barriers to condom use • Development of positive norms • Community engagement through service-learning visits
Additional Info	<p><i>All4You!</i> was designed to reduce sexual risk behaviors associated with HIV, other STDs, and unintended pregnancy. It was specifically designed for use in alternative schools serving youth ages 14–18.</p> <p>The program consists of two primary instructional components:</p> <ol style="list-style-type: none"> 1. Skills-based classroom lessons 2. Service-learning visits in the community <p>These are integrated and delivered as a 14-session program (about 26 hours total). This combination of strategies is used because both have been shown to reduce sexual risk taking behaviors and related determinants. The combination addresses a broader range of potential determinants—both sexual (e.g., attitudes and beliefs regarding condom use) and non-sexual (e.g., optimism and hope for the future)—than either approach alone. <i>All4You!</i> is delivered through mini-lectures, brainstorming, games, small-group work, role-plays, guest speakers, videos, reflection activities, and service learning visits.</p>
Louisiana Programming	N/A

All4You2!	
Website	http://www.etr.org/ebi/programs/all4you2/
Curriculum Cost	\$499.99 for basic curriculum set + \$3.00/workbook (30 workbooks included with curriculum)
Training	2-day training, contact ETR for quote http://www.etr.org/ebi/training-ta/types-of-services/training-of-educators/
Grades	Alternative Schools (ages 14–18)
Length	15 lessons (50 minutes/lesson) Lessons should be scheduled 1 to 3 times per week
Evidence-Based Intervention	Yes
Workbooks	Yes
Computer-Based Lessons	No
Peer Leaders	Yes
Parent Involvement	No
Service Learning	No
Languages	English
Topics Included	<ul style="list-style-type: none"> • HIV, other STDs, and pregnancy prevention risk factors • Influence of multiple partners on STDs • Emotional consequences of sexual activity • Negotiation and refusal skills • Contraception and condom use skills • Handling risky situations • Barriers to preventing HIV, other STDs, and pregnancy • Development of positive norms • Healthy relationships and ending relationships in healthy ways • HIV, other STD, and pregnancy testing and resources
Additional Info	<p>The primary goal of <i>All4You2!</i> is to reduce the risk of HIV, other STDs, and pregnancy by reducing the number of students who have unprotected sexual intercourse (either by increasing condom use and use of other protection or reducing sexual intercourse). The program also aims to change key determinants related to sexual risk taking, such as attitudes, beliefs and perceived norms.</p> <p>As a result of participating in <i>All4You2!</i> students will acquire:</p> <ul style="list-style-type: none"> • Functional knowledge regarding STDs, including behaviors that increase risk and behaviors to prevent them. • Understanding of the influence of multiple partners on STI transmission and the physical and emotional consequences of sexual activity. • Negotiation and refusal skills. • Skills for identifying and handling risky situations, establishing healthy relationships, and ending relationships in healthy ways. • Contraception and condom use skills. • Strategies for overcoming barriers to preventing HIV, other STDs, and pregnancy. • Knowledge of resources for HIV, other STDs, and pregnancy testing and treatment.
Louisiana Programming	N/A

Sexuality Education for Students with Developmental Disabilities	
Website	http://www.disabilityworkshops.com/resources.htm
Curriculum Cost	\$250.00
Training	Contact disabilityworkshops@myfairpoint.net for more information
Grades	Special Education (not grade specific, allowed in grades 7–12 under state law)
Length	20 lessons
Evidence-Based Intervention	No
Workbooks	No
Computer-Based Lessons	No
Peer Leaders	No
Parent Involvement	No
Service Learning	No
Languages	English
Topics Included	<ul style="list-style-type: none"> • Different Types of Relationships • Public and Private • Friendship • Communication • Decision Making • Moving from Friend to Partner/Sweetheart • Many Roads to Relationships • Being in a Relationship • Has your Relationship Gone Bad • Anatomy • Sexual Feelings, Attraction and Acts • Communicating about Sex • Decision Making About Sex • Challenges or Things That Can Go Wrong • Do you Want to Have a Child • Avoiding Pregnancy • Getting a Sexually Transmitted Infection
Additional Info	<p>Students with developmental disabilities want and deserve sexual health education just like everyone else.</p> <p>Katherine McLaughlin is an expert on sexuality and developmental disabilities, has taught sexuality education to people with developmental disabilities as well as trained them to be peer sexuality educators themselves. She has trained nationally at conferences and workshops, has developed and led parent workshops on Talking to Your Kids with Disabilities about Sexuality, and has trained staff on how to address sexuality with people with disabilities.</p>
Louisiana Programming	N/A



Sexual Health Education in Louisiana

A quality sexual health education program should:

- Protect the confidentiality of students while observing mandatory reporting laws
- Be developed and implemented with families and the community and respect their values
- Be developmentally appropriate
- Provide medically accurate information on contraception, condoms, and other measures that reduce the risk of pregnancy and of exposure to HIV, HPV and other STDs
- Provide skills-based training on the correct use of condoms
- Be engaging, interactive, and help students to develop skills in areas such as communication, making sound decisions, resisting negative peer and social pressure, and taking responsibility for one's self and future opportunities
- Help students recognize the negative impact of alcohol and drug use on making healthy decisions and resisting negative peer and social pressures
- Help students understand the qualities of a healthy relationship, including the role of self-respect and respect for partners during dating relationships
- Help students understand the responsibilities of parenthood
- Help students analyze the influences of popular culture, media, and technology
- Test, quiz, or survey students about their knowledge of sexual health topics covered in the course
- Provide referrals to follow-up care as needed
- Be conducted in a safe, supportive, non-judgemental, and student-centered environment
- Be offered by instructors trained in sexual health education

For more information on how to bring age-appropriate sexual health education to your school, please contact School Health Connection at schoolhealth@lphi.org or (504) 301-9800.

Louisiana Academic Standards & Grade Level Expectations

Louisiana has academic standards and grade level expectations for early childhood, arts, English language arts, mathematics, science, social studies, health, physical education, and world languages (3). Because sexual health education is most commonly taught within the health curriculum, this toolkit will be focusing on the academic standards and grade level expectations for health (4). The Louisiana Health Education Content Standards offer a coherent vision of what it means to be health-literate. These standards identify the knowledge and skills essential to the development of health literacy. In addition, the standards provide a guide for enhancing and continuing education of teachers and a blueprint for local curriculum developers. The standards are broad enough to allow flexibility according to strengths or challenges identified in each community and to make them culturally relevant (5). The standards that are directly relevant to sexual health education are outlined below.

The full Health Education Handbook is available on the Louisiana Department of Education web site at <http://www.louisianabelieves.com/resources/library/academic-standards>.

Grade 7

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Benchmark 1-M-2: Describe the relationship between positive health behaviors and the prevention of injury, illness, disease, and premature death.

1-M-2.2 Define HIV.

1-M-2.3 Explain and define abstinence.

Benchmark 1-M-3: Analyze high risk behaviors to determine their impact on wellness.

GLEs:

1-M-3.1 Describe the benefits of and barriers to practicing healthy behaviors (e.g., sexual abstinence, avoiding substance abuse, practicing good nutrition).

1-M-3.2 Describe the relationship between using alcohol and other drugs and health risk behaviors. (e.g., sexual activity, driving/riding while intoxicated, violence, etc.).

Benchmark 1-M-4: Use appropriate strategies to prevent/reduce risk and promote well-being.

GLEs:

1-M-4.2 Explain how abstinence prevents emotional and physical health risks.

Benchmark 1-M-5: Discuss the basic male and female reproductive anatomy and physiology.

GLEs:

1-M-5.1 Describe basic male and female reproductive body parts and their functions.

1-M-5.2 Define puberty.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

Benchmark 2-M-1: Describe the influence of others on health beliefs, practices and behaviors.

GLEs:

2-M-1.3 Define gender stereotypes in social relationship roles.

Benchmark 2-M-2: Analyze how media and technology influence personal and family health behaviors.

GLEs:

2-M-2.2 Discuss the role of the media in supporting gender stereotypes in relationship roles.

Benchmark 2-M-3: Explain the influence of personal values and beliefs on individual health practices and behaviors.

GLEs:

2-M-3.2 Discuss how individual values and beliefs affect personal decisions to engage in healthy and unhealthy behaviors (e.g., eating and exercising habits, engaging in sexual risk behaviors and choosing abstinence).

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Benchmark 4-M-1: Demonstrate healthy ways to express needs, wants, feelings and respect of self and others.

GLEs:

4-M-1.2 Describe healthy ways to express affection, love, friendship and concern.

4-M-1.3 Explain the characteristics of a healthy and unhealthy social relationship.

4-M-1.4 Analyze the relationship between self-respect and healthy social relationships.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Benchmark 5-M-2: Determine when health-related situations require the application of a thoughtful decision-making process.

GLEs:

5-M-2.1 Apply use of a decision-making model in making a healthy decision (e.g., food choices, substance abuse, relationships, violence and abstinence) through role play and skits.

5-M-2.2 Predict the short- and long-term consequences of healthy and unhealthy choices (abstinence, sexual risk behaviors, alcohol and tobacco use, exercise, healthy eating).

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Benchmark 6-M-1: Identify goals to adopt, maintain or improve a personal health practice.

GLEs:

6-M-1.2 Adopt a goal to improve a health practice (e.g., increase physical activity, increase time spent with people engaged in positive behaviors, increase healthful eating, practice honest ways to be successful in school, practice abstinence).

Grade 8

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Benchmark 1-M-2: Describe the relationship between positive health behaviors and the prevention of injury, illness, disease, and premature death.

GLEs:

1-M-2.2 Explain how HIV is and is not transmitted.

1-M-2.3 Explain the positive aspects of abstinence.

1-M-2.4 Analyze behaviors and situations that may result in increased risk for HIV and other sexually transmitted infections (STIs).

1-M-2.5 Describe the relationship between one's dating partner, one's health and the prevention of harm.

Benchmark 1-M-4: Use appropriate strategies to prevent/reduce risk and promote wellbeing.

GLEs:

1-M-4.2 Set personal boundaries and limits related to physical intimacy and sexual behaviors.

Benchmark 1-M-5: Recognize the interrelationships among organs in the male and female reproductive systems.

GLEs:

1-M-5.1 Identify basic male and female reproductive body parts and their functions.

1-M-5.2 Analyze the role of hormones in the reproductive maturation.

1-M-5.3 Describe the physical, social and emotional changes that occur during puberty (e.g., changes in friends, crushes/attractions, mood shifts, body hair, body odor, menstruation).

Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

Benchmark 2-M-2: Analyze how media and technology influence personal and family health behaviors.

GLEs:

2-M-2.3 Analyze ways that music, television and internet influence behaviors; such as risky sexual behavior, use of tobacco and alcohol and drugs.

Benchmark 2-M-3: Explain the influence of personal values and beliefs on individual health practices and behaviors.

GLEs:

2-M-3.2 Discuss influence of values and beliefs on healthy relationships (e.g., respecting others, self-respect, positive interactions with others).

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health.

Benchmark 3-M-1: Utilize resources at home, school and community to access valid health information and services.

GLEs:

3-M-1.2 Differentiate accurate from inaccurate health information on varying topics (e.g., sexual health information, alcohol and drugs and tobacco use).

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Benchmark 4-M-1: Demonstrate healthy ways to express needs, wants, feelings and respect of self and others.

GLEs:

4-M-1.1 Demonstrate refusal skills to avoid or reduce health risks (e.g., sexual contact, alcohol use).

4-M-1.3 Describe effective strategies for dealing with difficult relationships with family members, peers and boyfriends or girlfriends.

4-M-1.4 Identify the warning signs of an abusive relationship.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Benchmark 5-M-2: Determine when health-related situations require the application of a thoughtful decision-making process.

GLEs:

5-M-2.2 Prepare a report on the short- and long-term consequences of healthy and unhealthy choices (e.g., abstinence, sexual risk behaviors, alcohol and tobacco use, exercise and healthy eating).

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Benchmark 7-M-1: Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others.

GLEs:

7-M-1.1 Formulate a contract for behavior change (e.g., controlling portion sizes, reading labels, implementing a physical activity plan, improving school attendance, breakfast eating, anger management, tobacco reduction or cessation, reduction in texting, and abstinence or return to abstinence).

Benchmark 7-M-2: Demonstrate behaviors that avoid or reduce health risks to self and others.

GLEs:

7-M-2.1 Identify specific abusive behaviors in social relationships (by discussing the Power and Control Wheel).

