Sexual Health Education in Washington State

Guidance Document

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Office of Superintendent of Public Instruction

Learning and Teaching

Sexual Health Education

Our schools have an important role to play in promoting the health and well-being of all students. Research consistently shows that students' health status is linked directly to student learning and achievement. The provision of comprehensive, age-appropriate, evidence-informed sexual health education is a vital component of K-12 education. When incorporated as part of an ongoing health education program, it helps address the needs of the whole child. Sexual health education helps prepare students for healthy relationships and reduces their risk for health challenges that can interfere with academic success. OSPI supports schools in providing such education in partnership with families, recognizing their role as the primary source of education about sexual health.

Comprehensive sexual health education that addresses consent and provides opportunities for developing communication and decision-making skills can support students in making healthy choices that serve them for a lifetime. Inclusive sexual health education that addresses the varied needs of every student can promote safe and supportive school environments that promote respect and empathy both in the classroom and in the community.

Chris Reykdal, Washington State Superintendent, September 2017

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Introduction

Sexual health education (SHE) is a critical component of comprehensive health education that helps students develop knowledge and skills needed to become successful learners and healthy and productive adults. In 2007, the WA legislature found that "young people should have the knowledge and skills necessary to build healthy relationships, and to protect themselves from unintended pregnancy and sexually transmitted diseases, including HIV infection. The primary responsibility for sexual health education is with parents and guardians. However, this responsibility also extends to schools and other community groups. It is in the public's best interest to ensure that young people are equipped with medically and scientifically accurate, age-appropriate information that will help them avoid unintended pregnancies, remain free of sexually transmitted diseases, and make informed, responsible decisions throughout their lives."

"Sexual health education," as defined in the Healthy Youth Act and related 2005 Guidelines for Sexual Health Information and Disease Prevention, includes physiological, psychological and sociological developmental processes, communication skills related to health behaviors, health care and prevention resources, healthy relationships, and understanding of influences of society and peers on sexual relationships (see WAC 392-410-140 for more information).

The Centers for Disease Control and Prevention (CDC) Division of Adolescent Health (DASH), in its rationale for "exemplary sexual health education," states that sexual health education programs should be medically accurate; consistent with scientific evidence; tailored to students' contexts and the needs and educational practices of communities; and should use effective classroom instructional methods. Sexual health education should allow students to develop and demonstrate developmentally appropriate sexual risk avoidance and reduction-related knowledge, attitudes, skills, and practices.

Support for Sexual Health Education

Support for comprehensive sexual health education is widespread. Parents overwhelmingly support SHE, as evidenced in poll after poll over the past 20 years. In a 2014 survey, 93% of both Republican and Democrat parents place high importance on sexual health education in middle and high school, with 89% supporting comprehensive educations (PLoS ONE, 2017). While teens say parents "most influence their decisions about sex," (National Campaign, 2016) 88% of Millennials (young people age 30 and under) support comprehensive SHE. (Public Religion Research Institute, 2011).

In addition to parents and youth, a number of national agencies and organizations highlight the importance of sexual health education including the National Education Association, the National Association of School Nurses, and the American Academy of Pediatrics. The National Education Association "believes that the developing child's sexuality is continually and inevitably influenced by daily contacts, including experiences in the school environment. The Association recognizes that sensitive sex education can be a positive force in promoting

physical, mental, emotional, and social health that the public school must assume an increasingly important role in providing the instruction" (National Education Association, 2016). The National Association of School Nurses support inclusive sexual health education as part of a comprehensive school health education program and the American Academy of Pediatrics (AAP) highlights the importance of children and adolescents learning age-appropriate sexual health education to help youth develop a safe and positive view of sexuality (Breuner & Mattson, 2016).

Health programs in schools can help young people succeed academically, as academic achievement is linked to student health. Health risk behaviors, such as early sexual initiation and having multiple sexual partners, are associated with lower grades and test scores, and lower educational attainment. "Regardless of sex, race/ethnicity and grade-level, high school students reporting lower academic grades also report greater health risk behaviors related to substance use, violence, and sex" (Rasberry, et al., 2015). Comprehensive sexual health education can help "…improve academic success; prevent child sexual abuse, dating violence, and bullying; help youth develop healthier relationships; delay sexual initiation; reduce unplanned pregnancy, HIV, and other sexually transmitted diseases (STDs) and related disparities among youth; and reduce sexual health disparities among lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth" (Future of Sex Education, 2016). It is critical to note evidence that shows students who received comprehensive sexual health education are NOT more likely to become sexually active, increase sexual activity, or experience negative sexual health outcomes. (Advocates for Youth, 2009).

Legislative Requirements

Healthy Youth Act (HYA)

Sexual Health Education (SHE) in Washington schools is governed by the HYA, passed by the legislature in 2007, and the 2005 Guidelines for Sexual Health Information and Disease Prevention (2005 Guidelines). The HYA defines sexual health education and sets out requirements for schools that choose to offer SHE.

Washington law on SHE states "the decision as to whether or not a program about sexual health education is to be introduced into the common schools is a matter for determination at the district level by the local school board." Any district that chooses to provide sexual health education must follow the requirements outlined in the HYA.
All instruction and materials used must be:

- medically and scientifically accurate;
- age appropriate;
- appropriate for students regardless of gender, race, sexual orientation, and disability status; and
- consistent with the 2005 Guidelines for Sexual Health Information and Disease Prevention

Abstinence may not be taught to the exclusion of instruction and materials on FDA approved

contraceptives and other disease prevention methods. In other words, the instruction must be comprehensive and address both the benefits and drawbacks of all prevention methods.

For more information about parent notification, student opt-out and other requirements, please see the FAQ document on our website. Model policies and procedures are also available on our website.

AIDS Omnibus Act

The AIDS Omnibus Act (AOA) of 1988 mandates HIV/AIDS prevention education beginning no later than Grade 5 and continuing through Grade 12. Districts must adhere to several criteria, including the following:

- The materials developed for use in the HIV/AIDS education program must be either:
    - Model curricula and resources available from OSPI **or**
    - Developed (or purchased) by the school district and **approved for medical accuracy** by the Department of Health Office on HIV/AIDS.
- If a district develops (or purchases) its own HIV/AIDS prevention curriculum, the district **must submit** to the DOH office on HIV/AIDS a copy of its curriculum and an affidavit of medical accuracy stating that the material has been compared to the model curriculum for medical accuracy and that in the opinion of the district, the materials are medically accurate.

For more information about parent notification, student opt-out and other requirements, please see the FAQ document on our website. A model policy and sample parent waiver form are also available on our webpage.

Student Learning Standards and Grade-level Outcomes

In 2016, the WA Office of Superintendent of Public Instruction (OSPI) adopted Health and Physical Education K-12 Learning Standards, which include "Sexual Health" as one of six "core ideas" for health education. Grade-level student learning outcomes are provided as examples for districts of what a comprehensive course of instruction might look like. While the eight overarching health standards must be taught, core ideas and grade-level student learning outcomes are optional for district use.

