

Comprehensive Community

Portland Public Schools

Adopted: xx.xx.xx

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I. Introduction

OAR Rule 581-022-1440, which was approved by the Oregon State Board of Education in December 2015, states that each school district shall provide an age-

II. Policy

X.XX.XXX-P Comprehensive Sexuality Education Policy

Portland Public School District (PPS) is committed to creating safe and healthy learning environments to support the growth and development of every student. Health literacy, the ability to access, understand, appraise, apply and advocate for health information and services in order to maintain or enhance one's own health and the health of others, is a critical component of education in PPS; one that is necessary to build skills and provide

- x [OAR 581-022-2310](#) Equal Educational Opportunities
- x Title IX-Educational Amendments Act
- x [ORS 174-100](#) Oregon Equality Act
- x [PPS 1.80.020-P](#) Non-Discrimination/Anti-Harassment
- x [PPS 2.10.010-P](#) Racial Educational Equity Policy
- x [PPS 4.30.060-P](#) Anti-Harassment
- x [PPS 4.30.061-AD](#) Transgender and Gender Non-Conforming Students
- x [PPS Board Policy 4.30.070-P](#) Teen Dating Violence/Domestic Violence

Health education can contribute to significant improvements in students' lives. Specifically, research shows that effective comprehensive sexuality education leads to a delay in the initiation and frequency of sex, reduces the number of new partners, and increases the correct use of barrier and contraception methods. Highly effective sex education and STI prevention education programs:

- x Recognize the harm caused to sexual health by racism, homophobia, transphobia and other forms of oppression;
- x Offer developmentally- and culturally appropriate sexual health information in a safe and inclusive environment;
- x Are developed in cooperation with members of the community, especially a diverse representation of young people;
- x Use language and activities that are inclusive of LGBTQ+ students;
- x Respect community values and assist youth to clarify their individual, family, and community values;

policies. Qualified and trained teachers as outlined in the CSEP will implement it.

All schools will follow relevant promotion and graduation requirements that

III. Student Bill of Rights

Portland Public School District Student “Bill of Rights” in Sexuality Education

Introduction and Process

Portland Public Schools received grant funding from Advocates for Youth to develop a Comprehensive Sexuality Education Plan (CSEP). Partners from state, county, and community-based organizations participated in the process of developing the CSEP and involving students was a central value to all partners involved. To this end, the District worked to gain student input through the development of a student “Bill of Rights” document. The intention of the document is to codify the expectations and values students have for their experience of sexuality education in schools.

Information was gathered through multiple strategies. Two listening sessions were held with middle and high school students in attendance at the PPS GSA Summit. The listening session covered current experiences with sexuality education, how students felt their sexuality education could be improved, and development of statements they think should be in a bill of rights document. Additionally, an online survey was available for two weeks in,

3. Equitable representation amongst educators. This means having the opportunity to learn from people who represent the diversity of students' cultures and communities.

4. Early, consistent, and standardized curriculum that includes the following topics: consent; mental health; decision-making; gender; boundaries; sexuality; pleasure; birth control; healthy relationships; STI/STD awareness; resources; communication skills; biology of reproductive systems and genital awareness; non-definitive "sex".

IV. Oregon Health Standards Overview

The [Oregon Health Education Content Standards](#) were developed to establish, promote, and support positive health behaviors for students in grades K-12. The standards provide a framework for teachers, administrators, and policy makers in designing and/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. In Oregon, there are eight primary standards of Health Education divided into two categories, Content and Skills. Standard one focuses on teaching students the information (content) they need to engage in health promotion and disease prevention. Standards two through eight focus on a variety of skills necessary for students to enhance their own health and the health of their communities.

The skills targeted in Standards 2-8 include:

- x Analyzing the influence of family, peers, culture, media, and technology on a student's health behaviors
- x Teaching students how to access valid and reliable health information
- x Building each student's interpersonal communication skills
- x Enhancing student decision-making skills
- x Practicing goal-setting to enhance health and avoid risks
- x Supporting the engagement in self-management and personal responsibility
- x Empowering students to advocate for their personal, family, and community health

V. Operational Definitions

PPS shall develop and maintain a developmentally appropriate, comprehensive plan of instruction focusing on functional knowledge and the skills necessary to develop healthy relationships, promote diverse understandings of healthy sexuality, and prevent violence and disease. The comprehensive plan of instruction shall be developed in accordance with the following concepts:

“Age and developmentally appropriate” Research-informed regarding the appropriate time to introduce specific topics and skills.