7-M-2.2 Discuss the Cycle of Abuse (dynamics of an abusive relationship).

Grades 9–12

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Benchmark 1-H-1: Predict and analyze how healthy behaviors can affect health status, disease prevention, and potential severity of injury.

GLEs:

1-H-1.4 Justify why sexual abstinence is the safest, most effective risk avoidance method of protection from HIV, STDs/STIs, and pregnancy.

1-H-1.5 Summarize the importance of setting personal limits to avoid risky sexual behavior.

1-H-1.6 Describe the importance of maintaining healthy dating relationships to one’s long-term physical and emotional health.

Benchmark 1-H-3: Describe the interrelationship(s) of mental, emotional, social, and physical health throughout the life span.

GLEs:

1-H-3.2 Define victimization in dating relationships (the effects of abuse on a victim).

1-H-3.6 Summarize healthy ways to express affection, love, and friendship.

Benchmark 1-H-4: Identify the causes, symptoms, treatment and prevention of various diseases and disorders.

GLEs:

1-H-4.3 Identify major infectious diseases; methods of transmission; their signs and symptoms, prevention and control (e.g., HIV and other common sexually transmitted diseases/infections).

Standard 2: Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.

Benchmark 2-H-1: Analyze how family, peers, and the perception of norms influence healthy and unhealthy behaviors.

GLEs:

2-H-1.4 Summarize a variety of external influences, such as parents, the media, culture, peers and society, on sexual decision-making.

2-H-1.6 Describe the role of family, peers and community on influencing decisions surrounding personal and sexual health.

Benchmark 2-H-2: Investigate how personal values and the economy influence and challenge health behaviors.

GLEs:

2-H-2.4 Examine personal values and how these influence relationships and sexual decision-making.

2-H-2.5 Analyze the cost of medicines to treat HIV and other STDs/STIs and how these illnesses affect a person’s ability to attend school or maintain employment.

Benchmark 2-H-3: Analyze how public health policies and government can influence health promotion and disease prevention.

GLEs:

2-H-3.3 Describe federal laws and rights of individuals infected and affected by HIV and AIDS.

Benchmark 2-H-4: Evaluate the impact of technology and media on personal, family, community, and world health.

GLEs:

2-H-4.2 Use technology to compile a list of health statistics of other countries compared to the United States (e.g., infant mortality rate, obesity statistics, teen birth rates).

2-H-4.5 Analyze the influence of the Internet and other media on sexual decision-making.

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health.

Benchmark 3-H-1: Use resources from home, school and community that provide valid health information.

GLEs:

3-H-1.3 Demonstrate the ability to access a trusted adult who can provide accurate information about sexual health (e.g., contraception, dating abuse).

3-H-1.4 Demonstrate the ability to assess accurate data on sexual behaviors among young people.

3-H-1.5 Identify key information and processes related to the Safe Haven relinquishment law.

3-H-1.8 Investigate and compare legal options for adoption proceedings.

Benchmark 3-H-2: Evaluate the validity of health information, products, and services using a variety of resources.

GLEs:

3-H-2.4 Evaluate the accuracy of sources of information on sexual health.

Standard 4: Students will demonstrate the ability to use interpersonal communications skills to enhance health and avoid or reduce health risks.

Benchmark 4-H-2: Utilize skills for communicating effectively with family, peers, and others to enhance health.

GLEs:

4-H-2.3 Demonstrate refusal, negotiation, and collaboration skills to avoid potentially harmful situations (e.g., avoiding sexual risk behaviors).

4-H-2.4 Demonstrate the communication skills necessary to maintain healthy relationships.

4-H-2.5 Describe methods to help someone who is in an abusive relationship.

Benchmark 4-H-3: Demonstrate ways to reduce threatening situations to avoid violence.

GLEs:

4-H-3.4 Demonstrate how to set clear expectations, boundaries, and personal safety strategies related to sexual health and abusive behavior.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Benchmark 5-H-1: Describe the short- and long-term health impact of decision-making on health-related issues and problems.

GLEs:

5-H-1.3 Analyze the possible consequences of sexual behavior and the emotional, social and physical benefits of delaying sexual behavior.

Benchmark 5-H-2: Discuss barriers that can hinder healthy decision-making and how to apply thoughtful decision-making to health-related situations.

GLEs:

5-H-2.3 Analyze the benefits of delaying romantic involvement.

5-H-2.4 Discuss the Cycle of Abuse and its effect on decision-making.

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Benchmark 6-H-1: Assess personal health practices and overall health status.

GLEs:

6-H-1.3 Set a goal related to personal boundaries and limits related to sexual behaviors.

Benchmark 6-H-2: Develop a plan to address strengths and needs to attain one or more personal health goals.

GLEs:

6-H-2.6 Make or renew a personal commitment to remain sexually abstinent.

Curriculum Mapping Template

Curriculum Mapping Tool

Alignment with Louisiana Health Education Content Standards Grade 7

Note: The complete Health Education Handbook is available online at <https://www.louisianabelieves.com/docs/academic-standards/health-handbook.pdf?sfvrsn=3>

Title:

Author:

Publisher:

Publication date:

By end of 7th Grade

Rubric score for how completely standard is addressed: 0= not at all; 1=partially; 2=fully

STANDARD 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Grade Level Expectations	Score	Unit, lesson, and page number
1-M-1.1 Explain how emotional health (stress) impacts other dimensions of health.		
1-M-1.2 Describe appropriate ways to express and deal with emotions and how this can impact other areas of personal health.		
1-M-2.1 Explain the importance of assuming responsibility for personal health behaviors.		
1-M-2.2 Define HIV.		
1-M-2.3 Explain and define abstinence		
1-M-3.1 Describe the benefits of and barriers to practicing healthy behaviors (e.g., sexual abstinence, avoiding substance abuse, practicing good nutrition).		
1-M-3.2 Describe the relationship between using alcohol and other drugs and health risk behaviors. (e.g., sexual activity, driving/riding while intoxicated, violence, etc.).		

1-M-4.1 Describe how family history and environment are related to the cause or prevention of disease.		
1-M-4.2 Explain how abstinence prevents emotional and physical health risks.		
1-M-5.1 Describe basic male and female reproductive body parts and their functions.		
1-M-5.2 Define puberty.		

STANDARD 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
2-M-1.1 Describe how peers influence healthy and unhealthy behaviors.		
2-M-1.2 Analyze how the community can affect personal health practices and behaviors.		
2-M-1.3 Define gender stereotypes in social relationship roles.		
2-M-2.1 Assess ways in which various media influence buying decisions (e.g., health products, medicines, food)		
2-M-2.2 Discuss the role of the media in supporting gender stereotypes in relationship roles.		
2-M-3.1 Identify the difference between external and internal influences		
2-M-3.2 Discuss how individual values and beliefs affect personal decisions to engage in healthy and unhealthy behaviors (e.g., eating and exercising habits, engaging in sexual risk behaviors and choosing abstinence).		
2-M-3.3 Recognize how external influences can affect an individual's judgment, self-control and behavior (e.g., substance abuse, peer pressure).		

STANDARD 3: Students will demonstrate the ability to access valid information and products and services to enhance health.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
3-M-1.1 Explore validity, cost and safety of health products and services (e.g., diet pills, tanning beds, energy drinks, generic drugs).		
3-M-1.2 Describe situations that may require professional health services.		
3-M-1.3 Engage trusted adults at home, school and community in health issues.		
3-M-1.4 Identify credible health-related websites.		

STANDARD 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
4-M-1.1 Use effective listening techniques when communicating with others (active listening).		
4-M-1.2 Describe healthy ways to express affection, love, friendship and concern		
4-M-1.3 Explain the characteristics of a healthy and unhealthy social relationship.		
4-M-1.4 Analyze the relationship between self-respect and healthy social relationships.		
4-M-2.1 Identify techniques for approaching trusted adults.		
4-M-2.2 Demonstrate skills for requesting assistance with health issues.		
4-M-3.1 Compare and contrast the steps for conflict resolution/negotiation		
4-M-3.2 Demonstrate skills to effectively resist pressure from peers to engage in unhealthy behaviors.		
4-M-4.1 Identify methods for responding to problems of others with empathy and support.		

STANDARD 5: Students will demonstrate the ability to use decision-making skills to enhance health.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
5-M-1.1 Analyze the impact of peer pressure on decision-making.		
5-M-1.2 Determine barriers that can hinder healthy decision-making.		
5-M-2.1 Apply use of a decision-making model in making a healthy decision (e.g., food choices, substance abuse, relationships, violence and abstinence) through role play and skits.		
5-M-2.2 Predict the short- and long-term consequences of healthy and unhealthy choices (abstinence, sexual risk behaviors, alcohol and tobacco use, exercise, healthy eating).		

STANDARD 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
6-M-1.1 Identify a health practice to improve		
6-M-1.2 Adopt a goal to improve a health practice (e.g., increase physical activity, increase time spent with people engaged in positive behaviors, increase healthful eating, practice honest ways to be successful in school, practice abstinence).		
6-M-1.3 Create a journal to measure accomplishments toward a selected goal		

STANDARD 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
7-M-1.1 Identify common barriers to making healthy choices.		
7-M-1.2 Problem-solve how to overcome obstacles to making healthy choices.		
7-M-1.3 Explain the importance of assuming responsibility for personal health behaviors.		
7-M-2.1 Develop strategies to improve personal and family health (e.g., injury prevention, physical activity).		
7-M-2.2 Analyze the risk of impulsive behaviors		

STANDARD 8: Students will demonstrate the ability to advocate for personal, family and community health.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
8-M-1.1 Identify ways that health messages and communication techniques can be altered for different audiences.		
8-M-2.1 Use accurate information to support a health-enhancing position on a topic (e.g., need for personal hygiene, healthful food choices at school, disease, genetic disorder).		

Curriculum Mapping Tool

Alignment with Louisiana Health Education Content Standards Grade 8

Note: The complete Health Education Handbook is available online at <https://www.louisianabelieves.com/docs/academic-standards/health-handbook.pdf?sfvrsn=3>

Title:

Author:

Publisher:

Publication date:

By end of 8th Grade

Rubric score for how completely standard is addressed: 0= not at all; 1=partially; 2=fully

STANDARD 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Grade Level Expectations	Score	Unit, lesson, and page number
1-M-1.1 Explain how healthy and unhealthy behaviors impact various body systems.		
1-M-1.2 Discuss research related to the impact the dimensions of health have upon each other. (class project)		
1-M-1.3 Explore the relationship of nutrients to physical, intellectual, emotional, and social health.		
1-M-2.1 Identify preventive health measures to reduce or prevent injuries and other health problems.		
1-M-2.2 Explain how HIV is and is not transmitted.		
1-M-2.3 Explain the positive aspects of abstinence		
1-M-2.4 Analyze behaviors and situations that may result in increased risk for HIV and other sexually transmitted infections (STIs).		
1-M-2.5 Describe the relationship between one's dating partner, one's health and the prevention of harm.		

1-M-3.1 Discuss how high risk behavior consequences may extend beyond self to friends, family and community.		
1-M-3.2 Describe types of violence.		
1-M-3.3 Discuss the frequency of violence, and its consequences, in social relationships.		
1-M-4.1 Identify the causes, symptoms, treatment and prevention of various diseases and disorders.		
1-M-4.2 Set personal boundaries and limits related to physical intimacy and sexual behaviors.		
1-M-4.3 Analyze situations where assertive communication and refusal skills can be used to avoid and escape risky situations.		
1-M-4.4 Log selection of food and beverages low in fat, sugar, and salt and high in nutrients when eating out and preparing meals at home.		
1-M-5.1 Identify basic male and female reproductive body parts and their functions.		
1-M-5.2 Analyze the role of hormones in the reproductive maturation.		
1-M-5.3 Describe the physical, social and emotional changes that occur during puberty (e.g., changes in friends, crushes/attractions, mood shifts, body hair, body odor, menstruation).		

STANDARD 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
2-M-1.1 Explain how the perceptions of cultural and peer norms influence healthy and unhealthy behaviors.		
2-M-1.2 Describe how some health risk behaviors can influence the likelihood of engaging in additional unhealthy behaviors		
2-M-1.3 Compare the roles of heredity, food selection, and activity level in weight control.		
2-M-1.4 Recognize health care disparities of different cultures, races and ethnic groups in the community		
2-M-2.1 Identify how media influence the selection of health information and products.		
2-M-2.2 Describe the ways that technology positively affects health (e.g., high-technological medical equipment).		