Sexual health education grade-level outcomes were based on Washington's Healthy Youth Act (HYA) and the Guidelines for Sexual Health and Disease Prevention (2005 Guidelines), with additional guidance from the National Sexuality Education Standards (NSES) and Centers for Disease Control and Prevention (CDC) Healthy Behavior Outcomes.

Washington's sexual health education (SHE) grade-level outcomes are provided as examples only and do not represent a required course of instruction. They do, however, reflect SHE as defined by WA State law and research on effective programs.

Grade-level Student Learning Outcomes

Ideally, Grade-level Student Learning Outcomes are used to ensure a comprehensive array of topics and skills are incorporated into the curriculum in a sequenced, age-appropriate manner. There are many opportunities to link SHE to other health topics (e.g. social-emotional health, violence prevention, wellness) and to Common Core State Standards (e.g. social studies, ELA). A standards comparison document from OSPI provides examples of how SHE relates to Common Core State Standards.

Grade-level Student Learning Outcomes related to sexual health are organized into six topic strands. As discussed above, the grade-level outcomes are offered as examples of what a comprehensive sexual health curriculum might include. **Each district will determine which topics to include in their curriculum and at what grade topics will be introduced.**

A list of non-fiction texts, organized according to SHE grade-level outcome topics, is available to support teaching SHE, as well as to support cross-content instruction and address standards for subjects such as science, social studies and English Language Arts. For additional resources to support instruction, see our website resources page.

Elementary Level Sexual Health Education

Anatomy and Physiology – familiarity with medically accurate terminology in early elementary grades is foundational for understanding subsequent age-appropriate instruction on puberty, HIV, and other SHE topics.

"Teaching children anatomically correct terms, age-appropriately, promotes positive body image, self-confidence, and parent-child communication; discourages perpetrators; and, in the event of abuse, helps children and adults navigate the disclosure and forensic interview process." (National Sexual Violence Resource Center)

Growth and Development – puberty education typically is provided in grades 5-6. New grade-level outcomes suggest introducing this topic in 3rd grade due to changes in the onset of puberty, especially among girls. Each district will determine when to start teaching this topic and how much information to provide.

> Best Practice Tip:
> It is considered best practice in SHE to provide instruction on growth and development in mixed gender classes in order to normalize the topic, to ensure that the needs of all students are being met, to avoid "drama" among students trying to determine what they missed, and to role model healthy communication about sexuality. Teaching all students together affirms the diversity of identities and experiences your students have. If classes are separated, the same information should be provided to all students

to ensure that each student receives comprehensive instruction on this topic and to avoid having students updating each other after class with potentially inaccurate information. For more information, see the Best Practices section.

Reproduction – basic concepts related to reproduction, very general in nature (e.g. living things can reproduce; humans can reproduce), are introduced in grades 2-5 as foundational information for more advanced instruction in secondary grades.

HIV Prevention – HIV prevention instruction is required to be taught annually, starting no later than 5th grade. Some schools choose to start providing general information about disease transmission in earlier grades (see section above on AIDS Omnibus Act requirements). KNOW is the state's "model curriculum" for HIV/AIDS prevention instruction, but districts are free to use any instructional materials that have been reviewed for medical accuracy and are otherwise consistent with legislative requirements (see Instructional Materials section below for tools to support instructional materials review and for a link to reviewed materials).

Self-Identity – grade-level outcomes for K-2 are intended to address gender expression (e.g. can boys/girls wear certain colors and styles of clothing), gender roles and stereotypes (e.g. can boys/girls play certain games or sports, work in certain professions), as questions and comments related to these topics are common in early elementary classrooms. Unless a school is working openly with a family to support a transgender student, conversations about gender identity are not common or expected in early elementary classrooms. The grade-level outcomes related to self-identity at the elementary levels are in place to prompt teachers to be prepared for discussions, based on terms and information students commonly hear, not to dictate what kinds of discussion to have.

The National PTA "encourage[es] states to incorporate standards regarding age-appropriate, medically accurate and culturally sensitive information on LGBTQ issues into existing health and other appropriate curricula."

The inclusion of self-identity content also addresses state civil rights and equity and Healthy Youth Act requirements for inclusive and bias-free SHE instruction (see section on Legislative Requirements above). Grade-level outcomes are intended to promote understanding and respect for the wide variety of students and families represented in our schools.

Best Practice Tip: As with all SHE instruction, the use of the Values Question Protocol should be used to support fact-based instruction that recognizes a wide array of personal values and refers students to families for discussions of family values (see section on Best Practices).

Healthy Relationships – in addition to addressing friendship, this topic also addresses safe and unwanted touch. These topics may be covered in other areas of instruction such as bullying

prevention programs. Healthy relationship instruction at the elementary level helps protect students from sexual predation and lays the groundwork for conversations about healthy romantic relationships and consensual sex at the secondary level.

Secondary Level Sexual Health Education

Grade-level Student Learning Outcomes related to sexual health are organized into six topic strands. As discussed above, the grade-level outcomes are offered as examples of what a comprehensive sexual health curriculum might include.

Anatomy, Reproduction, and Pregnancy –

familiarity with medically accurate terminology and the basics of reproduction are foundational for understanding age-appropriate instruction on puberty, HIV, STDs, pregnancy and other SHE topics, and ideally are covered in elementary instruction. A short review of basic concepts and terminology is important at each grade level, as students may reach readiness for understanding this information at different ages.

Puberty and Development –

puberty (human growth and development) education typically is provided in grades 5-6, although new grade-level outcomes suggest introducing this topic in 3rd grade due to changes in the onset of puberty, especially among girls.

If prior instruction has been provided by the district, a review of the topic is recommended in middle school, recognizing the wide range of ages at which youth reach puberty. Each district will determine when and how much information to provide at each grade level.

Self-Identity –

grade-level outcomes for the secondary level are in place to prompt teachers to be prepared for discussions, based on terms and information students commonly hear, not to dictate what kinds of discussion to have. The primary focus of the grade-level outcomes is to promote understanding and respect for the wide variety of students and families represented in our schools. The American Federation of teachers is one of many organizations that supports "integrat[ing] respect for human rights, including LGBTQ rights, across the curriculum."

The inclusion of self-identity content also addresses state civil rights and equity and Healthy Youth Act requirements for inclusive and bias-free SHE instruction (see section on Legislative Requirements above). For additional resources to support self-identity instruction, see our website resources page.

Best Practice Tip: As with all SHE instruction, the use of the Values Question Protocol should be used to support fact-based instruction that recognizes a wide array of personal values and refers students to families for discussions of family values (see section on Best Practices and Appendix A).

Prevention –

Abstinence and other methods of prevention are addressed in the grade-level outcomes to reflect requirements of the Healthy Youth Act (see Legislative Requirements section below), as well as research on effective SHE. Research shows clearly that instruction

that includes content on both abstinence and contraception is more effective than abstinence-only education, resulting in delayed sexual activity and other positive behavior changes among youth.