“Balanced” Instruction that provides information with the understanding of, and strength of the preponderance of evidence.

“Best practice” A practice/curriculum that is based in proven theory and practices, and has some evidence of effectiveness, but has not specifically gone through a randomized controlled trial that is needed to become an evidence-based practice.

“Comprehensive plan of instruction” (as defined by Oregon education statutes) means K–12 programs that emphasize abstinence, but not to the exclusion of condom and contraceptive skills-based education. The human sexuality information provided is complete, balanced, and medically accurate. Opportunities are provided for young people to develop and understand their values, attitudes, beliefs and decisions about sexuality as a means of helping young people exercise responsibility regarding sexual relationships and sexual health decisions.

“Explicit Consent” Voluntary, non-coerced and clear communication indicating a willingness to engage in a particular act. “Explicit consent” includes an affirmative verbal response or voluntary acts unmistakable in their meaning.

“Comprehensive” Inclusive of multiple types of student learning activities that go beyond raising awareness and focus on building skills. Course materials will enhance students’ understanding of sexuality as a healthy aspect of development and will provide medically-accurate and balanced information.

“Culturally responsive” Recognition that the diverse cultural characteristics of students and educators as assets. Culturally responsive teaching empowers students intellectually, socially, emotionally and politically by using cultural referents to impart knowledge, skills and attitudes. Instruction will recognize each school community, including those that have been historically oppressed, have powerful and often unrecognized, sources of resilience and protective factors that must be honored through dialogue.

“Gender expression” The way a person expresses gender, such as clothing, hairstyles, activities, or mannerisms.

“Gender identity” A person’s deeply held sense of psychological knowledge of their

of physical force, manipulation, threats, or intimidation.

“Pronoun” A word or phrase that may be substituted for a person’s name. Transgender and gender non-conforming individuals often use pronouns such as he/him or she/her but may feel more comfortable being addressed as “they.”

“Sex” The physical makeup of a human being, referred to as their biological or natal sex. A person’s biological sex is sometimes also referred to as their “assigned gender.”

“Trauma-informed” A realization of the widespread impact of trauma and potential paths for recovery; recognize the signs and symptoms of trauma in students, families, staff and communities; and respond by fully integrating knowledge about trauma into policies, procedures, and practices, and seek to actively resist re-traumatization and promote healing. Sexuality education will adhere to best practices in trauma-informed education including: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and attendance to cultural, historical and gender issues.

VI. Plan of Instruction

No later than the 2018-19 school year, each school shall provide comprehensive K-12, age and developmentally appropriate, culturally inclusive, medically accurate and evidence-informed comprehensive sexual health education. This curriculum shall be implemented in safe and supportive learning environments where ALL students feel valued. All Portland Public Schools shall take a skills-based approach to teach comprehensive sexuality education that addresses a variety of topics, such as healthy and unhealthy relationships, consent, abstinence and protection methods, and HIV/STI prevention. Health education curricula will align with the PPS Comprehensive Sexuality Education Plan (CSEP), which integrates the Oregon Health Education Content Standards and all Federal, State, and District laws and policies. It will be implemented by qualified and trained teachers as outlined in the CSEP.

All schools will follow relevant promotion and graduation requirements that include: comprehensive sexuality education (CSE) annually in grades K-5, inclusive of HIV education starting in grade 4; a minimum of three quarters of health education (inclusive of CSE) in total in grades 6 to 8 taught by a qualified health educator; two semesters of health education (inclusive of CSE) in total in grades 9 to 12 taught by a certified health teacher. Additionally, all students in grades K-12 must receive at least 4 lessons in child sexual abuse prevention (ORS 336.059/SB 856) each year. These are the minimum requirements for health education programming, which must include comprehensive sexuality education. In addition, health education (inclusive of CSE) will be integrated into other content areas where possible.

Skills (Health Education Standards #2-8) taught throughout K-12 programming include: Accessing reliable resources, analyzing influences on behaviors and decision making, developing strong interpersonal communication, sexual decision making, personal goal setting, and personal and community advocacy.