2-M-2.3 Analyze ways that music, television and internet influence behaviors; such as risky sexual behavior, use of tobacco and alcohol and drugs.		
2-M-3.1 Describe factors that influence personal decisions to engage in behaviors which result in intentional or unintentional consequences (e.g., homicide, drinking and driving, wearing seat belt, lack of physical activity)		
2-M-3.2 Discuss influence of values and beliefs on healthy relationships (e.g., respecting others, self-respect, positive interactions with others).		

STANDARD 3: Students will demonstrate the ability to access valid information and products and services to enhance health.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
3-M-1.1 Determine the accessibility of services and products that enhance health (e.g., clinics, farmers markets).		
3-M-1.2 Differentiate accurate from inaccurate health information on varying topics (e.g., sexual health information, alcohol and drugs and tobacco use).		
3-M-1.3 Evaluate the accuracy of claims about dietary supplements and popular diets.		
3-M-1.4 Discuss a credible Internet source for health information (e.g., types of diets, energy drinks, best vegetables to eat).		

STANDARD 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
4-M-1.1 Demonstrate refusal skills to avoid or reduce health risks (e.g., sexual contact, alcohol use).		
4-M-1.2 Demonstrate how to communicate clear expectations and boundaries for personal safety. (e.g., refusing to ride with someone who has been drinking).		
4-M-1.3 Describe effective strategies for dealing with difficult relationships with family members, peers and boyfriends or girlfriends.		
4-M-1.4 Identify the warning signs of an abusive relationship.		

4-M-2.1 Problem-solve situations with help from trusted adults and community professionals.		
4-M-3.1 Role-play appropriate ways to respond to feedback from others		
4-M-3.2 Justify the use of effective strategies for resolving conflict with another person in non-violent ways		
4-M-3.3 Demonstrate the use of conflict resolution models in interpersonal conflicts		
4-M-4.1 Describe possible outcomes of using effective communication skills in maintaining healthy family relationships.		

STANDARD 5: Students will demonstrate the ability to use decision-making skills to enhance health.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
5-M-1.1 Discuss the impact of stress and coping skills on decision-making		
5-M-1.2 Demonstrate how to overcome barriers that can hinder healthy decision-making		
5-M-1.3 Analyze how decisions about food choices should be different depending on age, gender, and activity level.		
5-M-2.1 Analyze the positive and negative consequences of a health-related decision		
5-M-2.2 Prepare a report on the short- and long-term consequences of healthy and unhealthy choices (e.g., abstinence, sexual risk behaviors, alcohol and tobacco use, exercise and healthy eating).		

STANDARD 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
6-M-1.1 Revise personal health goals in response to changing information, abilities, priorities, and responsibilities		

STANDARD 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
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7-M-1.1 Formulate a contract for behavior change (e.g., controlling portion sizes, reading labels, implementing a physical activity plan, improving school attendance, breakfast eating, anger management, tobacco reduction or cessation, reduction in texting, and abstinence or return to abstinence).		
7-M-1.2 Chart progress toward behavior changes.		
7-M-1.3 Evaluate the results of the behavior changes.		
7-M-2.1 Identify specific abusive behaviors in social relationships (by discussing the Power and Control Wheel).		
7-M-2.2 Discuss the Cycle of Abuse (dynamics of an abusive relationship).		
7-M-2.3 Describe impulsive behaviors and strategies for controlling them.		

STANDARD 8: Students will demonstrate the ability to advocate for personal, family and community health.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
8-M-1.1 Identify barriers to effective communication about health issues		
8-M-1.2 Use effective interpersonal skills to advocate for healthy behaviors with family, friends and others (e.g., use of “I” statements, use of active listening).		
8-M-2.1 Demonstrate the ability to work cooperatively when advocating for healthy individuals, families, and schools (e.g., advocate for school policy change).		

Curriculum Mapping Tool

Alignment with Louisiana Health Education Content Standards Grades 9–12

Note: The complete Health Education Handbook is available online at <https://www.louisianabelieves.com/docs/academic-standards/health-handbook.pdf?sfvrsn=3>

Title:

Author:

Publisher:

Publication date:

By end of 12th Grade

Rubric score for how completely standard is addressed: 0= not at all; 1=partially; 2=fully

STANDARD 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Grade Level Expectations	Score	Unit, lesson, and page number
1-H-1.1 Explain the impact of personal health behavior on the function of body systems.		
1-H-1.2 Design a plan for maintaining good personal hygiene, oral hygiene and getting adequate sleep and rest.		
1-H-1.3 Research the possible consequences of risky hygiene and health behavior and fads (e.g., tattooing, piercing of body or mouth, sun exposure, and sound volume).		
1-H-1.4 Justify why sexual abstinence is the safest, most effective risk avoidance method of protection from HIV, STDs/STIs, and pregnancy.		
1-H-1.5 Summarize the importance of setting personal limits to avoid risky sexual behavior.		
1-H-1.6 Describe the importance of maintaining healthy dating relationships to one's long-term physical and emotional health.		
1-H-2.1 Chart a family health tree.		
1-H-2.2 Interview family members regarding health conditions.		

1-H-2.3 Research environmental factors that impact health.		
1-H-2.4 Determine how the home and community environments affect health.		
1-H-3.1 Provide examples of how physical, mental, emotional, and social health affect one's overall well-being.		
1-H-3.2 Define victimization in dating relationships (the effects of abuse on a victim).		
1-H-3.3 Keep a journal to illustrate how emotions change over a period of time.		
1-H-3.4 Research the resources or services available to assist people with mental, emotional, or social health conditions.		
1-H-3.5 Summarize healthy and appropriate ways to express feelings.		
1-H-3.6 Summarize healthy ways to express affection, love, and friendship.		
1-H-4.1 Compile a list of disorders, their causes and their effects on the body (e.g., eating and genetic disorders).		
1-H-4.2 Describe the relationship between poor eating habits and chronic diseases (e.g., heart disease, obesity, cancer, diabetes, hypertension, and osteoporosis)		
1-H-4.3 Identify major infectious diseases; methods of transmission; their signs and symptoms, prevention and control (e.g., HIV and other common sexually transmitted diseases/infections).		

STANDARD 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
2-H-1.1 Describe positive choices involving family members that influence healthy behavior.		
2-H-1.2 Discuss the influences of healthy and unhealthy behavior of family and peers.		
2-H-1.3 Interview peers to determine perceptions of normal health behaviors.		
2-H-1.4 Summarize a variety of external influences, such as parents, the media, culture, peers and society, on sexual decision-making.		
2-H-1.5 Describe the influences of family, peers, and community on personal health.		
2-H-1.6 Describe the role of family, peers and community on influencing decisions surrounding personal and sexual health.		
2-H-1.7 Identify factors that influence personal selection of health products and services.		

2-H-2.1 Report how personal values influence and challenge health behaviors.		
2-H-2.2 Research the influence of brand names' and generic medicines' cost on consumer decisions.		
2-H-2.3 Analyze the relationship between income and health behaviors.		
2-H-2.4 Examine personal values and how these influence relationships and sexual decision-making.		
2-H-2.5 Analyze the cost of medicines to treat HIV and other STDs/STIs and how these illnesses affect a person's ability to attend school or maintain employment.		
2-H-3.1 Research public agencies (local, state, national) dedicated to health promotion and disease prevention		
2-H-3.2 Describe government policies dedicated to health promotion and disease prevention.		
2-H-3.3 Describe federal laws and rights of individuals infected and affected by HIV and AIDS.		
2-H-4.1 Analyze product advertising campaigns that promote good health and disease prevention to determine their validity.		
2-H-4.2 Use technology to compile a list of health statistics of other countries compared to the United States (e.g., infant mortality rate, obesity statistics, teen birth rates).		
2-H-4.3 Investigate health-related websites to determine the usefulness of the health content		
2-H-4.4 Provide examples of how advanced technology has improved diagnostics and treatment.		
2-H-4.5 Analyze the influence of the Internet and other media on sexual decision-making.		

STANDARD 3: Students will demonstrate the ability to access valid information and products and services to enhance health.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
3-H-1.1 Identify local wellness centers or clinics that provide health treatment and resources		
3-H-1.2 Organize a health fair or presentation to provide valid information regarding a health issue		
3-H-1.3 Demonstrate the ability to access a trusted adult who can provide accurate information about sexual health (e.g., contraception, dating abuse).		
3-H-1.4 Demonstrate the ability to assess accurate data on sexual behaviors among young people.		
3-H-1.5 Identify key information and processes related to the Safe Haven relinquishment law		
3-H-1.6 Using technology, compare health care systems of other countries to the United States health care system.		
3-H-1.7 Present websites that provide self health assessment tools to peers		
3-H-1.8 Investigate and compare legal options for adoption proceedings.		
3-H-2.1 Identify criteria for evaluating the validity of health claims of products in advertisements.		
3-H-2.2 Evaluate the validity of health claims in advertisements found in various media (e.g., websites, magazines, television).		
3-H-2.3 Evaluate the cost effectiveness of alternative health products.		
3-H-2.4 Evaluate the accuracy of sources of information on sexual health.		

STANDARD 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
4-H-1.1 Describe a healthy life-style by comparing and contrasting healthy and unhealthy choices		
4-H-1.2 Explain the relationship between health choices and short- and long-term health goals and outcomes.		
4-H-2.1 Practice effective communication techniques through role playing.		
4-H-2.2 Compose a script for communicating on a health related topic.		
4-H-2.3 Demonstrate refusal, negotiation, and collaboration skills to avoid potentially harmful situations (e.g., avoiding sexual risk behaviors).		
4-H-2.4 Demonstrate the communication skills necessary to maintain healthy relationships.		
4-H-2.5 Describe methods to help someone who is in an abusive relationship.		
4-H-3.1 Identify effective strategies for avoiding violence.		
4-H-3.2 Demonstrate effective negotiation skills that can be used to avoid dangerous situations.		
4-H-3.3 Present a media presentation on bullying and violence awareness.		
4-H-3.4 Demonstrate how to set clear expectations, boundaries, and personal safety strategies related to sexual health and abusive behavior.		

STANDARD 5: Students will demonstrate the ability to use decision-making skills to enhance health.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
5-H-1.1 Identify a variety of situations (e.g., group drinking, car racing) where personal decisions can result in avoidance of health risks to self and others.		
5-H-1.2 Debate the pros and cons of various social issues and factors that affect decision- making.		
5-H-1.3 Analyze the possible consequences of sexual behavior and the emotional, social and physical benefits of delaying sexual behavior.		

5-H-2.1 Develop and complete a survey/questionnaire to assess students' decision-making process (class project).		
5-H-2.2 Identify barriers (e.g., peer pressure, misinformation, desire for acceptance) that hinder health decision-making		
5-H-2.3 Analyze the benefits of delaying romantic involvement.		
5-H-2.4 Discuss the Cycle of Abuse and its effect on decision-making.		
5-H-2.5 Model how to use decision-making skills to avoid violent situations.		
5-H-3.1 Identify effective strategies for decision-making.		
5-H-3.2 Apply critical decision-making process to a personal health issue or problem.		

STANDARD 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
6-H-1.1 Design a health questionnaire and use it to assess students' personal health.		
6-H-1.2 Identify goals for attaining lifelong personal health.		
6-H-1.3 Set a goal related to personal boundaries and limits related to sexual behaviors.		
6-H-2.1 Identify short- and long-term goals that are measurable.		
6-H-2.2 Describe desirable activities that are related to goal achievement.		
6-H-2.3 Implement strategies to monitor progress in achieving personal health goals		
6-H-2.4 Formulate a long-term personal health plan based upon current health status.		
6-H-2.5 Evaluate appropriate strategies to promote well-being during adulthood.		
6-H-2.6 Make or renew a personal commitment to remain sexually abstinent		

STANDARD 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
7-H-1.1 Brainstorm a list of common risk-taking behaviors and the reasons why people take risks.		
7-H-1.2 List ways that television and movie advertising influence risk-taking behavior.		
7-H-2.1 Describe how personal nutrition and physical activity early in life impact health during later years.		
7-H-2.2 Develop a log or food diary to compare personal diet to the dietary requirements.		
7-H-2.3 Examine the selection of healthcare providers and products such as physicians, hospitals, health and accident insurances, life insurance, day care centers, and nursing homes		
7-H-3.1 Develop a disaster preparedness plan for family and the community		
7-H-3.2 Describe a family plan to prevent injuries during emergencies and disasters.		
7-H-3.3 Discuss the benefits of effective health policies (e.g., mandating use of seat belts, banning tobacco use in public places).		
7-H-4.1 Perform the skills needed for adult, child, and infant CPR.		
7-H-4.2 Demonstrate appropriate responses (e.g., application of bandages and splints) to emergency situations.		
7-H-4.3 Demonstrate treatment for specific wounds.		
7-H-5.1 Identify ways and outlets to deal with stress.		
7-H-5.2 Develop a plan of action for avoiding or managing the impact of stress.		
7-H-5.3 Identify sources of information that are available for any stress-related problems that are the consequence of mental, emotional, or social problems.		