Skill-building (as reflected in Health Standards 2-8) is of particular importance with prevention education, including communication, decision-making and goal-setting skills. Role plays, practice with decision-making models related to other health behaviors, and goal-setting related to other health behaviors, can all help reinforce the skills (and vice versa) needed for successful behavior adoption or change related to sexual health. Evidence-based or –informed curricula will include many examples of skill-building activities for this content area.

> Best Practice Tip: Instruction on condom use is recommended starting by 8th grade. Data from sources such as the Healthy Youth Survey show that by 10th grade, 25% of students report having had sex. Only a little more than half of those students report using a condom, in spite of the risks for STDs and pregnancy. Research on effective SHE indicates that students need information about prevention before they become sexually active. Skills-based instruction on condom use ("demonstrating steps to using a condom correctly") is recommended starting in high school, but ideally would be provided earlier.

Healthy Relationships –

The primary focus of this topic is boundary setting and consent. This topic area is related to topics such as violence prevention and social emotional learning, and integrated instruction is encouraged. While many outcomes address prevention of abusive relationships and sexual violence, instruction should also include a focus on healthy relationships in order to support developmentally appropriate behaviors in terms of both friendship and romantic relationships.

Washington State Laws –

A number of laws are referenced at the secondary level that can be addressed in a number of ways. Having students research laws related to access to sexual health services provides an opportunity for skill-development related to accessing valid health information (Health Standard #3). Discussing laws related to sexting and online sexual harassment can help students develop the ability to analyze the influence of technology, culture and peers (Health Standard #2). Appendix C provides resources and information on WA State Laws referenced in this section of the standards.

Scope and Sequence

The 2016 K-12 Student Learning Standards for Health and Physical Education include grade-level student learning outcomes. Grade-level outcomes are provided as an example of a comprehensive scope and sequence based on state law and national standards, identifying what students should know and be able to do by the end of each grade.

Districts may develop their own SHE scope and sequence as long as it is consistent with the HYA and 2005 Guidelines. For more information, see Developing a Scope and Sequence for Sexual Health Education from the CDC.

Instructional Materials

When districts think about adopting instructional materials for SHE, it is important to consider a number of factors:

1. Are they consistent with legislative requirements (see above)?
2. Are they evidence-informed or evidence-based? In other words, have the materials been evaluated for effectiveness in changing behavior? Are they based on theoretical models for behavior change that have been shown effective?
3. Are they appropriate for all students in the classroom? In other words, do the materials address the needs and diversity of all students? Are the materials culturally relevant? Are they consistent with the norms of the school and larger community? Have they been reviewed for bias?

A number of tools for reviewing instructional materials are available on our website. Periodically, in accordance with the HYA, OSPI and the WA Department of Health (DOH) review SHE instructional materials for consistency with legislative requirements. These curriculum review reports are available on our website.

Resources for providing population-specific SHE are available on our website. These include programs and materials for special education students, students in out-of-home care, LGBTQ students, students in alternative education programs, as well as other culturally relevant programs and materials. Not all resources listed on our website have been reviewed for consistency with state laws.

Bias and Equity

In addition to being reviewed for medical accuracy and general compliance with HYA and AOA requirements, all instructional materials used in WA schools, including SHE and HIV prevention materials, must be reviewed by the school district instructional materials committee for bias as provided in the Basic Education Law (RCW 28A.150.240), the Instructional Materials Law (RCW 28A.320.230), and the Sex Equity Law (RCW 28A.640.010).

Best Practices in the Classroom

There is no one “right way” to teach sexual health education, but decades of research do point to effective teaching strategies that maximize the academic benefits of such instruction for students, and support behavior change that promotes health and wellbeing. Much of the research that informed development of the 2005 Guidelines still holds true today.

Effective Sexual Health Education Practices

Research shows that high quality sexual health education that includes information on abstinence, condoms, and contraceptive methods supports young people in delaying the onset of sexual activity, reducing the frequency of sexual activity, reducing number of sexual partners, and increasing the use of condoms. The evidence shows that youth who receive education about abstinence, condoms, and contraceptive methods are NOT more likely to become sexually active, increase sexual activity, or experience negative sexual health outcomes (Kirby, 2007).

Research on effective SHE instruction directs us to focus our efforts on supporting students in developing their own beliefs, attitudes and skills. This approach is especially useful when working with elementary and middle school aged students, as they are still in the process of forming their beliefs, attitudes and skills related to sexual health and relationships. The vast majority of elementary and middle school students are not currently engaged in risky sexual behavior, and therefore not at risk of negative sexual health outcomes. Sexual health education at this grade level supports development of beliefs, attitudes and skills that will help young people prevent negative health outcomes when they are older by delaying sex and using condoms and/or other prevention when they do have sex.

Teach in Accordance with State Laws and District Policies

Before teaching sexual health content, it is helpful to review the requirements outlined in the state's Healthy Youth Act and related 2005 Guidelines. (see legislative requirements)

Additionally, each school district establishes SHE policies and procedures based on state law and their community norms and traditions. Teaching staff are encouraged to familiarize themselves with district policy and districts are encouraged to review policies, procedures and curricula regularly to ensure they are up to date, based on evidence regarding effective instruction, and on accurate assessments of the community climate. (see Support for Sex Education above)

Teach Accurate Information and Teach Students to Access Valid Resources

Both state law and K-12 Health Education Standards address the importance of providing accurate information to students and helping them identify and assess valid health information. Reliable sources include government sites and the peer-reviewed journals of major professional associations. Help students analyze the trustworthiness of sources. Introduce your school nurse and other supportive school personnel to students.

All materials, especially visual aids/videos, should be reviewed before showing to students. Consider the age-appropriateness, relevance to lesson, medical accuracy and potential bias of information/images.

Teach Comprehensively

Emphasize that no birth control method, except abstinence, is 100% effective in avoiding pregnancy and reducing the risk of sexually transmitted disease. Instruct on abstinence, contraceptive methods and other methods of disease prevention. Typically, examples of birth control methods would not be handled in the classroom earlier than 7th grade. It is recommended that they be introduced no later than 8th grade, with continued lessons throughout high school to ensure that students have needed information prior to becoming sexually active and at the age when most students initiate sexual activity. This includes condom demonstrations on correct condom use.

Ensure that neither abstinence nor birth control is characterized as the "best" or "only" choice for all students at all times. Provide opportunities for students to practice communicating boundaries. Express genuine support for risk-reduction.

Build a Positive Classroom Climate

Creating a positive classroom environment is not unique to sexual health education because it is associated with improved student learning and academic achievement (Thapa, et al. 2013). However, climate building is especially important for developing rapport and creating an environment where all students feel safe and comfortable discussing the many sensitive topics often included in sexual health education (Answer & Cardea, 2016).