Comprehensive Sexuality Education Topic Overview

- x Grades K-2
 - o Different kinds of families, my space-your space, understanding feelings, friendships, understanding our bodies, gender roles, feeling safe, bullying is never ok.

- x Grades 3-5
 - o Healthy relationships, puberty, hygiene, reproductive anatomy, abstinence and protection methods (grades 4-5), germs and the immune system (inclusive of HIV/STI prevention education in grades 4-5), consent and boundary setting, sexual harassment, gender and advertising, staying safe online.

- x Grades 6-12
 - o Healthy and unhealthy relationships, understanding consent,

- meaningfully support health education in PPS (see Section X).
- x Identified school point person should actively seek out opportunities within the school, both at the cross-curricular and the larger school community level, to promote sexual health and sexuality education programming, including opportunities to develop cultural proficiency in students around diversity in health issues.
 - x For example, the school recognizes World AIDS Day and creates a school-wide initiative to host a fundraiser for a specific AIDS charity. In health education, students examine HIV transmission and ways to prevent it. In science, students learn how HIV attacks the immune system. In language arts, students read a piece of literature pertaining to HIV/AIDS. In math, students calculate incidence rates of HIV in their community and state. While in social studies, students examine the history of the AIDS Memorial Quilt.
 - x Schools will engage families in their child's sexuality education by providing access to curricular materials and health-related information. In addition, schools will involve families and the community in the planning, evaluation and promotion of the sexuality education programming (see Section VII).
 - x Include cross-curricular, interdepartmental collaborations to enhance the value and meaning of the sexuality education programming.
 - x

VII. Family Involvement

The District recognizes the critical role families play in education and will encourage family communication and involvement. The District shall provide to families/caregivers:

- x Opportunities for families to connect with teachers and administrators around sexuality education.
- x Programming on child sexual abuse prevention.
- x An opportunity to review all sexuality education instructional materials.
- x Notification in advance of sexuality education. The notice should minimally include: how to review instructional materials; that a written objection

X. Role of Community Organizations

Schools may retain the services of an approved community-based organization or consultant to enhance the curriculum and/or provide culturally-specific sexual health education. The education provided by a community organization or consultant may not supplant or replace sexuality education provided by the classroom teacher. The classroom teacher will collaborate with the community-based organization or consultant prior to delivery of material. The classroom teacher must stay present, engaged, and work with the community organization or consultant to connect material to concepts covered already.

Prior to beginning a partnership, the school that wishes to work with a community-based organization must provide copies of lesson materials and activities to the

XII. Portland Public Schools Comprehensive Sexuality Education Scope and Sequence, K-12

Oregon Health Education Content Standards Skill Key:

- Standard 1: Concepts (Content Knowledge) – CC
- Standard 2: Analyzing Influences – INF
- Standard 3: Accessing Information – AI
- Standard 4: Interpersonal Communication – IC
- Standard 5: Decision Making – DM
- Standard 6: Goal Setting – GS
- Standard 7: Self Management – SM
- Standard 8: Advocacy

Performance Indicator Key:

HE.1.1.14 Describe different kinds of family structures.

HE – Health Education

HE.1 – Health Education, Standard 1

HE.1.1 – Health Education, Standard 1, Grade 1

HE.1.1.14 – Health Education, Standard 1, Grade 1, Performance Indicator 14

*Note: In alignment with the National Health Education Content Standards and the National Sexuality Standards, the Oregon Health Education Content Standards are now skills-based. Although functional knowledge is important, best practices in healthy behavior outcomes show that giving students the skills to make healthy choices results in better outcomes across the lifespan. Therefore, assessments will focus on skills, rather than on content. Each grade level will have 1 or more standards (skills) that is assessed for each unit (listed at the top of the scope and sequence page). The performance indicators for each assessed skill will be bolded. That does not mean that other skills will not be taught throughout the unit, just that they will not be assessed.