STANDARD 8: Students will demonstrate the ability to advocate for personal, family and community health.

<i>Grade Level Expectations</i>	<i>Score</i>	<i>Unit, lesson, and page number</i>
8-H-1.1 Describe scenarios that demonstrate personal or group sensitivities around health issues.		
8-H-1.2 Develop a checklist to differentiate between helpful and harmful strategies for coping with someone who is angry.		
8-H-1.3 Demonstrate how effective communications skills strengthen family relationships and friendships.		
8-H-1.4 Use a creative medium (e.g., poem, poster, song) to advocate to family and peers about good health choices by identifying positive health behaviors.		
8-H-2.1 Research the various types of health advocacy organizations (e.g., American Heart Association, American Cancer Society, American Diabetic Association) and their role.		
8-H-2.2 Work cooperatively as an advocate for improving personal, family and community health.		
8-H-2.3 Adopt health messages and communication techniques to support a health cause.		

National Sexuality Education Standards

The goal of the *National Sexuality Education Standards: Core Content and Skills, K–12* is to provide clear, consistent and straightforward guidance on the *essential minimum, core content* for sexual health education that is developmentally and age-appropriate for students in grades K–12 (6). Specifically, the *National Sexuality Education Standards* were developed to address the inconsistent implementation of sexual health education nationwide and the limited time allocated to teaching the topic.

The *National Sexuality Education Standards* include seven topics that are the minimum, essential content and skills for sexual health education (7):

- **Anatomy and Physiology** provides a foundation for understanding basic human functioning.
- **Puberty and Adolescent Development** addresses a pivotal milestone for every person that has an impact on physical, social and emotional development.
- **Identity** addresses several fundamental aspects of people’s understanding of who they are.
- **Pregnancy and Reproduction** addresses information about how pregnancy happens and decision-making to avoid a pregnancy.
- **Sexually Transmitted Diseases and HIV** provides both content and skills for understanding and avoiding STDs and HIV, including how they are transmitted, their signs and symptoms and testing and treatment.
- **Healthy Relationships** offers guidance to students on how to successfully navigate changing relationships among family, peers and partners. Special emphasis is given in the National Sexuality Education Standards to the increasing use and impact of technology within relationships.
- **Personal Safety** emphasizes the need for a growing awareness, creation and maintenance of safe school environments for all students.

The Standards are presented both by topic and by grade level and are organized following the eight National Health Education Standards. Although the National Sexuality Standards include grades K–12, in Louisiana it is only permitted to teach sexual health education in grade 7 and above.

Standards and Curriculum Mapping Templates

By mapping state standards and/or programs and curricula, school administrators and advocates can identify which topics are currently covered in sexual health education class by grade level and which are not (8). The process of mapping state standards and/or programs and curricula enables school administrators to supplement their current programs with additional lesson plans to meet more of the learning objectives set out in the National Sexuality Education Standards (NSES). In addition, mapping available programs and curricula against the NSES can help administrators and advocates understand the benefits and limitations of these programs and better identify ways to “stack programs” and /or supplement them with additional lesson plans to meet a greater number of the learning objectives set out in the NSES.

Tools to help State and Local Education Agencies and others interested in sexual health education use the NSES to assess and improve the programs and curricula they offer to their students, including templates for mapping standards and curricula to the NSES can be found at

<http://www.futureofsexed.org/fosestandards.html>.

National Health Education Standards

The National Health Education Standards (NHES) were developed to establish, promote and support health-enhancing behaviors for students in all grade levels—from pre-Kindergarten through grade 12 (9). The NHES provide a framework for teachers, administrators, and policy makers in designing or selecting curricula, allocating instructional resources, and assessing student achievement and progress. Importantly, the standards provide students, families and communities with concrete expectations for health education. The NHES are written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health. The standards provide a framework for curriculum development and selection, instruction, and student assessment in health education.

The eight standards are

1. Students will comprehend concepts related to health promotion and disease prevention to enhance health.
2. Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
3. Students will demonstrate the ability to access valid information, products, and services to enhance health.
4. Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
5. Students will demonstrate the ability to use decision-making skills to enhance health.
6. Students will demonstrate the ability to use goal-setting skills to enhance health.
7. Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
8. Students will demonstrate the ability to advocate for personal, family, and community health.

Health Education Curriculum Analysis Tool

One way to see if a curriculum meets the National Health Education Standards is the Health Education Curriculum Analysis Tool (HECAT).

The HECAT can help local education agencies, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC’s Characteristics of an Effective Health Education Curriculum (10).

Results of the HECAT can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. The HECAT can be customized to meet local community needs and conform to the curriculum requirements of the state or school district.

The HECAT Sexual Health Module contains the tools to analyze and score curricula that are intended to promote sexual health and prevent sexual risk-related health problems, including teen pregnancy, HIV, and other sexually transmitted diseases—regardless of sexual orientation (11). The HECAT Sexual Health Module analyzes how well curricula meet the National Health Education Standards as well as certain Healthy Behavior Outcomes (HBOs). A sexual health curriculum should enable students to meet the following HBOs:

1. Establish and maintain healthy relationships.
2. Be sexually abstinent.

3. Engage in behaviors that prevent or reduce sexually transmitted disease (STD), including HIV infection.
4. Engage in behaviors that prevent or reduce unintended pregnancy.
5. Avoid pressuring others to engage in sexual behaviors.
6. Support others to avoid or reduce sexual risk behaviors.
7. Treat others with courtesy and respect without regard to their sexuality.
8. Use appropriate health services to promote sexual health.

The complete HECAT, including the Sexual Health Module, as well as instructions for using the HECAT can be found at <http://www.cdc.gov/healthyyouth/HECAT/>.

Supplemental Resource Guide

In addition to the curricula listed above, there are many resources available to assist educators in selecting and developing a comprehensive sexual health education program. A small selection of these resources is listed below.

- **Teen Pregnancy Prevention Evidence Review**—Since 2009, the U.S. Department of Health and Human Services has sponsored an independent systematic review of the teen pregnancy prevention literature to identify programs with evidence of effectiveness in reducing teen pregnancy, sexually transmitted infections, and associated sexual risk behaviors. <http://tppevidencereview.aspe.hhs.gov/>
- **SexEdLibrary**—SexEdLibrary is brought to you by SIECUS (the Sexuality Information and Education Council of the United States), a highly acclaimed resource for educators, counselors, administrators, and health professionals seeking the latest in human sexuality research, lesson plans, and professional development opportunities. We've analyzed hundreds of lesson plans from multiple sources to offer easy access to the very best on such topics as sexual and reproductive health, puberty, abstinence, relationships, sexual orientation, body image, self-esteem, sexually transmitted diseases, HIV/AIDS, unintended pregnancy, and more. <http://www.sexedlibrary.org/>
- **Lesson Plans for Teaching with *Sex, Etc.***—*Sex, Etc.* is written by teens, for teens and is a powerful tool to help teach comprehensive sexuality education for grades 8–12. Lesson plans for stories in *Sex, Etc.* are provided free of charge with a subscription to *Sex, Etc.* In order to maintain the high quality of *Sex, Etc.* magazine, lesson plans and other Answer resources, lesson plans are available to non-subscribers for a small fee. Each lesson plan is mapped to the *National Sexuality Education Standards*. http://answer.rutgers.edu/page/lesson_plans/
- **Advocates' Curricula and Education Programs**—Advocates for Youth's education programs are packed with complete guides to implementation, interactive exercises, participant handouts, supplemental leaders' resources, and more. <http://www.advocatesforyouth.org/for-professionals/curricula-and-education-programs>
- **Sex Education and Effective Programs**—A list of interventions that have been shown through careful evaluation research to actually change teen behavior related to teen pregnancy is growing. In addition to a series of resources that relate to sex education, this section contains a database of those sex education programs and interventions that work as well as online curricula that can be used with various audiences, including teens, college students, and others. <http://thenationalcampaign.org/featured-topics/sex-education-and-effective-programs>

References

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9. **Centers for Disease Control and Prevention.** National Health Education Standards. *Adolescent and School Health*. [Online] April 8, 2015. [Cited: June 15, 2015.] <http://www.cdc.gov/healthyyouth/sher/standards/>.
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11. —. HECAT: Module SH. *Health Education Curriculum Analysis Tool (HECAT)*. [Online] 2012. http://www.cdc.gov/healthyyouth/hecat/pdf/HECAT_Module_SH.pdf.

STEP 7

7



Obtain Approval
From Parental
Review Committee



Step 7

Obtain Curriculum Approval by Governing Board and Parent Committee

Purpose

This section will help the school board establish a parent review committee, which is needed to approve the specific curriculum the board has selected.

Contents:

Introduction	1
Engaging Caregivers	2
Parental Review Committee	2
Resources for Parental Review Committee.....	4
Caregiver Resource Guide.....	7
References	8

Introduction

The Louisiana Sex Education law (Revised Statute 17:281) requires that all materials to be used in instruction in sex education must be approved by the local education agency’s governing board (school board or charter board) and by a parental review committee, whose membership is determined by the governing board. This means that each local education agency (LEA) that chooses to teach sex education must have a parent review committee approve the selected sexual health education curriculum. The LEA board determines who is on this committee: the committee could be made up of parent volunteers interested in the topic, the school’s parent-teacher association/organization, a sub-committee of the parent-teacher association/organization, or any other body of parents as determined by the board. The parent review committee is responsible for reviewing the sexual health education curriculum and determining whether to approve its use at the LEA. The following section on engaging parents will help you create a parent review committee.

Engaging Caregivers

It is essential to have the support of parents and other caregivers for comprehensive sex education (CSE) before the parent review committee meets to approve curricula. If you have previously identified caregivers who are champions for CSE, they can assist with engaging others. See Step 4 of this Toolkit for more information on community engagement and CSE champions. If there is divided sentiment among parents and other members of the community regarding CSE, organize gatherings to share information and engage in dialogue to discuss and address concerns. This could be done through existing forums such as the parent teacher organization, or through town hall or other meetings. Time and time again, research on parents' support for CSE is tremendously positive: 80 to 85% of parents across the United States agree that CSE should be taught in schools (1). One method for building evidence of local parental support for CSE is by conducting a parent survey. Parent surveys are a low-cost way to quickly demonstrate parental support for CSE and provide clear data to school districts, policymakers, and community members. You can use positive reactions from parents about CSE to support your efforts. A sample parent survey is included in Step 4 of this Toolkit.

The Role of Caregivers in Sexual Health Education

Parents and other caregivers have an essential role in sexual health education and have the opportunity to share accurate information about sexual health along with their family beliefs and values (1). In fact, caregivers are a child's primary sexual health educator. It is important to remind caregivers of this role and to support them in having open conversations with their children. By supporting at-home sexual health education, you show caregivers that school-based CSE will not take the place of what they teach their children, but will compliment and enhance it. Just as we would not expect caregivers to teach their children all there is to know about math at home, we do not expect them to teach all there is to know about health, including sexual health. When caregivers know that you support them, they will be more likely to support CSE in schools.

Parental Review Committee

The makeup of the Parent Review Committee will be different at each LEA depending on who the governing board determines will be on the committee. The governing board may select one committee to approve curricula for all the schools in the LEA, or may select a committee for each school that will be teaching sexual health education. If the governing board determines that an existing parent organization (PTA, PTSO, etc.) will act as the parental review committee, contact the person in charge of that organization (usually the president) to arrange for curriculum review to be put on the agenda of an upcoming meeting. It may take more than one meeting to complete the review process. Sometimes the existing organization may choose to create a subcommittee to more thoroughly review the curriculum and present a recommendation to the whole organization. In this case, or if the governing board selects a group of parents who do not already meet as part of an existing organization, contact the selected parents to schedule a meeting based on their schedules. Many parents prefer to meet in the morning at the beginning of the school day. They can drop off their students, stay for the meeting, and then go to work.