Manage sexual harassment, intimidation and bullying through climate setting at the beginning of a unit and consistent, firm, equitable intervention. Recommended best practice is early introduction of the climate setting topic, including: establishing group norms or written group agreements to set the tone and identify expected behavior, openness to diverse questions and use of an anonymous question box(es), and noting confidentiality and mandatory reporting requirements.

It is also helpful to consider classroom climate in the context of the climate of the entire school. A number of tools are available to assess and improve school climate, including GLSEN's School Climate Survey and West Ed's School Climate Improvement Toolkit.

Educators can use many different strategies to build a safe and respectful learning environment. One of the most important ways to create and maintain a safe, respectful environment is by introducing and reinforcing group norms (or ground rules) to guide interaction among everyone in the classroom. Group norms describe how students and teachers want each other to act so everyone can learn. Effective sexual health education begins with a process in which teachers engage all students in creating, understanding, agreeing to and respecting the norms, which may vary depending on the grade level (Schroeder, Goldfarb & Gelperin, 2016) Norms or ground rules that relate to confidentiality should be carefully worded because teachers are mandated reporters (see here).

Consider posting the norms on a wall for every session. For classrooms with norms that are posted all year, it can be helpful to remind students about the group norms before a unit on sexual health education and remind students, when necessary, that everyone has agreed to abide by the norms. Students can initial group norms before posting to increase buy-in. Some examples of group norms that can help build a supportive environment for sexual health education are below.

Group Norms (excerpt from 3Rs)

- Right to Pass—Share only what you are comfortable sharing. No one should ever feel pressured to contribute if they do not wish to.
- Respect differences— Protect one another's right to hold different views. Group members may disagree, but they should not judge one another for their beliefs.
- One person speaks at a time—Allow one another to be heard.
- No put downs—Avoid name calling or insulting one another.
- Use "I" statements—Speak for yourself and avoid broad statements.
- There is no such thing as a dumb question—All questions are good to ask.
- Appropriate sharing outside of class—Telling other people about what you learn here is good, but we should not discuss anything personal that someone in the class may have shared. That's disrespectful, and unfair to that person. Instead, you can simply say, "I know someone who…" if you want to share something you learned from someone in the classroom.

Create an Inclusive Classroom

Practice conscious regard for diversity among students in terms of developmental stage; physical characteristics and body types; genders and gender identities; races and ethnicities; languages and countries of origin; religious beliefs and faith communities; abilities and disabilities; sexual orientations; sexual experiences and histories of victimization; pregnancy, abortion and parenting experiences. This approach to teaching is addressed in the Healthy Youth Act as a requirement.

If students in special education programs are separated from their regular classroom, ensure they get developmentally appropriate sexual health education so they are able to manage their own sexual health, as well as develop and maintain personal boundaries related to sexuality. Students with disabilities may be vulnerable to sexual predation and should have access to sexual abuse prevention education, as well as more comprehensive sexual health education.

Practice Cultural Proficiency

Classrooms in Washington State include a diversity of cultures. Cultural difference can enrich the classroom experience, but only if students and educators strive for cultural proficiency. *Cultural proficiency* is the ability to work effectively and respectfully with people from diverse cultural, linguistic, and social backgrounds. It is nearly impossible to learn and understand each

young person's unique lived experience in a way that enables completely responsive communication. Rather, striving for cultural proficiency means communicating in ways that acknowledge and respect others' cultural identities. Educators who seek to implement culturally proficient sex education have the potential to improve health outcomes for marginalized youth. Without cultural proficiency, educators and students are incapable of effectively communicating with one another, and curricula fail to reach all students in the classroom.

Because a host of factors influence sex education, culturally proficient sexual health education extends beyond the particular sexual health education curriculum. It includes a range of programs and policies, including those related to nondiscrimination, bullying, sexual harassment, drugs, dress code, student organizations, school-based health services, the physical space and the general curriculum.

There are many strategies that teachers and administrators can consider to improve cultural proficiency in sexual health education.

1. **Examine the broader school environment.** An environmental scan might include policies, resources for LGBTQ youth and youth of color, staff professional development related to cultural proficiency, access to health resources, and many other factors. A number of school climate surveys are available for use or adaptation.
2. **Choose and adapt your curriculum thoughtfully.** Curricula often need to be tailored to the community you serve; however, care must be taken to preserve the core elements of the curriculum that make it effective. School boards typically make decisions about SHE curriculum adoption and may specify if the curriculum is to be taught with fidelity or can be adapted. When possible, it can be helpful to involve young people, families, and other community members in choosing and adapting curricula. You can find general adaptation guidance here [link to ETR guidance]: http://www.etr.org/ebi/assets/File/GeneralAdaptationGuidanceFINAL.pdf. When adapting curriculum, strive to make meaningful changes beyond language modifications that will make your curriculum more relevant for a broad range of youth experiences and identities. For example, ensure that your curriculum includes sexual health information and discussions that are relevant to young people who might have same sex partners.
3. **Reflect on bias in your curriculum and any personal bias you may bring to the classroom.** Striving towards cultural proficiency requires reflecting on the bias in our curricula and our own personal biases. Think critically about the messages in your curriculum and whether they make assumptions about groups of young people. Examine the ways you mentally categorize individuals, and the labels you attach to those categories. Being aware of these biases is often the first step toward making improvements in the facilitation of health education curricula. OSPI's Equity & Civil Rights Office provides guidance on conducting a bias review, and one of OSPI's SHE instructional materials review tools includes a brief section for assessing bias.

4. **Use a trauma-informed teaching model.** *Trauma* is the physical and emotional response to events that threaten the life or physical integrity of the young person, or someone critically important to the young person. *Trauma informed sex education* emerged from the understanding that every classroom has young people who have survived trauma and who have uncommon sexual identities, and that these youth still have a capacity for health and well-being that is often ignored by standard curricula. See section below for more information.
5. **Illustrate respect for students' identities.** Know your students names and pronouns. Mispronouncing unfamiliar names or using a young person's assigned name as opposed to the name they use are often unintentional but powerful acts of discrimination. The same is true regarding students' gender pronouns. Ask students to tell you the name they want to use in your classroom and clarify pronunciation. Consider sharing your gender pronouns with students and requesting that they share their gender pronouns with you.
6. **Find constructive ways to address offensive remarks by students when they arise.** Harassing comments create an opportunity for teachers to address misunderstanding and promote a positive classroom environment.

Consider Classroom Composition

Per the requirements of the Healthy Youth Act, all sexual health education should be age appropriate. The student learning outcomes in the Sexual Health Education Core Idea provide a framework to support educators in determining what content is age appropriate at different grade levels. These student learning outcomes were sequenced by a group of Washington State teacher leaders based on their own classroom experience and guidance developed by national experts to ensure that information is both cognitively and developmentally appropriate.

Students have different physical, emotional, intellectual and social developmental needs and one classroom in a particular grade may be very different form another. Review materials for age-appropriateness and consider age-appropriateness when answering questions that arise in the classroom.