FIRST GRADE ACCESSING INFORMATION (AI)*

OVERVIEW	OREGON PERFORMANCE INDICATORS
<ul style="list-style-type: none">x Understanding our bodiesx Stages of growthx Germs and the immune systemx Bodily autonomyx Different kinds of familiesx Gender rolesx Bullying is NEVER OKx Accessing reliable resources	<ul style="list-style-type: none">x HE.1.1.4 Name reproductive body parts, using proper

SECOND GRADE ANALYZING INFLUENCES (INF)*

OVERVIEW	OREGON PERFORMANCE INDICATORS
<ul style="list-style-type: none"> x Understanding our bodies x Stages of growth x Germs and the immune system x Bodily autonomy x Different kinds of families x Gender roles x Bullying is NEVER OK x Accessing reliable resources 	<ul style="list-style-type: none"> x HE.1.2.4 Identify reproductive body parts, using proper anatomical terms and stages in the basic growth processes of all people. x HE.1.2.5 Demonstrate ways to prevent communicable and non-communicable disease and understand the difference. x HE.1.2.6 Explain why it is important to stay away from potentially unsafe body fluids and objects. x HE.1.2.7 Recognize differences and similarities of how individuals identify regarding gender. x HE.1.2.8 Recognize the importance of treating others with respect including gender expression. x HE.1.2.10 Explain that everyone has the right to say who touches their body, when and how. x HE.1.2.11 Explain that it is never ok to touch someone, or make someone touch you if they don't want to. x HE.1.2.15 Explain different kinds of family structures. x HE.1.2.16 Practice consent as it relates to personal boundaries. x <u>HE.2.2.1-3 Identify how peer influences, family, and school influence thoughts, feelings, and personal health practices and behaviors.</u> x <u>HE.2.2.4 Provide examples of how friends, family, media, society and culture influence how people think they should act on the basis of their gender.</u> x <u>HE.2.2.5 Identify positive and negative ways friends and peers can influence various relationships.</u> x <u>HE.2.3.9 Identify potential impacts of power differences (e.g., age, status or position) as they relate to personal boundaries.</u> x HE.3.2.2 Describe the qualities of reliable sources of support, such as parents or other trusted adults, when seeking information about sexual and reproductive health, including pregnancy and birth. x HE.3.2.3-4 List sources of support if someone is touching them in a way that makes them feel uncomfortable and/or if they are experiencing sexual abuse. x HE.4.2.5 List ways to communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations. x HE.4.2.6 List effective ways to communicate personal boundaries and show respect for the boundaries of others. x HE.4.2.7 Practice asking for-9 0 11.8 (Think 007 887 267) a-9 10 21 p. 2614 T (HE 02) wa 26 14 (HE 4) 06 23 09 T b 002. Jey 28/Jan/19 12

~~FOURTH GRADE~~ ACCESSING INFORMATION (AI)*

OVERVIEW	OREGON PERFORMANCE INDICATORS
<ul style="list-style-type: none"> x Physical, social, and emotional changes during puberty x Transmission of HIV/AIDS, Hep B/C and pregnancy x Sexual orientation x Gender expression x Healthy relationships x Bodily autonomy/consent x Accessing reliable resources 	<ul style="list-style-type: none"> x HE.1.4.6 Identify human reproductive systems including reproductive anatomy and function. x HE.1.4.7 Recognize that abstinence is the most effective method of protection from STD/HIV and pregnancy. x HE.1.4.8 Understand the methods of transmission for HIV/AIDS, and Hepatitis B and C. x HE.1.4.9 Define sexual orientation. x HE.1.4.10 Describe differences and similarities of how individuals identify regarding gender or sexual

	<ul style="list-style-type: none"> x HE.4.4.5 Practice ways to communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations. x HE.4.4.7 Describe effective ways to communicate personal boundaries and show respect for the boundaries of others. x HE.4.4.8 Describe how to ask for help and support, if they or someone they know is being hurt or feels unsafe. x HE.7.4.4 List ways to manage the physical and emotional changes associated with puberty, including personal health care practices.
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- x HE.5.5.1 Analyze health-related situations that might require a decision.
- x HE.5.5.2 Analyze when assistance is needed in making a health-related decision.
- x HE.5.5.3 Analyze a healthy option when making a decision.
- x HE.5.5.4 Reflect the outcomes of a health-related decision.
- x HE.6.5.3 Define sexual violence including but not limited to interpersonal violence (physical, verbal,