Best practice for the parental review committee is to have selected one curriculum (or one curriculum for each school or grade level) and present that option to the parental review committee for approval. This streamlines the process without parents and other caregivers getting bogged down in the specifics of each individual curriculum. However, some LEAs may choose to present several curriculum options to the parental review committee and have them vote for the one they prefer. This gives parents a stronger voice in choosing a curriculum for the school, but may take more time to review each individual curriculum and explain the similarities and differences of each to the committee.

Once the designated committee has reviewed the curricula and is prepared to vote on approval, there are several possible processes for this vote. If the committee is an existing organization that follows Robert's Rules of Order, they should follow their normal procedure. These organizations also typically record and distribute minutes from each meeting, in this case the meeting minutes can be used to document the discussion and outcome of the vote. If a less formal process will be used, committee members can vote on paper ballots or you can call for a raise of hands in place of a ballot vote. The actual process is less important than having documentation of the outcome. In order to document the parental review committee proceedings, it can be helpful to have a sign-in sheet prepared as well as ballots or a tally sheet depending on how approval will be indicated. The following pages include sample sign-in sheets, ballots, and tally sheets that can be used with committees that do not already have a system in place documenting meeting attendance, minutes, and voting. The sample ballot included is not anonymous, it is acceptable to do an anonymous vote and any variation of these materials may be used.

<p>Parental Review Committee Comprehensive Sexual Health Education Curriculum</p> <p>Date: _____</p> <p>Curriculum: _____</p> <p><input type="checkbox"/> Approve this curriculum</p> <p><input type="checkbox"/> Do not approve this curriculum</p> <p>Printed Name: _____</p> <p>Signature: _____</p>	<p>Parental Review Committee Comprehensive Sexual Health Education Curriculum</p> <p>Date: _____</p> <p>Curriculum: _____</p> <p><input type="checkbox"/> Approve this curriculum</p> <p><input type="checkbox"/> Do not approve this curriculum</p> <p>Printed Name: _____</p> <p>Signature: _____</p>
<p>Parental Review Committee Comprehensive Sexual Health Education Curriculum</p> <p>Date: _____</p> <p>Curriculum: _____</p> <p><input type="checkbox"/> Approve this curriculum</p> <p><input type="checkbox"/> Do not approve this curriculum</p> <p>Printed Name: _____</p> <p>Signature: _____</p>	<p>Parental Review Committee Comprehensive Sexual Health Education Curriculum</p> <p>Date: _____</p> <p>Curriculum: _____</p> <p><input type="checkbox"/> Approve this curriculum</p> <p><input type="checkbox"/> Do not approve this curriculum</p> <p>Printed Name: _____</p> <p>Signature: _____</p>

Parental Review Committee Vote Tally
Comprehensive Sexual Health Education Curriculum

Local Education Agency: _____

Date: _____

Curriculum Name	Votes In Favor	Votes Against

Caregiver Resource Guide

Many parents and caregivers struggle with starting the conversation with their children about sexual health. But the importance of family communication about sexual health cannot be overemphasized. There are many resources that can help caregivers talk with young people about sexual health, a few of them are outlined below.

- **Answer: sex ed, honestly**—Answer believes parents are the most important sexual health educators for their children. It can be tough to talk about sexual health with your own children. Answer is here to help by providing links to books, organizations, web sites, and workshops that can support you in this critical role. There are lots of resources that can help you become more comfortable and confident talking with your children. Your children want to hear from you, so talk early and talk often. <http://answer.rutgers.edu/page/parentresources>
- **Parents' Sex Ed Center**—This section of Advocates for Youth's web site contains all of the information and resources you need to begin talking with your children about sexual health. <http://www.advocatesforyouth.org/parents-sex-ed-center-home>
- **Sexuality Resource Center for Parents**—There are certain things that all parents need to know about sexual health, and it's probably best to know these things before you start answering your child's questions about sexual health or responding to their behaviors that seem sexual in nature. There are sections with information for parents of children with typical development, parents of children with developmental disabilities, and parents of children with physical disabilities. <http://www.srcp.org/>
- **iwannaknow**—Aims to give parents the tools they need to teach their children about sexual health. Sexual health is not just about sex--it includes the roles, behaviors and values people associate with being a man or a woman. Educating a child about sexual health is an important part of his or her healthy development. Their early understanding of sex, love, intimacy and their own sexuality can help mold their values, behavior, and even their self-image, for a lifetime. <http://www.iwannaknow.org/parents/overview.html>

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2. **Planned Parenthood of Southwestern Oregon.** Programs & Resources for Parents & Caregivers. *Planned Parenthood*. [Online] 2015. [Cited: June 19, 2015.] <http://www.plannedparenthood.org/planned-parenthood-southwestern-oregon/local-training-education/programs-resources-parents-caregivers>.

STEP

8



Train Teachers



Step 8

Train Teacher on Comprehensive Sexual Health Education and Approved Curriculum

Purpose

This section will facilitate teacher training on comprehensive sexual health education and the specifically approved curriculum for the school.

Contents

Introduction	1
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Online Training Resources	3
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Introduction

Teacher trainings will assist teachers in preparing to teach sexual health education, including increasing their content/curriculum knowledge, skills, and comfort level (1). Teacher training should review relevant district policies (consent policies, disclosure policies, community referrals, etc.) and emphasize both the curriculum itself and teacher comfort and skills in delivering the curriculum. Financial resources should be allocated to provide trainings and to facilitate teachers' attendance, budgeting for transportation, and substitute teachers. Training offerings should be ongoing and accessible to new and existing teachers. The National Teacher Preparation Standards for Sexuality Education can be used to assess educators' competencies and determine their professional development needs. The appropriate competencies for effective teaching of sexual health education are Professional Disposition; Diversity and Equity; Content Knowledge; Legal and Professional Ethics; Planning; Implementation; and Assessment (2). See Step 5 of the Toolkit for more information on the National Teacher Preparation Standards for Sexuality Education and for Teacher Assessment Tools that can be used to determine the professional development needs of those who will be teaching sexual health education in their classrooms.

In addition to training teachers, bolstering school administrators' ability to understand, participate in, and support comprehensive sex education (CSE) builds a sturdy foundation for the implementation of CSE (1). In many cases, it is school and district leadership who will be the face of the initiative and can communicate to parents and the community about the value of CSE. Additionally, knowing they have the support of administration increases teachers' confidence in teaching CSE.

LPHI Training Menu

The Louisiana Public Health Institute offers trainings to schools and organizations working with schools. Descriptions of the available trainings are below. For more information, or to schedule a training, contact schoolhealth@lphi.org.

Roadmap for Successful Implementation of Sexual Health Education in Schools

- **Description:** This training will introduce participants to the steps necessary to integrate comprehensive sexual health education in Louisiana schools. Includes an overview of Louisiana state sex education law and provides details on each step of the Roadmap.
- **Length:** 60 minutes
- **Format:** In-person
- **Content Categories:** School Health, Adolescent Health, Sexual Health and Comprehensive Sexual Health Education
- **Intended Audience:** School Administration, Sexual Health Champions, Organizations working with schools, Anyone using this Toolkit

Louisiana Sex Education Law

- **Description:** This training covers the basics of what's allowed and when under the Louisiana sex education law RS 17.281. There are many common misconceptions around the state law concerning sex education. Understanding the legal environment around sex education is the first step in preparing to implement comprehensive sexual health education.
- **Length:** 30 minutes
- **Format:** In-person, webinar (coming soon)
- **Content Categories:** School Health, Adolescent Health, Sexual Health and Comprehensive Sexual Health Education
- **Intended Audience:** School Administration, School Faculty & Staff, Sexual Health Educators, Organizations working with schools

Awkward to Awesome: Building Comfort for Teaching Sexual Health

- **Description:** This training will help educators feel confident and awesome about teaching sexual health education to adolescents. Topics will include strategies for increasing comfort of educators and students, boundaries and disclosure, the role of values in sexual health education, and responding to sensitive questions.
- **Length:** 4 hours
- **Format:** In-person
- **Content Categories:** School Health, Adolescent Health, Sexual Health, and Comprehensive Sexual Health Education
- **Intended Audience:** Educators

Online Training Resources

Answer has been providing high-quality training and capacity building services to health and education professionals nationwide for more than 30 years (3). Their trainings provide educators with the tools they need to teach comprehensive sexual health education, effectively respond to students' questions, and create meaningful classroom experiences for young people learning about sexual health. Links to select trainings from Answer are provided below; to see their complete range of training and capacity building offerings, please visit <http://answer.rutgers.edu/page/training>.

Content Knowledge from the National Sexuality Education Standards

- **Anatomy and Physiology**—The goal of this online workshop is to increase knowledge, comfort, and competency for health education professionals working with middle- and high school-age students regarding sexual anatomy and response. <https://answer.rutgers.edu/course/165>
- **Pregnancy and Reproduction**—The goal of this online workshop is to increase what you know about teens and birth control so you can feel more confident and comfortable teaching sexual health education. <https://answer.rutgers.edu/course/144>
- **Sexually Transmitted Infections (including HIV)**—The goal of this online workshop is to increase the knowledge, comfort and competency of professionals teaching sexual health education and specifically educating middle and high school-age students about STDs. <https://answer.rutgers.edu/course/70>
- **Healthy Relationships**—The goal of this online workshop is to increase the knowledge, comfort, and competency of health education professionals working with middle and high school-age students regarding healthy teen and adolescent relationships. <https://answer.rutgers.edu/course/167>
- **Sexual Orientation and Gender Identity and Expression**—The goal of this online workshop is to increase the knowledge, competency and resources of professionals working with middle and high school age students about lesbian, gay, bisexual, transgender and queer students and related issues in schools. <https://answer.rutgers.edu/course/108>

Additional Topics

- **Technology**—The Technology Webinar Package includes 5 recorded webinars that address how to use technology in the classroom. This package also includes a bonus lesson plan on sexting and how it can affect young people. <https://answer.rutgers.edu/product/29>
- **Drugs, Alcohol, and Sexuality**—This webinar will provide you with suggestions on how to address this often complex topic with high school-age youth. <https://answer.rutgers.edu/product/21>
- **Beyond the Lesson Plan**—This series will provide guidance around utilizing clinics as resources, keeping appropriate boundaries with youth in today's social online environment, answering tough questions and more. <https://answer.rutgers.edu/product/4>
- **Stepping to the Plate**—This series provides guidance and suggestions for handling sensitive issues and making your sexual health education classroom safe and inclusive of all students. <https://answer.rutgers.edu/product/10>
- **Reaching the Underserved**—This webinar series will introduce strategies for reaching gay male youth, bisexual youth, and youth in foster care. <https://answer.rutgers.edu/product/5>
- **Pregnant & Parenting Teens**—This workshop will provide the most up-to-date information available about teen and adolescent pregnancy, as well as how the risk and reality of teen and adolescent pregnancy affects young people's lives. <https://answer.rutgers.edu/course/166>
- **Healthy Sexpectations**—This series will establish why sexual health education is important for students with developmental disabilities and provide resources and teaching strategies. <https://answer.rutgers.edu/product/9>
- **Boys and Sex Ed**—The goal of this online workshop is to increase the knowledge, competency and resources of professionals working with middle-and high school-age guys in the area of sexual health education. <https://answer.rutgers.edu/course/149>

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2. **Future of Sex Education.** National Teacher Preparation Standards for Sexuality Education. *FoSE*. [Online] [Cited: June 3, 2015.] <http://www.futureofsexed.org/teacherstandards.html>.
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STEP 9

9



Implement
Curriculum



Step 9

Implement Curriculum in the Classroom

Purpose

This section will provide sexual health teachers in each school with classroom techniques for answering sensitive or difficult questions.

Contents

Introduction	1
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Introduction

The purpose of the comprehensive sex education (CSE) implementation phase is to prepare for, and actually deliver, a CSE program so that students receive high-quality CSE in classrooms across multiple grade levels (1). All of the work done through the previous steps in this Toolkit have been building to implementation and the training that CSE teachers have received has prepared them for this step. No matter how thoroughly prepared teachers are, the experience of delivering the curriculum to a group of students will give rise to unanticipated challenges and opportunities (2). Having access to real-time support and sustained relationships during CSE implementation allows teachers to ask questions and problem solve as unforeseen challenges arise (1). The Louisiana Public Health Institute is available to field questions or requests for assistance. Contact us at schoolhealth@lphi.org for support with any step of this Toolkit.