Another common consideration for schools is whether teachers should separate students by gender for sexual health education lessons. Teachers and administrators should carefully consider the pros and cons of separating classrooms by gender. While there are some circumstances that could warrant separation by gender to enhance student comfort or address cultural norms, in the majority of circumstances it is preferred to teach sexual health education in an inclusive, co-ed classroom. Teaching all students in your classroom together affirms the diversity of identities and experiences your students have. It also helps normalize conversations about sexual health, ensures that all students receive accurate information (rather than second-hand information from other students after lessons) and reduces the "drama" of students trying to determine what they missed.

If students are separated by gender, teach the same content, using the same materials to all students of similar ages.

Utilize Key Concepts

Key concepts are high-level ideas or themes. Focusing on key sexual health concepts is a strategy that teachers can use their classrooms to achieve greater understanding of the key points of a curriculum. Teachers can weave key concepts into their discussions with students, streamlining the amount of lesson preparation time teachers need and enhancing student learning. Students will also absorb and remember key messages more easily than a large number of specific details about every sexual health topic. The FLASH curriculum, developed by Public Health—Seattle and King County—provides a helpful Key Concept Guide that can be adjusted for use with many curricula.

Answer All Sexual Health-Related Questions

Answering student questions is a fundamental part of high quality sexual health education. It is considered best practice to answer all student questions accurately and age-appropriately. Not only are they fundamental to student learning, but they give the teacher an opportunity to build trust in their classroom, and to build their own credibility as a reliable source of accurate information. While most questions are relatively straightforward and easy to answer, some are more difficult. If a teacher needs time to think about the answer or to consult with a colleague or expert, it is fine to let the class know you will answer the question in the next few days. While it is best practice to answer all student questions, always follow your district's written policy (e.g. if certain topics are not allowed).

Questions about value-laden topics can be challenging for teachers at first glance. These questions may be directly about values, or they may be about topics about which people have strong values. The Values Question Protocol, developed by Public Health of Seattle & King Co. as part of the FLASH curriculum, offers a process for answering value-laden questions that is accurate, helpful to students, and respectful of the broad range of values and beliefs held by students and their families. It also provides clear guidelines about when it is okay for the teacher to express their opinion, and when it is not (Appendix A).

Teachers can also get guidance and build skills on answering student questions by attending OSPI sexual health education professional development events.

Assess for Understanding

Many curricula include videos, games, and other interactive activities that make learning more engaging. If educators do not present these activities in a way that resonates with students and reflects best practices in learning theory, students are less likely retain the skills and information. This is why it is critical to spend time debriefing activities with students. A common framework used for debriefing sexual health education activities is Kolb's Experiential

Learning Cycle. Most packaged curricula include some version of this framework in their scripts, to support either formative or summative assessments. One important way to improve the cultural proficiency and inclusivity is by adapting the debriefing questions in packaged curricula.

There are four steps to the experiential learning cycle:

1. **Do the Activity.** The activity could be reading an article, watching a video, participating in a game, etc.
2. **Reflect**. Support young people in reflecting on the experience they just had. Some questions you might ask could be "What did we just do?" "What happened?" or "What were the results?"
3. **Analyze.** The next step is help students analyze the experience and understand why they participated in the activity. In this step you might ask questions like, "So what does this mean?" or "Why did this happen?"
4. **Relate**. The last step is to ask students how the activity and what they learned from it applies to their lives and what they already know. For example, you might ask questions like, "Now what?" "What will you do with this information?" or "What will you do differently next time?"

Cross-content Instruction

A comprehensive, medically accurate, and age appropriate sexual health curriculum supports and reinforces the student learning outcomes within other Core Ideas in Washington State's Health Education Standards. For example, many of the curricula that align with the requirements of Washington's Healthy Youth Act provide helpful lessons that support student learning outcomes within the Social Emotional Learning and Injury Prevention Core Ideas. For example, in the Sexual Health Core Idea, student learning outcomes include basic understanding of gender and sexual orientation that are critical to the bullying prevention student learning outcomes embedded within Social Emotional Learning.

A standards comparison document from OSPI provides examples of how SHE instruction relates to Common Core State Standards.

Family/Caregiver Engagement

Parent/guardian engagement in schools contributes to students' health and learning. Studies have shown that students who have parents engaged in their school lives are more likely to have higher grades and test scores, better student behavior, and enhanced social skills (National Sexual Violence Resource Center, 2015).

To increase parent engagement in school health, schools can try to make more positive connections with parents and provide a variety of activities and frequent opportunities to fully engage in their students' learning.

Washington's Healthy Youth Act also requires that schools engage parents at least one month before teaching sexual health education in any classroom by notifying parents and guardians about the curriculum and make materials available for their review. *This includes any materials and lesson plans from outside speakers.* Families must also have the ability to review lessons and materials for HIV/AIDS Prevention Education lessons, including those from outside speakers.

Parent preview events should be held during hours most parents are available and advertised in a variety of ways to reach all families (website, emails, letters sent home with students). Parent events could include demonstrations of the Values Question Protocol or a typical lesson. Invite parents to share their own family's structure and values with their children. Encourage families to communicate at home about the unit.

Communicating with parents and guardians about the curriculum is often just the first step. Trusted adults and families are critical sources of sexual health information for young people. Young people typically want to learn about sexual health from their parents and caregivers, but sometimes parents and caregivers are unsure how to talk about these topics. Schools might consider providing presentations on parent-child communication or factual resources to parents to support conversations at home about the sexual health topics addressed in class. Curricula and lesson plans that include homework and other activities also a great way to encourage conversations between students and the parents, caregivers, and other trusted adults in their lives to create opportunities for these conversations outside of the classroom.

Respect a family's written request to waive a child's participation. Excuse the child discreetly, providing meaningful alternative activities.

Using Guest Speakers

Some schools and teachers may choose to bring in guest speakers who are experts in sexual health. It is important to note that these outside speakers are bound to the same laws and requirements around teaching HIV and other sexual health lessons as classroom teachers.

The Healthy Youth Act, the law that articulates the standards for sexual health education, states, "A school may choose to use separate, outside speakers or prepared curriculum to teach different content areas or units within the comprehensive sexual health program as long as all speakers, curriculum, and materials used are in compliance with this section." OSPI's "Sexual Health Education Supplemental Materials Evaluation Form" can be used to assess guest speakers for alignment with Washington State requirements.

In order to ensure the best outcomes for students, it is also important that guest speakers utilize lessons and teaching methods aligned with current sexual health promotion research. Specifically, guest speakers should share medically accurate information and focus on building the beliefs, attitudes and skills. Furthermore, guest speakers should avoid outdated and non-

evidence based practices, such as using scare tactics, stressing gender differences, disparaging condoms and other contraceptives, perpetuating stereotypes, and shaming or belittling students.