SIXTH GRADE INTERPERSONAL COMMUNICATION (IC), DECISION MAKING (DM)*

OVERVIEW	OREGON PERFORMANCE INDICATORS
x Reproductive anatomy/puberty	HE.1.6.16 Identify the human sexual and reproductive systems including body parts and their functions.
x Gender roles, identity, and expectations	HE.1.6.18 Define sexual abstinence as it relates to pregnancy prevention.
x Abstinence and protection methods	HE.1.6.19 Recognize that HIV/STDs can be spread through sexual contact with someone who has HIV/STD.
x HIV/STI transmission and prevention	HE.1.6.21 Identify the differences between biological sex, sexual orientation, and gender identity and expression.
x Healthy relationships	HE.1.6.22 Describe the physical, social, cognitive and emotional changes of adolescence.
x Understanding boundaries and consent	HE.1.6.25 Define sexual intercourse and its relationship to human reproduction.
x Forms of communication	HE.1.6.27 Identify everyone has the right to say who touches their body and how.
x Staying safe online	HE.1.6.29 Describe the advantages and disadvantages of communicating, within relationship using technology and social media.
	HE.1.6.34 Identify various methods of contraception: abstinence, condoms, and emergency contraception.
	HE.1.6.35 Define how sexuality includes a multitude of sexual expressions and behaviors that are a normal part of being human.
	HE.1.6.36 Define the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence, condoms, and emergency contraception.

~~SEVENTH GRADE~~ ACCESSING INFORMATION (AI), SELF MANAGEMENT (SM)*

OVERVIEW	OREGON PERFORMANCE INDICATORS
<ul style="list-style-type: none"> x Reproductive anatomy/puberty x Gender roles, identity, and expectations x Abstinence and protection methods x HIV/STI transmission and prevention x Healthy relationships x Understanding boundaries and consent x Talking about sensitive topics x Accessing reliable resources 	<p>HE.1.7.17 Describe the human sexual and reproductive systems including body parts and their functions.</p> <p>HE.1.7.19 Describe how sexual abstinence relates to pregnancy prevention.</p> <p>HE.1.7.20 Define how HIV and STDs can be spread through sexual contact with someone who has HIV/STD.</p> <p>HE.1.7.24 Define gender roles, gender identity and sexual orientation across cultures.</p> <p>HE.1.7.38 Define the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence, condoms, and emergency contraception.</p> <p>HE.1.7.41 Describe the importance of getting tested for HIV and other STDs when people.</p> <p>HE.1.7.44 Discuss how affirmative consent mitigates confusion within a sexual relationship.</p> <p>HE.1.7.45 Describe why no one has the right to touch anyone else without giving and receiving consent.</p> <p>HE.1.7.46 Explain why a person who has been raped or sexually assaulted is not at fault.</p> <p>HE.1.7.47 Recognize the signs and symptoms of pregnancy.</p> <p>HE.3.7.7 Describe sources of medically-accurate information about human sexual and reproductive anatomy.</p> <p>HE.3.7.8 Describe medically accurate sources of information about puberty, development and sexuality.</p> <p>HE.3.7.9 Describe accurate information about healthy sexuality, including sexual orientation and gender identity.</p> <p>HE.3.7.14 Describe medically-accurate information about STDs and HIV transmission and prevention.</p> <p>HE.3.7.15 Describe medically-accurate resources that provide assistance around sexual health, pregnancy, and emergency contraception.</p> <p>HE.3.7.16 Describe medically-accurate sources of pregnancy-related information and support including pregnancy options, safe surrender policies and prenatal care.</p> <p>HE.7.7.10 Describe ways to treat yourself and others with dignity and respect, with regard to gender, gender identity, and sexual orientation.</p> <p>HE.7.7.13 Describe the steps to correctly use a condom.</p> <p>HE.7.7.14 Assess the criteria for evaluating the health of a relationship.</p> <p>HE.7.7.15 Practice ways to treat your friends, family and partner with dignity and respect.</p>