Parent Notification and Consent

Parents/guardians have the right to excuse their student from receiving instruction in sex education, often referred to as “opt-out” or “passive consent.” It is up to the governing board of each local education agency (LEA) to determine the opt-out procedure. This procedure must be included in the LEA’s sex education policy, so be sure to refer to that policy and to be familiar with the consent procedures. In addition to providing parents and other caregivers information about the opt-out procedures, the Board of Elementary and Secondary Education (BESE) requires that certain information must be provided to caregivers prior to sex education instruction. Caregivers must be provided with a description of the course contents, a list of the materials that will be used in the course, and the qualifications of the instructor(s) who will be teaching the course. Many sexual health education curricula include parent notification letters, but be sure you include all the information required by BESE. A sample parent notification letter meeting BESE criteria can be found on the next page. The text highlighted in yellow should be adapted to fit the consent procedures of the LEA.

**To Parents & Guardians:
Introducing Sexual Health Education**

Dear Families,

I hope you are well. I am writing to let you know that we will begin our sexual health education unit on [insert date].

Your child will receive this instruction from a licensed teacher with special training in the field of sexual health education [or otherwise list the qualifications of the instructor(s)]. The materials used in the course will be from the [insert curriculum name] curriculum and will include [list course materials (workbooks, family homework, videos, etc.)]. The curriculum is developmentally appropriate for students' grade level and all materials have been approved by the [insert school/charter board name] and a parent review committee.

The content covered in the course will be:

- Abstinence
- [list other topics to be covered]

If you would like to see the course materials at any time, please contact [insert point of contact].

As parents and guardians, your involvement in your child's education is essential. You have the right to excuse your student from the sexual health education portion of their class without penalty. Students excused from the sexual health education class will be provided with an alternative educational activity during the scheduled class time. If you wish to excuse your child from the sexual health education portion of the curriculum please sign the form below and return it to [insert point of contact] by [insert due date].

Please contact me if you have any questions. I would be glad to talk.

Sincerely,

[insert signature that includes contact information]

____ I would like my child to be excused from the Sexual Health Education course for this school year.

Student's Name (please print): _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Teaching Methods

Instructional strategies emphasize active and experiential classroom based pedagogies that promote students doing and engaging in learning (3). Using interactive instructional methods to engage students is important when teaching sexual health. The use of role play, small groups, class discussion, and digital media can bring the curriculum to life and help students explore the content and understand how it relates to their own ideas, values, and experiences. Many sexual health curricula have these interactive teaching methods built in, but it is important to consider including them if the curriculum you are using is not as interactive.

Setting Ground Rules

Sexual health education happens most effectively in a classroom where there is a mutual feeling of trust, safety, and comfort (4). Having ground rules in place can be a very successful way to facilitate a positive classroom atmosphere. Effective ground rules:

- Are appropriate for the age and developmental stage of your students.
- Are agreed upon by everyone.
- Are well explained so that students are very clear about the expectations.
- Are posted clearly in the classroom.
- Are referred to at the beginning and throughout the sexual health unit.

Role Play

Role play is learning how to best handle a situation by practicing interactions and trying out different approaches (5). Students may act out situations, problems, and issues in a safe setting and develop skills that promote sexual health. Role play is a very effective instructional method proven to increase self-efficacy and impact student behavior. Role play requires careful preparation to ensure a structure emphasizing sexual health through practicing basic learning's, such as abstinence negotiation. Participation in course role plays have led to higher satisfaction of usefulness and greater teaching improvement. Some advantages of role play are that it:

- Provides opportunity for students to assume roles of others, therefore appreciating another person's point of view.
- Allows for a safe exploration of solutions and an opportunity to practice sexual health skills.
- Tends to motivate students to learn.
- Promotes and develops critical and creative thinking, attitudes, values, and interpersonal and social skills.

Small Group

Interaction makes learning powerful (6). Small group work, sometimes called cooperative learning, requires students to work together to exchange ideas, make plans and propose solutions. Small group work addresses both academic learning and social skill learning. Small group learning supports understanding, long-term retention of information, problem-solving skills, critical thinking and development of positive attitudes, and improves reflective practice. Teachers must give careful thought to how to manage the classroom during small group activities to ensure success. When students work in small groups, they think through an idea, present it to others so that they can understand, and often exchange alternative ideas and viewpoints. Students learn faster and more efficiently, have greater

retention, and tend to be more positive about the lesson. Some advantages of small group work are that it:

- Encourages positive attitudes toward sexual health;
- Increases students' self-confidence;
- Promotes intellectual growth; and,
- Enhances social and personal development.

Class Discussion

Discussions offer students a chance to express opinions and exchange information safely within the classroom (7). Discussions take place after the facilitator has provided material through a lecture, digital media, or reading. Talking about sexual health with students can be challenging because it is a subject that touches on our privacy and our vulnerability. Some advantages of class discussions are that they:

- Helps build a positive classroom climate.
- Leads to student interest in sexual health¹. Leads to recall¹. Leads to analysis.
- Results in students feeling more positive about themselves and the learning environment.
- Normalizes changes students may be experiencing.
- Allows more students to be involved and express their ideas.

Digital Media

Digital media can be an entertaining way to introduce content and raise issues in the sexual health classroom (8). Many digital media formats and videos are available. It is important to find the right media and to use it effectively to ensure student learning is optimized. It is always a good idea to have digital media approved by administration and the parent review committee (see Step 7 of this Toolkit). Some advantages of using digital media are that it:

- Keeps groups' attention.
- Stimulates discussion.
- Illustrates complex, abstract concepts through animated, 3-D images or technologically advanced media.

To learn more about these teaching tools and more, visit <http://teachers.teachingsexualhealth.ca/teaching-tools/>.

Adapting CSE Curricula

Using an evidence-based or evidence-informed curriculum assures that sexual health education efforts are devoted to what has been proven to work (9). Most educators make adaptations to curricula to meet the unique characteristics of their students. However, while this is a common practice, making changes to curriculum without a clear understanding of its core components can compromise the program's effectiveness. ETR Associates has developed guidelines on how to make appropriate adaptations to sexual health programs without sacrificing their core components.

To learn more about making adaptations to sexual health education programs, visit the Resource Center for Adolescent Pregnancy Prevention at <http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.AdaptationsHome>.

Values & Comprehensive Sexual Health Education

Values are ever present in our society and therefore ever present in our sharing of knowledge and education (10). While Louisiana state law states that sex education in schools “shall not include religious beliefs...nor the subjective moral and ethical judgments of the instructor or other persons (11),” it is not possible or desirable to provide value-free education (12). Expressing your own personal values might hurt or offend a child and their family, however, there are some values that are relatively universal (10). These values are shared by around 95% of people in a community. Educators should feel comfortable with and have a responsibility to teach universal values. There are other values that are not universal, or are controversial (12). Questions about controversial values need to be answered with care to avoid hurting or offending a child and their family. Educators should never teach or express a personal belief about controversial values. The teacher’s role is to provide factual information on these matters and to facilitate respectful discussion about them.

Universal values include

- Forcing someone to have sex with you is wrong.
- Knowingly spreading disease is wrong.
- Taking care of your health is important.
- Sex between children and adults is wrong.
- Adultery is wrong.

Controversial values include

- Abortion
- Birth control
- Masturbation
- Same-sex relationships
- Sex outside of marriage
- Cohabitation
- What age/under what circumstances it’s ok to start having sex

Parents and other caregivers should be encouraged to discuss values around sexual health at home. This sort of dialogue within families is very important and some sexual health curricula include family homework activities to promote these conversations. While it is inappropriate in a public school setting to teach particular values on controversial issues, that does not mean the issues can’t be taught (12). It just means that it must be done with respect for the diversity of opinions within the community.

Louisiana state law prohibits the use of sexually explicit materials depicting male or female homosexual activity, but does not prohibit providing factual information about same sex relationships (11). State law also prohibits counseling or advocating for abortion, but again does not prohibit factual information about what abortion is or the legal restrictions around abortion in Louisiana (11). Some local education agencies (LEAs) may have additional policies about discussing controversial topics in the classroom, so it is best to consult with LEA or school administration or the LEA’s sex education policy before covering these topics.

Answering Sensitive Questions

Using the interactive teaching methods outlined above will often encourage rich discussion and lots of questions (3). The process of asking questions is an important learning activity that helps students to clarify and validate information being presented (13). Below are some strategies for receiving and answering student questions about sexual health.

Question Box

The question box is a method of individualizing instruction which has been proven to enhance learning (13). Questions related to sexual health may seem more challenging or create discomfort for educators. One of the challenges facing teachers discussing sexual health in the classroom is dealing effectively with questions from students. Some advantages of using a question box are

- Anonymity provides a way for students to ask questions related to sexual health without risking embarrassment or self-consciousness.
- Increased questions will increase the number of learning opportunities for the class.
- Time between lessons allows teachers to prepare an answer ahead of time and to avoid being caught off guard.
- Capitalizing on “teachable moments” is effective and can enrich the classroom experience.

This technique is most effectively utilized in classrooms where teachers encourage trust, comfort, and where ground rules are in place (see above for information on setting ground rules). The procedure is simple, but important to follow in detail:

1. Hand out identical slips of paper to each student (a small notepad works well)
2. Ask the students to write down any questions
3. In order to prevent those with pressing questions from feeling uncomfortable, all students should write something on the slip of paper. If they don't have questions, encourage them to write feedback about how the class is progressing, or to write “no comment.”
4. Pass around a container (e.g., a shoebox with a “mail slot” in the lid). Tell the students when you will answer questions (questions should be answered at least once a week). This will give you time to research and prepare answers and to rephrase questions containing slang or shock terms.

For feedback to be effective, it should always be given in a timely manner. Once a week is a reasonable time frame for responding to question box questions. Appropriate feedback is complete, accurate, and considers the age and developmental stage of the students. The anonymous nature of the question box may enable a student struggling with personal issues to raise these questions safely. Teachers can provide support to students, and in some cases are legally obligated to report students who indicate they are at risk for harm.

Types of Sensitive Questions

There are several categories of sensitive questions, and questions may fall into many of the overlapping categories (14).

- Knowledge-based questions
- “Am I normal?” questions
- Permission-seeking questions

- Questions meant to shock the teacher and the rest of the class
- Questions about the teacher’s personal beliefs and behaviors
- Questions about controversial values

Knowledge-Based Questions

You either have or do not have the answer. It’s ok to say “I don’t know” and refer the student to a resource or say you will find the answer for next time. One benefit of using a question box is you have time to look up answers before answering them in front of the class. Give clear, concise answers that are age-appropriate. Sometimes there isn’t a clear scientific answer. Be honest with what you know to be a fact versus when you are giving your best guess. If the question is asked in-person (as opposed to via the question box), you can ask students to clarify their question if you are not sure what information they are looking for.

“Am I normal?” and Permission-Seeking Questions

Students may be asking if what they are experiencing is common or acceptable to you. Validate their concerns by saying something like, “Many young people worry that...” and provide them with factual information about whatever they are asking about. You can respond in a way that acknowledges diversity and a range of perspectives. A good way to do this is using the “For Some, For Others, For You” method, which tells students “For some people... For others... For you, that is something you must decide.” Remind students of established ground rules, such as “no discussion of personal behavior during class (including your own)” to redirect the discussion away from personal experiences. Avoid the use of the word normal when answering questions. Refer students to family, clergy, doctor, school counselor, or another trusted adult for further discussion of certain topics, especially moral/values questions.

Shock Questions

Sometimes it is the intention of the student to shock others, but there still may be a legitimate question or request for information. Treat all questions as valid, remain calm, and react appropriately. The less you react the better. Sometimes a question is shocking because of the vocabulary used, you can reword the question in your response in order to defuse the shock value of the question. Decide if the question is appropriate for the class. If a question is not appropriate for the class, simply tell the student that they can speak with you about that after class or direct them to another resource or trusted adult. If an inappropriate question is asked via the question box and you choose not to answer it, be sure to tell students that there were a lot of good questions and you couldn’t answer them all that day so that students are not discouraged from asking legitimate questions in the future.