Use a Trauma-Informed Approach

Approximately 1 in 4 girls and 1 in 6 boys experience sexual assault before age 18. (The National Child Traumatic Stress Network, n.d.) Traumatic experiences like sexual assault can greatly impact a young person's sense of safety in school, as well as their ability to focus, learn, and regulate emotions (Substance Abuse and Mental Health Services Administration, 2014). This can be particularly true when the class subject matter directly relates to any traumatic experiences students have had relate to sexual health or relationship dynamics.

Using a trauma-informed approach means that a program, organization, or system "**realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**" (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention & Division of Adolescent Health, 2012). Ultimately, this approach intends to promote equity and a greater sense of safety among those served by an organization or program. The Substance Abuse and Mental Health Services Administration (SAMHSA) has defined six key principles of a trauma-informed approach:

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Cultural, Historical, and Gender Issues

There are guides and other materials designed to help educators adapt curricula to support a trauma-informed approach to sexual health education (http://www.cardeaservices.org/resourcecenter/guide-to-trauma-informed-sex-education). Also, visit the Substance Abuse and Mental Health Services Administration website to learn more about trauma-informed care.

Recognizing and Reporting Sexual Abuse and Assault

At least one in five girls and one in ten boys will be sexually abused at some point in their childhood (Finkelhor & Dziuba-Leatherman, 1994). People aged 15 to 24 report rape and sexual assault at far higher rates than any other age group (Perkins, 1997). If you suspect a student in

your classroom has been or is being sexually abused, sexually exploited, or injured (by anyone, not just a caregiver) you are legally obligated to report it.

Keep in mind that, at all times, you likely have students in your class who have experienced sexual abuse or assault, either currently or in the past. Strive to create a classroom that is safe and inclusive, and in which good boundaries are modeled. You do not have to know for certain that a student has been abused to make a report and to offer the student support.

How to tell if a student has been sexually abused or exploited.

- The student tells you.
- A student confides to you that another student was exploited.
- The student acts differently from usual, in troubled ways. These behaviors can signal other stresses, but should still prompt the teacher to ask the student if they can help with a problem.
  - Regressing to more immature behavior
  - Clinging to you or another staff person
  - Cranky, hostile or depressed
  - Sleeping in class, or lacking energy
  - Development of minor ailments (headaches, stomach aches, no appetite)
  - Reluctant to leave school at end of day
  - Dressing provocatively or wearing many layers of clothing even during hot weather

What to do if a student confides in you about sexual abuse or assault or if you have reasonable cause to believe that abuse or assault has occurred.

- Tell the student "I believe you."
- Tell the student that they are not to blame and say, "I care about you and I'm glad you told me."
- Speak privately with the student and maintain the student's confidentiality within the school, unless you feel the need to enlist the help of another adult support person, such as your principal, school nurse, or counselor.
- Report the abuse. In all 50 states, the law requires professional school personnel to report the suspected abuse to either the police or to a child protection agency. It is not sufficient to "turn the case over" to your principal or another staff person, even if this is what your school protocol advises. You are required by law to report it yourself or make certain it has been reported by another person (for example, by being in the room at the time). You do not need to know for certain that abuse has occurred to be obligated to report. All you need is *reasonable cause to believe* it has occurred; it is the job of the child protection agency to investigate, not yours.

  In WA State, if you suspect that a child is being abused, call the WA State Child Abuse and Neglect Hotline at (866) END HARM (866-363-4276). The operator will connect you with the right office to make your report. The hotline runs 24 hours/day, 7 days/week.
- Offer the student as much control as possible over the timing and manner of reporting. If the student wishes, for example, they could make the report themselves while you sat

at their side for support. In Washington State, if a student is not in imminent danger, you have 48 hours to make a report. You could allow them the choice to delay reporting to a child protection agency for a day in order to disclose it first to a parent or guardian (Child Protective Services, 2011).

- If you need or want support or advice for yourself or the child in reporting the abuse, seek professional help.
    - In WA State, call (866) END HARM (866-363-4276). Nationally, call the National Sexual Assault Hotline: 1–800–656–HOPE.

What to do if you get an anonymous question from a student that indicates possible abuse or exploitation.

- If you recognize the handwriting, ask that student if you can talk with them privately. Do not pressure them, but tell them that you care and that if there is anything they want help with, you can help. If the student denies writing the question, tell them that you care and want to help if they ever do need help in the future. Explain that, in the meantime, you do have to notify Child Protective Services that you received the question, even if you are not sure who wrote it.
- If you do not recognize the handwriting, call Child Protective Services for advice about whether to make a formal report.

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Appendix A: Values Based Question Protocol

Values Questions and Protocol (Re-printed from the *KNOW* HIV/STD Prevention Curriculum, 2014, with acknowledgement of and appreciation for Public Health Seattle & King County, the publishers of *FLASH*).

Questions about value-laden topics can be challenging for teachers at first glance. These questions may be directly about values, or they may concern topics about which people have strong values. This section of the introduction offers a protocol for answering value-laden questions that is accurate, helpful to students, and respectful of the broad range of values and beliefs held by students and their families. It also provides clear guidelines about when it is okay for the teacher to express their opinion, and when it is not.

Relatively **UNIVERSAL** values are those shared by 95% of families. The teacher should feel comfortable, and is in fact, obligated to teach these values. (While some people may not act in accordance with their values, they are relatively UNIVERSAL values nonetheless). Examples of relatively UNIVERSAL values that may come up in sexual health education class:

* Forcing someone to have sex with you is wrong

* Knowingly spreading disease is wrong

* It's safest and healthiest for school-age kids not to have sex (this IS universal, what IS non-universal is when it's fine to have sex)

* Taking care of your reproductive health is important

* Sex between children and adults is wrong

* Adultery is wrong

NON-UNIVERSAL values are those without consensus in the community. The teacher should not express a particular belief about these issues. Expressing their own personal values might hurt or offend a child and their family. It is the family's role to share their values with their child, not the teacher's. However, it is best practice to provide accurate information or facilitate discussion about the issues, similar to all other topics. Examples of NON-UNIVERSAL issues that have a wide range of values in the community:

* Abortion

* Birth control

* Masturbation

* Homosexuality

* Sex outside of marriage

* Cohabitation

* What age/under what circumstances it's acceptable to start having sex

* The parameters of virginity

The Values Question Protocol provides clear guidance on how to answer questions about value-laden topics:

1. Read the question verbatim or listen to it carefully.

If answering a written question, read it verbatim. If you decide to paraphrase it, make sure you are clear enough that the author of the question will recognize it as his or hers.

2. Legitimize the question.

Giving a brief affirmation encourages students to keep asking questions. It also discourages negative speculation about the asker.

"I am glad someone asked this one." "People ask me this one every year." "This question is really thoughtful (compassionate, imaginative, respectful)."

3. Identify it as a belief question. Distinguish facts from values and beliefs.

"Most of the questions you've been asking have been factual questions where I could look up an answer that the experts agree upon. This one is a values question where different people, families, and religions have different beliefs."