~~EIGHTH GRADE~~ ANALYZING INFLUENCES (INF), GOAL SETTING (GS), ADVOCACY (AV)*

- x HE.2.8.19 Assess external influences that have _____ an impact on one's _____ attitudes about gender, _____ sexual orientation and _____ gender identity.
- x HE.2.8.20 Assess factors that _____ may influence condom use and other safer sex decisions.
- x HE.2.8.21 Analyze how family and friends can _____ influence one's decisions within a healthy _____ intimate relationship.
- x HE.2.8.22 Assess external influences and social _____ messages that impact attitudes about _____ sexual, dating, and domestic violence.
- x HE.2.8.23 Analyze factors that can affect the _____ ability to give or perceive the provision of _____ consent to sexual activity.
- x HE.2.8.24 Assess influences that may have an im

HIGHSCHOOL

HIGHSCHOOLHEALTH2 – ACCESSING INFORMATION (AI), ANALYZING INFLUENCES (INF), INTERPERSONAL

Appendix A Summary of Oregon Legislation Regarding Comprehensive Sexuality Education

OAR 581-021-0200: Standard Education for Oregon Students

Each school district assures students receive a Standard Education for Oregon Students is comprised of Common Curriculum Goals consisting of Essential Learning Skills and Common Knowledge and Skills. These consist of facts, concepts, principles, rules, procedures and methods of inquiry associated. Health Education is one of the subject matters included.

OAR 581-022-1910 Exemptions for State Required Programs

The school district may excuse students from a state required program or learning activity, where necessary, to accommodate students' disabilities or religious beliefs.

Benchmarks.

- x Promotes abstinence for school-age youth and mutually monogamous relationships with an uninfected partner for adults as the safest and most responsible sexual behavior to reduce the risk of unintended pregnancy and exposure to HIV, Hepatitis B/C and other sexually transmitted infectious diseases;
- x Care will be taken to not devalue or ignore students who have had or are having sexual relationships. Shame or fear based tactics must not be used.
- x Materials and information will be sensitive of students who have experienced sexual abuse.

ORS 336.455 Human Sexuality Education

Requires school districts to provide comprehensive human sexuality education as part of health education curriculum K-12.

- x Course material and instruction for all human sexuality education courses shall enhance students understanding of sexuality as a normal and healthy aspect of human development. Course instruction shall:
 - o Be medically accurate.
 - o Promote abstinence for school-age youth and mutually monogamous relationships with an uninfected partner for adults as the most effective way to prevent pregnancy and the transmission of sexually transmitted diseases. However, abstinence may not be taught to the exclusion of other material and instruction on contraceptive and disease reduction measures. Human sexuality education courses shall acknowledge the value of abstinence while not devaluing or ignoring those students who have had or are having sexual intercourse.
 - o Include a discussion about the characteristics of the emotional, physical and psychological aspects of a healthy relationship and a discussion on understanding

Appendix B Guidelines for Training Individuals Who Will Teach Comprehensive Sexuality Education¹

Skill 1: Professional Disposition

- o Demonstrate the ability to teach in ways that communicate that sexual development is an inherent part of child and adolescent development.
- o Describe the importance of sexuality education as an integral part of K-12 health education.
- o Demonstrate awareness of their own personal values, beliefs, biases and experiences related to sexuality education.
- o Demonstrate how their personal values, beliefs, biases and experiences can influence the way they teach sexuality education.
- o Model self-efficacy to teach sexuality education in age and developmentally-appropriate ways.
- o Select their own continuing professional development needs relating to school-based sexuality education.

Skill 2: Diversity and Equity

x

- x 5.1 Apply learning and behavioral theories to sexuality education lesson planning.
- x 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.
- x 5.3 Identify appropriate resources and policies to guide instructional planning.
- x 5.4 Plan effective strategies to teach sexuality education in the cognitive, affective and behavioral learning domains.
- x 5.5 Plan age- and developmentally-appropriate sexuality education instruction.

Skill 6: Implementation

- x 6.1 Demonstrate strategies for creating a safe, respectful learning environment that fosters open discussion about a wide range of sexuality-related topics.
- x 6.2 Demonstrate effective classroom management skills specific to sexuality education.
- x 6.3 Convey accurate and developmentally-appropriate information about sexuality.
- x 6.4 Engage learners using realistic and relevant situations relating to sexuality.

Skill 7: Assessment

- x 7.1 Use multiple strategies to assess knowledge, skills and attitudes about sexuality that are measurable, o54e31 TD 0 Tnsty thatb1 Twte4knoiarfu J1639 -1.2127 Tc -.objeaffeed
- x