Questions about Personal Beliefs and Behavior

Remind students of established ground rules, such as “no discussion or questions about personal behavior during class” to redirect the discussion away from personal experiences. Teachers have different beliefs about whether to answer personal questions. If you share your opinion, emphasize it is one of many and refer them to others for further discussion. Use the “For Some, For Others, For You”

method. Avoid sharing information about personal sexual practices. Students will often make assumptions if an educator answers some questions and not others.

Values Question Protocol

The Values Question Protocol was developed by Public Health—Seattle & King County for use with their Family Live and Sexual Health (FLASH) curriculum. The FLASH Values Question Protocol is a model for addressing questions about controversial issues where there is diversity of opinion in the community (12). The Values Questions Protocol permits the educator to appropriately address the question and at the same time respectfully address the spectrum of beliefs related to the topic (10). The protocol helps educators identify the question as pertaining to controversial values, address the facts pertaining to the issue, and encourage students to speak with family and/or other trusted adults about their beliefs. The Values Question Protocol consists of the following steps:

- A**ffirm the asker
- N**ote question as values-based
- S**tate the facts
- W**hat is the range of values/beliefs
- E**ncourage talking to family, faith leaders, and/or other trusted adults.
- R**emain available and check if you answered the question

Affirm the Asker

This encourages students to keep asking questions and discourages snide remarks about whoever asked that particular question. Some ways to do this are saying, “I’m glad someone asked this” or “That’s an interesting question.”

Note Question as Values-Based

This teaches students to distinguish facts from opinions (and from feelings) and is at least as important as the content you will convey. Example: “Most of the questions you’ve been asking have been ‘fact questions’ where I could give you an answer on which most experts agree. This one is more of a ‘value question’ where every person, every family, every religion may have a different belief.”

State the Facts

Even if a question is about values, make sure that students understand the associated facts. If a fact question has underlying values, start with addressing the facts then note the values component.

What is the Range of Values and Beliefs?

On sensitive issues such as sex and religion, it can be really unfair to ask students to discuss their personal beliefs in class. In addition, Louisiana state law prohibits asking students about “their personal or family beliefs or practices in sex, morality, or religion (11).” Rather than asking students what they personally believe, ask them to generalize, “Tell me some of the things you’ve heard that people believe about that.” You can prompt the group with a stem sentence, “Some people believe...?” The educator’s role is to make sure that every belief gets expressed respectfully and to make sure that a complete range of beliefs is expressed.

Encourage Talking to Trusted Adults

Don't assume that every student has a parent they can talk with or that every child goes to church. It's possible that a student's family will convey values that the student will feel hurt by, but knowing their family's beliefs is developmentally important for young people. Help students think of other trusted adults outside their family.

Remain Available

Thank the class for their maturity, curiosity, compassion, or whatever positive qualities they may have demonstrated.

Values Question Protocol Example

Question: *I masturbate, is that ok?*

Answer: That's a great question; a lot of young people wonder about masturbation. Masturbation is when a person strokes or touches their genitals for pleasure. I can't share my own beliefs about whether or not its ok to masturbate because families have really different beliefs about masturbation. One thing I can tell you is that masturbation will not physically hurt your body. Nor will it lead to blindness, or make hair grown on your palms, or drive you "insane." Some families believe it's ok as long as you're in a private place. Other families believe it's never ok. You need to check with your family or another trusted adult to find out how they feel about it. Have I answered your question? If I didn't, you can leave another question in the box or you can talk to me after class.

For more information about the Values Question Protocol and the FLASH Curriculum Guide to Answering Students' Questions, visit

<http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/teachers.aspx>.

Sexual Health Educator Resource Guide

- **teachingsexualhealth.ca**—Prepare yourself to learn about your values, myths and facts, comprehensive sexual health education, how to manage diversity in the classroom, and how to manage sensitive issues. Prepare your class to set the tone of covering this topic with ground rules, characteristics of a healthy teen, and how to evaluate sexual health resources. Prepare parents and the community to create support, how to notify parents, and suggested parent letters in many languages. The instructional methods section provides many different strategies you can build into your lesson plans like role play, classroom discussion, small group, digital media, using the question box, and responding to questions. There are many examples of student questions that have already been answered. <http://teachers.teachingsexualhealth.ca/teaching-tools/>
- **Answer: sex ed, honestly**—Answer believes that sexual health educators and other youth-serving professionals are important to young people’s health. Sexual health can be a challenging subject to teach. Answer provides online workshops, webinars, lesson plans, and other resources that can support educators in this critical role. There are a lot of resources that can help educators become more comfortable and confident talking with youth about sexual health. The youth that look up to you are looking for answers, so talk early and talk often. <http://answer.rutgers.edu/page/resources>
- **Sex Education Resource Center**—Sexual health educators play a vital role in providing young people with information they need to protect their health and futures. Whether you are someone new to the field of sexual health education or trying to stay abreast of the latest effective programs and resources, Advocates for Youth can help. Explore the Sex Ed Center for lesson plans, curricula, national standards, and state legislation. <http://advocatesforyouth.org/serced?task=view>
- **SexEdLibrary**—SexEdLibrary is the most comprehensive online sexual health education resource in the United States. Sexual health is like no other subject in our educational system today. Not only should the content be up to date and relevant, but the tools with which you teach it can be as important as the information itself. SexEdLibrary is designed to give you all of that—and more. SexEdLibrary is brought to you by SIECUS (the Sexuality Information and Education Council of the United States), a highly acclaimed resource for educators, counselors, administrators, and health professionals seeking the latest in sexual health research, lesson plans, and professional development opportunities. SIECUS has analyzed hundreds of lesson plans from multiple sources to offer easy access to the very best on such topics as sexual and reproductive health, puberty, abstinence, relationships, sexual orientation, body image, self-esteem, sexually transmitted diseases, HIV/AIDS, unintended pregnancy, and more. Sexual health is among life’s most critical lessons. Arm them well with the right information and make a lifetime of difference starting today. <http://www.sexedlibrary.org/>
- **Resource Center for Adolescent Pregnancy Prevention (ReCAPP)**—Effective sexual health education programs require that educators employ a variety of teaching methods designed to involve youth and have them personalize the information and skills presented in the program. The Skills for Educators section of ReCAPP focuses on important educator skills that will enhance the implementation of a pregnancy prevention program. Each strategy includes a description of the instructional strategy and its components and tips for using the strategy effectively. <http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.educatorskillshome>

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STEP

10.

Monitor &
Evaluate



Step 10

Monitor Implementation and Evaluate Program Success

Purpose

This section will provide tools for monitoring the implementation of sexual health education programs within schools and evaluate each of these programs' success.

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Introduction

Once a comprehensive sex education (CSE) program is in place, efforts to monitor implementation can provide accountability and ensure program continuity and quality (1). Monitoring could take a variety of forms including (but not limited to) a simple worksheet teachers complete and submit to document CSE lessons taught; teacher evaluations, teacher interviews, and student surveys. Monitoring and evaluation can bring to light challenges and barriers as well as successes and best practices in order to strengthen the CSE program. Monitoring and evaluation also allows educators to assess and develop their own skills (2). The level of monitoring will depend on the capacity and program requirements at each local education agency or school (1).

CSE programs can also be evaluated in a more formal way (1). Accurate and thorough evaluation of CSE programs is the best practice for determining program effectiveness (2). Evaluating CSE programs is valuable because it requires clearly defining desired outcomes for learning. CSE programs typically seek to have an impact on students in one or more areas of learning: knowledge, attitude, and behavior. Being clear about what impact you hope your program will have on your students is critical. Evaluating students' learning can show whether desired outcomes are being met. The most effective programs and sessions provide feedback loops between the facilitator/educator and students in an ongoing and

dynamic way. This assures that each session, and programs overall, addresses the unique needs and interests of a particular group of students at any given time.

Monitoring and evaluation can be resource-intensive and may require an outside evaluator in order to ensure that goals are achieved (1). School Health Connection may be able to assist with monitoring and evaluation, please contact schoolhealth@lphi.org to learn more.

Louisiana State Law and Student Health Surveys

Louisiana Sex Education Law (RS 17:281) states that, “Students shall not be tested, quizzed, or surveyed about their personal or family beliefs or practices in sex, morality, or religion” (3). This law prohibits testing students on personal and family beliefs and behavior, however, the law does not prohibit testing students on their *knowledge* of sexual health topics.

Before Implementation

Pre-Tests

Schools can use pre- and post-tests to determine what students knew before beginning the sexual health curriculum and what knowledge they gained throughout the course. This is valuable information that can speak to whether the course effectively increased student knowledge. The pre-test should be given before the sexual health unit starts. It could be given at the beginning of the term along with pre-tests for other content units, or it could be given right before the sexual health unit begins. Some CSE curricula include pre-/post-tests in the curriculum, but you may need to develop your own. Whatever test you use to measure student knowledge at the end of the unit can also be used as the pre-test.

Fidelity Monitoring

In addition to testing student knowledge before and after the sexual health education unit, schools can also monitor quality through a variety of other methods, most importantly, through fidelity monitoring. “Fidelity is the faithfulness with which a curriculum or program is implemented; that is, how well the program is implemented without compromising the program’s core components (3).” Fidelity monitoring demonstrates whether the comprehensive sexual health education program was implemented in the way it was designed to be implemented. If a program is not implemented with fidelity, it may not have the intended effects. Before program implementation begins, the following fidelity monitoring steps should be taken:

1. Identify and fully understand the curriculum/program’s core components.
2. Gain a good understanding of how and why the program works.
3. Identify or create a fidelity monitoring tool that can be easily used by teachers or other facilitators. This tool must capture detailed information about how each lesson was conducted, how much time it took to conduct each activity, and what happened that implemented the length of time it took to conduct the activity. Appendix B contains an example fidelity monitoring tool.
4. Identify or create a fidelity monitoring process form that captures participant attendance and demographics.
5. Provide proper fidelity monitoring training for teachers/facilitators.

6. Identify lessons or activities that will be adapted.
7. Develop a plan for monitoring fidelity.

The Family and Youth Services Bureau of the Department of Health and Human Services offers detailed instructions for conducting fidelity monitoring before, during, and after implementation:

<http://www.acf.hhs.gov/sites/default/files/fysb/prep-fidelity-monitoring-ts.pdf>

During Implementation

Fidelity Monitoring

1. Conduct the lessons. If feasible, have an observer take notes as the lessons progress.
2. Track what is implemented during each session using the fidelity monitoring tool and process form.
3. Identify problems with implementation as they unfold.
4. Provide on-going training, technical assistance and supervision to teachers/facilitators.

Teacher Observations

In addition to fidelity monitoring, which is primarily concerned with how closely the curriculum is being implemented with fidelity, teacher observations can be used as a method of evaluating the proficiency and performance of the sexual health educator. As part of the National Teacher Preparation Standards for Sexuality Education (see Step 5 of this Toolkit for more information on the Teacher Preparation Standards), a *Classroom Teacher and Non-Classroom Personnel Observation Form for Sexuality Education Instruction* was created as a tool for evaluating classroom teachers (and non-classroom personnel) who are delivering a sexual health education lesson or implementing a sexual health education program in the middle or high school classroom (4). The form may be used by district or school personnel such as a principal/headmaster, vice principal, department chair, curriculum coordinator, mentor teacher, teacher leader or peer teacher. The completed form serves as a record of an observation for both the teacher and the evaluator.

The full Observation Form, along with instructions for completion, can be found at

http://www.futureofsexed.org/documents/Classroom_Teacher_and_Non-Classroom_Personnel_Observation_Form.pdf.

After Implementation

Fidelity Monitoring

1. Ensure that all fidelity monitoring forms have been completed.
2. Review fidelity monitoring forms at the end of each implementation cycle (e.g., semester, etc.).
3. Identify potential issues impacting less than optimal outcomes.
4. Evaluate the adaptation process and measure of success of adaptations.
5. Continually approve quality.

Post-Tests

Teachers are familiar with the idea of the post-test, the test given at the end of the unit to determine the content knowledge of the students. As discussed in the “Before Implementation” section, post-tests can provide even more useful information if compared to an identical pre-test.

Student Satisfaction Surveys

Another useful tool for monitoring the quality of comprehensive sexual health education is student satisfaction surveys. Satisfaction surveys ask students about their overall feelings about the curriculum, as well as the content, the teacher/facilitator, and the location/environment in which the classes were conducted.