4. Answer the factual part of the question.

Many questions about value-laden topics have a factual component. Give accurate information about the factual part of the question, then say, “Now let’s talk about the different beliefs people might have about (insert topic).

5. Help the class describe a full range of beliefs on the topic, not their own.

Encourage the class to describe a wide range of beliefs as respectfully as they would describe their own. Do not ask students about their about their own or their families’ beliefs. It is potentially an invasion of privacy, and in Washington State, is it illegal. At first, students may only be able describe a dichotomy of values (e.g. some people believe it is wrong, while others

believe it is right.) Until students learn to describe a full range of values, the teacher will need to supplement them.

“Tell me some of the things you've heard that people believe about that." Prompt the group. "Some people believe ___? Um, hmm, and some people believe ___? Great, some people also believe…”

6. Refer to family, clergy and other trusted adults.

Encourage communication about values with family or other trusted adults.

"Because people have such different beliefs about this, I really want to encourage you to talk with an adult in your family or another trusted adult, like somebody at your community of worship, if you have one. Have a conversation within the next week, if you can, to learn more about what they believe.”

Example: “Why do people even have sex?”

“I’m so glad someone asked this question. This is not a question where there is just one right answer. Instead, people have many different beliefs about why people have sex, and when it is okay to have sex. First I want to say that no one ever has to have sex; people should only ever have sex if it is something they want to do. And, if someone does have sex, using a condom helps protect them from STDs, HIV, and potential pregnancy. Different people believe it is okay to have sex under different circumstances. For example some people think it is okay to have sex if someone is married, or if they are in a long term relationship. Some people think it is only okay to have sex if you want to get pregnant. Other people think it is okay to have sex whenever someone chooses to, as long as both people agree to, which is called “consent.” People choose to have sex for many different reasons. It’s important for you to talk with an adult in your family or someone at your community of worship, if you have one, to find out what they think about when it is okay for two people to have sex.”

Personal Questions

Students sometimes ask questions that contain a personal element. The question could be about you, such as, “How old were you the first time you had sex?” It could be about the student himself or herself, such as, “How do I know if I have HIV?” Or, it could be a personal question about someone else, such as, “I heard that Maria’s uncle has gonorrhea, is that true?”

Students ask these questions for a variety of reasons. They are curious about the trusted adults in their life. They are learning about boundaries. They are seeking to normalize their own experiences. They are applying the things they are learning in sexual health class to themselves and the people in their lives. And, they find you a credible and accurate source of information about things that are important to them.

There are many useful strategies for answering these questions in a helpful way, while also teaching about privacy and appropriate boundaries.

* Validate personal questions, just like other student questions. Be cautious about inadvertently embarrassing or shaming students for asking personal questions.

* Use personal questions as an opportunity to model and teach about healthy boundaries.

* Do not share information about your sexual experiences or history. Sometimes teachers want to share this information to set a positive example or to share a cautionary story. Even though the intent is good, it is still inappropriate to share with students. It is also less helpful to students than one might hope.

* When you decline to answer a question about yourself, follow these steps: (1) affirm that students are often curious about the adults in their life; (2) reframe the question, so that it is general, not personal; and (3) answer with factual information and/or the values question protocol.

* When students ask a written questions about themselves or someone else, paraphrase the question to the third person. Answer the question about people in general, not this specific person.

* When students ask questions out loud about themselves or someone else, remind the class about respecting people's privacy, and answer the question about people in general, not this specific person.

Example: "Have you ever used a condom?"

"I'm glad that someone asked this question. I know that you all are curious about the adults in your life, so I can understand why someone would ask me this question. However, adults should not share personal sexual information with kids, so I am not going to answer this question about myself. I can tell you that condoms are used for birth control, if two people are having sex and don't want to become pregnant, and to protect both people from getting HIV and other illnesses called STDs. If the two people having sex don't need birth control and neither of them has HIV or other STDs, they might choose not to use condoms."

Questions about Sexual Technique

Technique questions are about how to perform a sexual act. They are often worded as "How do you…", "How does a person…" or "What's the best way to…" Clearly, giving guidance about sexual performance is inappropriate. However, most questions that appear to be about technique (to adults) are just a student's way of getting more information about a topic. The intent of the question is usually "What is…" Even during those rare times when a sexual

technique question is being asked, there is usually a general factual question embedded in it that can be answered instead.

* Validate questions worded in this way, just as you would all other types of question.

* Reframe technique questions as factual questions. Answer the factual aspect of the question.

· If you think the question is really asking for information on how to perform sexual acts, let the class know that teachers, school nurses, etc. don't give sex advice. Instead, use the student's question as an opportunity to give accurate information about the topic in general.

· Your answer might include the values question protocol.

Example: "How do people have sex?"

"This question comes up every year. Let me give you a basic medical definition of the three main kinds of sex: vaginal sex is when the penis is in the vagina; anal sex is when the penis is in the butt; and oral sex is when the mouth is on the genitals. People can get HIV and STDs from all 3 types of sex, especially vaginal and anal sex, if the person they are having sex with already has HIV."

Slang in Questions

Student questions often contain slang. Most often, students use slang because it is the terminology they are most familiar with, or because they have a question about the meaning of the term. Sometimes, it is also an attempt to shock the teacher.

Slang terms range from widely used, common terms to words that some may find inappropriate or off-putting. When students use slang it is an opportunity to teach the class the medical or standard term. It is also an opportunity to maintain a respectful environment and diffuse the need to test or shock the teacher.

* Validate questions with slang, just as you would all other types of student questions.

* When reading a written question aloud, read the question verbatim. Identify the slang as such, in a non-judgmental way, and translate it into medical/standard language. Let the class know we'll all be using the medical/standard term in class.

* Assume good intent on the part of your students. Students typically use the language they have been exposed to, including by family members. Don't denigrate students for using slang; simply instruct the class to use the medical/standard term in health class.

* Handle slang as a learning opportunity, in a calm and respectful manner. This greatly reduces students need to test or shock you.

* Your answer might include the values question protocol.

* Let your administrator know, in advance, how you handle slang in your classroom.

* Slurs fall into a different category than slang. If students use a slur in sexual health class (e.g. for women, people who are gay, etc.), use the following steps: (1) validate question by saying you're glad this important topic came up; (2) identify the term as an offensive word; (3) let the class know we won't be using this word in school, ever, because it is hurtful. It is helpful to proceed as though the speaker didn't mean harm because it will help them save face and more readily adopt more respectful language.

Example: "If you get HIV does your dick fall off?"

"I'm glad someone asked this so we can talk about it. First, 'dick' is a slang word for penis. So, this person wants to know if someone gets HIV will something bad happen to their penis. The answer is no. Even though someone may have gotten HIV from having sex, the virus lives in a person's blood and makes their body weaker. It does not do something to a man or woman's genitals."