Educator Interviews

In-depth interviews can be conducted with educators to examine their general level of satisfaction with the curriculum, teaching methods, and school environment. Questions can be asked about their teaching methods, materials used, timing, program content and effectiveness, and suggestions. If there are several educators in a local education agency who are all teaching the same curriculum, group interviews or focus groups could be done instead of individual interviews.

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Example M&E Tools

Pre-/Post-Test

Student Name _____

Date _____

Reducing the Risk Student Knowledge Survey

Read each question carefully and mark the answer you think is the best response.

These words are used in this survey: **having sex**, **STD** and **HIV**. For this survey,

- **having sex** means vaginal sexual intercourse.
- **STD** stands for sexually transmitted disease or diseases. Some examples of STD are herpes, gonorrhea, syphilis, chlamydia and genital warts. Sometimes these are referred to as sexually transmitted infections (STI).
- **HIV** stands for human immunodeficiency virus.

	<i>True</i>	<i>False</i>	<i>Not sure</i>
1. Most high school students are having sex.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃
2. A woman is protected from pregnancy the day she begins taking the pill.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃
3. All STDs can be cured by taking medicine.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃
4. A person with an STD who looks and feels healthy cannot give the infection to others.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃
5. Some STDs put a person at higher risk of getting infected with HIV.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃
6. About 1 out of 4 sexually active teenagers get an STD each year.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃
7. The best way to use a condom is to leave some space at the tip for the sperm.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃
8. A condom should be completely unrolled before it is placed on the penis.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃
9. Most health clinics must have the permission of parents to test and treat people under 18 years old for an STD (including HIV).	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃
10. Pregnant women who are infected with HIV can pass the virus on to the baby before it is born.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃

Citation: ETR Associates. 2010. *Reducing the Risk Student Knowledge Survey* (revised 9.22.10). Scotts Valley, CA: ETR Associates. © 2010 ETR Associates. All rights reserved.

11. Can the following behaviors put you at risk for getting HIV?	Yes	No	Not sure
a. Sharing needles for tattooing or piercing	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
b. Having sex without a condom	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
c. Donating blood	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
d. Using the same condom twice	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
e. Hugging	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃

12. Which of the following methods are <i>effective</i> if used correctly to protect people from STD (including HIV) and pregnancy?	Protects from Pregnancy & STD/HIV	Protects from Pregnancy only	Protects from Neither
a. Choosing not to have sex (abstinence)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
b. Using hormone based birth control (e.g., the pill, Depo-Provera shot, patch, vaginal ring)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
c. Using latex condoms	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
d. Using withdrawal	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
e. Douching (washing out the vagina)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃

End of Knowledge Survey

Implementation Fidelity Tool

Your name: _____ Name of your organization: _____

Purpose of this Tool:

The purpose of this tool is to assess the fidelity or quality of implementation of the *Becoming a Responsible Teen* curriculum.

Directions:

Please complete the appropriate section of Part 1 after you teach *each* of the lessons in the curriculum for each classroom or group. It is best to complete the form right after teaching a lesson to minimize recall errors. Please complete Part 2 immediately after you have taught all the lessons for a given class or location.

Part 1.

For each of the activities in this lesson, please indicate whether you completed it as described in the curriculum, modified it, or did not complete it. Modifications might include changing the order of the lesson, adding new content or activities, or changing the way you teach something (e.g., making something into a game, using pairs instead of small groups for an activity, or shortening/truncating an activity because of lack of time).

Session 1: Understanding HIV and AIDS		Did you complete each activity below?						If you made any changes, please describe them here.
		Activity 1: Introduction to <i>BART</i>	Activity 2: Who Is at Risk for HIV and Why?	Activity 3: Introduction to HIV Terms	Activity 4: Facts and Myths	Activity 5: Deciding Your Level of Risk	Activity 6: Spreading the Word	
Group 1	# of Students _____ Date taught: _/_/____	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w changes <input type="checkbox"/> No	
Group 2	# of Students _____ Date taught: _/_/____	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w changes <input type="checkbox"/> No	

Student Satisfaction Survey

Please take a few minutes to fill out BOTH sides of this short survey.
Your responses will help us continue to improve the BART Program.

Do **NOT** put your name on the survey, and please be honest. We really want to know!

Sex: Male Female

Please circle the response that best describes how you feel about the BART Program.

Overall, I thought the BART Program was:	Very good	Good	Neither good nor bad	Bad	Very bad	Don't know/not sure
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Please tell us if you agree or disagree with each of the following statements by circling your response.

BART Content

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know/Not Sure
I feel that the BART information is important for me to learn.	1	2	3	4	5	6
There was enough time for questions and answers.	1	2	3	4	5	6
The materials used were easy to read and understand.	1	2	3	4	5	6
I would recommend the BART Program to a friend.	1	2	3	4	5	6

Health Educators

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know/Not Sure
The facilitators knew the material.	1	2	3	4	5	6
The facilitators seemed comfortable managing the class.	1	2	3	4	5	6
The facilitators were easy to understand.	1	2	3	4	5	6

Location/Environment

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know/Not Sure
The room was comfortable.	1	2	3	4	5	6
The room was free from distractions.	1	2	3	4	5	6
I was able to hear the facilitators.	1	2	3	4	5	6
It was convenient to attend BART after school.	1	2	3	4	5	6
I have other after school commitments (tutoring, sports, clubs, etc.) that made it hard to attend BART.	1	2	3	4	5	6
The sessions were too long.	1	2	3	4	5	6
I think schools should teach more information about sex and what to do to stay healthy.	1	2	3	4	5	6

What did you like **best** about BART?

What did you like **least** about BART?

What other topics would you like to learn about that weren't covered in BART?

Do you have other comments?

THANK YOU!

Facilitator Interview

Date: _____

Time Started: _____ Time Ended: _____

Introduction: Please state your name and organization.

Name:

Organization:

How long have you been a facilitator for BART?

When were you trained?

What organization trained you?

If not trained by ETR/LPHI/IWES, what did that training consist of?

Teaching methods:

Were the teaching methods (lecture, discussion, games, group work, etc.) used in the curriculum successful in increasing participant knowledge/understanding?

Did some methods work particularly well?

Did some methods not work and need to be changed?

Content:

Was the content at the appropriate depth and breadth for the audience (age, developmentally and culturally appropriate)?

Was the reading level of the curriculum too difficult/easy?

Were the right topics covered?

Did the curriculum facilitate learning for different abilities and learning paces?

Were there topics missing?

Materials

Were the materials user friendly for both facilitators and participants?

Did you use all of the materials? (videos, handouts, worksheets)

Did participants refer to the training materials?

Were there additional materials and resources that would enhance the curriculum?

Effectiveness

Did participants show an increase in the intended skills and knowledge from the curriculum? If not, what were the weak areas?

Were participants receptive to the information and methods in the curriculum?

Timing and flow

Was there too little or too much time allocated for individual activities?

Was there too little or too much time allocated for the sessions as a whole?

School Setting

Is BART easily adaptable into an afterschool on-campus setting?

What challenges did you face facilitating BART in the afterschool on-campus setting?

What benefits did you see facilitating BART in the afterschool on-campus setting?

Any other suggestions, comments or concerns?

11.

Continuously
Improve



STEP
S

Step 11

Quality improvement and continued implementation, monitoring and evaluation

Purpose

This section will ensure ongoing improvement of sexual health education past the initial start-up phase.

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Introduction

Continuous quality improvement is a concept that is frequently associated with healthcare and other industries but that is becoming more commonplace in education as well (1). In healthcare quality improvement is defined as, “systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups” (2). That definition can be adapted for comprehensive sex education (CSE) as systematic and continuous actions that lead to measurable improvement in sexual health education and the knowledge of targeted student groups. It is important for quality improvement that CSE be integrated into the systems and processes of the school, so that it is not seen as an isolated, independent activity, but part of the standard educational services provided by the school. An important measure of CSE quality is the extent to which students’ needs are met, some mechanisms for this are using evidence-based CSE programs, providing culturally competent education, and establishing referral programs to link students to sexual and reproductive health care. The cornerstone to quality improvement is data, such as was discussed in Section 10 of this Toolkit. By using the Monitoring and Evaluation data that was collected to continuously improve the quality of the CSE program, students receive the best possible education to meet their needs.

CSE in Schoolwide Plans

One way to ensure continuous quality improvement of CSE programs is to implement a Schoolwide Plan. While Schoolwide Plans (sometimes referred to as School Improvement Plans) are typically used as a service delivery model for Title I schools (3), the same principals can be applied to creating a strategic plan for CSE. Schoolwide Plans should adhere to the following components:

1. A comprehensive needs assessment, such as the Capacity Assessment Tool discussed in Section 2 of this Toolkit.
2. Schoolwide reform strategies that provide opportunities for all students to meet state grade level expectations for health. These strategies should be research-based and designed to:
 - Strengthen the health education program in the school
 - Increase the amount and quality of learning time
 - Address the needs of all students in the school
 - Be consistent with state and local improvement plans, if any
3. Plans for ensuring instruction by highly qualified teachers.
4. Plans for providing high-quality and ongoing professional development for faculty and staff.
5. Strategies to attract high-quality highly qualified health teachers.
6. Strategies to increase parental involvement.
7. Measures to include teachers in decisions regarding the use of academic assessments to provide information on, and to improve, the achievement of individual students and the overall instructional program.
8. Activities to provide effective, timely additional assistance to struggling students, including measures to ensure students' difficulties are identified on a timely basis and to provide sufficient information on which to base effective assistance.
9. Coordination and integration of federal, State, and local services and programs, including violence prevention programs, nutrition programs, housing programs, Head Start, adult education, vocational and technical education, and job training.

By including a CSE as part of the broader Schoolwide Plan, schools ensure that CSE becomes a priority for the school.

Resources for Continued Learning

An important component of continuous quality improvement is ongoing professional development for sexual health educators as well as other school personnel. Along with the resources for teachers discussed in Sections 8 and 9 of this Toolkit, the following resources can be used for continued learning.

- **WISE Toolkit**—Through the course of the Working to Institutionalize Sex Ed (WISE) Initiative, the "WISE Method," an iterative, dynamic approach to implementing sexual health education, emerged from the experience of the organizations participating in WISE. Informal sharing of successes, resources and tools led to the creation of the WISE Toolkit, which can be utilized by a larger community of practitioners. It is practice-based, rather than evidence-based, and does not aim to include every possible resource related to sex ed. Rather, it includes tools and practices successfully utilized by the organizations participating in WISE. <http://wisetoolkit.org/>
- **Future of Sex Education (FoSE)**—The purpose of FoSE is to create a national dialogue about the future of sexual health education and to promote the institutionalization of comprehensive sexual health education in public schools. FoSE has released the FoSE Toolkit, designed to assist state and local organizations to convene a strategic planning summit in their communities; a Public Education Primer, School Health Primer, a Glossary of Education Terms, and The Future of Sex Education: A Strategic Framework. FoSE has also published and widely disseminated the National Sexual Health Education Standards and the National Teacher Preparation Standards for Sexuality Education. <http://www.futureofsexed.org>
- **Advocates for Youth**—Advocates for Youth champions efforts that help young people make informed and responsible decisions about their reproductive and sexual health. Advocates believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health. Advocates focuses its work on young people ages 14-25 in the U.S. and around the globe. Advocates for Youth envisions a society that views sexuality as normal and healthy and treats young people as a valuable resource. <http://www.advocatesforyouth.org>
- **Answer: sex ed, honestly**— Answer is a national organization housed at Rutgers University that provides invaluable sexuality education resources to millions of young people and adults every year. Answer provides high-quality training to teachers and other youth-serving professionals and uses the power of peer-to-peer communication to offer sexual health education directly to teens through our award-winning, teen-written *Sex, Etc.* magazine and website. <http://answer.rutgers.edu/>
- **Sexuality Information and Education Council of the United States (SIECUS)**—SIECUS educates, advocates, and informs. SIECUS helps schools and communities develop comprehensive sexuality education curricula, train teachers to provide high quality sexuality education in the classroom, and help parents talk to their kids about sex. SIECUS educates policymakers and their staff about issues related to sexuality and train advocates on the local, state, and national levels to build support for comprehensive sexuality education and access to reproductive health information and services. SIECUS produces countless resources for a wide variety of audiences—from policymakers to parents, healthcare providers to teens—to ensure that everyone has access to accurate, complete, and up-to-date information about sexuality. <http://www.siecus.org>

References

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<http://www.carnegiefoundation.org/resources/publications/continuous-improvement-education/>.
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