Appendix B: Guest Speaker Guidelines & Checklist

Sexual Health Education

A school may choose to use separate, outside speakers to teach different content areas or units within a comprehensive sexual health program as long as they are consistent with the AIDS Omnibus Act and Healthy Youth Act (HYA) and other applicable state laws.

"Sexual health education," as defined in the HYA and related 2005 Guidelines for Sexual Health Information and Disease Prevention, includes physiological, psychological and sociological developmental processes, communication skills related to health behaviors, health care and prevention resources, healthy relationships, and understanding of influences of society and peers on sexual relationships (see WAC 392-410-140 for more information).

Key Requirements for materials/information presented:

- Must be **medically and scientifically accurate**, i.e. information that is verified or supported by research, published in peer reviewed journals and recognized as accurate and objective by organizations such as the Centers for Disease Control and Prevention.
- **Abstinence may not be taught to the exclusion of other materials and instruction on contraceptives and disease prevention**.
- **Must be available for parents and guardians to review** at least a month in advance of instruction being provided.

In order to ensure the best outcomes for students, it is ideal that guest speakers utilize lessons and teaching methods aligned with current sexual health education research, such as avoiding the use of fear-based educational techniques.

HIV/AIDS Prevention Education

The AIDS Omnibus Act does not specifically address the use of guest speakers in the provision of HIV/AIDS Prevention Education. It does address the adoption and use of "curricula" and "materials." If an outside speaker is used to deliver all or part of the "curriculum" or "materials," the district should ensure that their presentation is in alignment with the provisions of the law.

Key Requirements for materials/information presented:

- Must be **medically and scientifically accurate**, i.e. information that is verified or supported by research, published in peer reviewed journals and recognized as accurate and objective by organizations such as the Centers for Disease Control and Prevention.
- **Must be available for parents and guardians to review** at least a month in advance of instruction being provided.

Checklist

The Guest Speaker Checklist that follows is a sample form that may be used to assess guest speakers for alignment with WA state requirements.

Guest Speakers - Sample Checklist

Speaker Preview:
Ask potential speakers to provide, in advance, as much information as possible on their presentation and materials. If a videotaped sample of the presentation is available, ask them to submit it for school/district review. Review all content prior to engaging the speaker.

Preliminary Considerations:

- What topics are covered during the presentation?
- What are the expected student learning outcomes? Are they consistent with your desired outcomes?
- How will student questions be answered during the presentation?
- Speaker credentials (e.g. professional certification, higher education degree in related topic, references, etc.) – do the speaker's credentials indicate expertise in the content area?
- Organizational affiliation – is the group's mission statement/goal consistent with the provisions of the Healthy Youth Act? If there is a religious affiliation, is the content appropriate for public school use?

During Presentations:

- Remain in the room during guest presentation
- If the presentation deviates from the agreed-upon content, thank the speaker for coming and **end the presentation.**

Presentation Design

- The presentation is engaging.
- The presenter interacts with students in a respectful and professional way and creates a safe learning environment.
- Accurate information is presented in an objective and non-biased way, i.e. does not present personal or religious values, beliefs or biases.
- The content is appropriate for a broad range of students (i.e. the content is inclusive).
- Speaker has clear student learning objectives that support student learning standards.
- Learning objectives address important concepts and skills that support healthy behavioral outcomes.

HIV/AIDS Prevention Education (AIDS Omnibus Act Compliance)

- Content is medically accurate.
- Content addresses the dangers of developing AIDS.
- Content includes transmission and prevention of HIV, including behaviors that place a person at risk of contracting HIV, and methods to avoid such risk.

Sexual Health Education (Healthy Youth Act (HYA) Compliance)

- Content is medically and scientifically accurate.
- Content is age-appropriate.
- Content is appropriate for students regardless of gender, race, disability status, or sexual orientation.
- Abstinence is not taught as the only acceptable or valid method of prevention.
- Materials are consistent with the 2005 Guidelines for Sexual Health Information and Disease Prevention, per the Healthy Youth Act.

Appendix C: Laws related to Sexual Health Education topics

Sexual Health Care for Minors
Washington State has a number of laws that ensure confidential access to health care for minors, including sexual health care, without the permission of parents or other adults. Minors have full access to contraceptive, prenatal and abortion services, access to STD testing and treatment at age 14 and older, and the ability to make an adoption plan with legal counsel. Mental health services can be accessed at age 13 and older.

Washington Law Help maintains a summary of all laws related to minors' access to health care: https://www.washingtonlawhelp.org/resource/providing-health-care-to-minors-under-washing?ref=T78qo#i3924E318-9C45-4556-F8C9-89368DAE1E74

The Guttmacher Institute maintains national and state-specific summaries of laws related to minors' access to sexual health care: https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law.

The Center for Adolescent Health & the Law maintains state-level summaries of state minor consent laws: http://www.cahl.org/state-minor-consent-laws-a-summary-third-edition/

Students' health information must be kept confidential by school personnel. Disclosing a student's health information to other school staff is a violation of privacy and may be a violation of federal HIPAA and FERPA laws. See OSPI Guidelines for more information: http://www.k12.wa.us/HealthServices/pubdocs/HealthCareDocumentGuide.pdf

Safe Surrender of Infants
Many states have enacted Safe Surrender laws in order to protect the health of infants who would otherwise be abandoned. The National Safe Haven Alliance maintains a listing of state-specific laws: https://www.nationalsafehavenalliance.org/maps/

Sexual Assault Laws and Exploitation

Schools that provide sexual health education must include information about sexual offense involving minors. RCW 28A.300.145 was amended by the legislature in 2013 to require that schools offering sexual health education must include "age-appropriate information about the legal elements of sexual [sex] offenses (under chapter 9A.44 RCW) where a minor is a victim and the consequences upon conviction."

A number of laws define illegal sexual contact and legal consent to sexual contact.

RAINN maintains state-specific information on related laws: https://www.rainn.org/laws-your-state-washington

The Washington Coalition of Sexual Assault Programs (WCSAP) maintains a webpage with laws related to sex offenses and other related crimes, as well as benefits and protections for victims: http://www.wcsap.org/rape-laws-related-statutes

The YWCA's Sexual Violence Legal Services maintains a webpage with WA laws related to sexual assault and harassment and mandatory reporting: http://www.svlawcenter.org/washington-state-laws/

Sexting

The Cyberbullying Research Center maintains a listing of state laws related to sexting: https://cyberbullying.org/sexting-laws

Age of Marriage

Age of marriage varies from state to state, as do the ages at which young people need parents' permission to marry. Cornell Law School maintains a list of state laws related to marriage: https://www.law.cornell.edu/wex/table_marriage

Equity and Civil Rights

OSPI's Office of Equity and Civil Rights works to ensure that each student has equal access to public education without discrimination. Their webpage includes laws and policies, as well as district resources related to sexual and discriminatory harassment, gender identity and expression, and other civil rights topics: http://www.k12.wa.us/Equity/default.aspx