Guidelines for the SEXUAL HEALTH EDUCATION COMPONENT of Comprehensive Health Education

CONNECTICUT STATE DEPARTMENT OF EDUCATION | JANUARY 2012

Contents

Preface

A Call to Action!

Today's students are faced with a myriad of health and mental health issues, such as unplanned teen pregnancy, suicide, depression, asthma and obesity. These health issues impede academic outcomes. Research consistently concludes that student health status and student achievement are directly connected, and that student health is one of the most significant influences on learning and achievement. Therefore, it is imperative for health education to be a prominent program of study within Connecticut schools, as outlined in Connecticut General Statutes Sections 10-16b, 10-16c, 10-19(a) and 10-19(b). Sexual health education is one vital component of a planned, ongoing and systematic health education program. These planned health programs provide an opportunity for students to receive information that promotes their health and well-being.

To help districts address sexual health education, the State Board of Education directed the Connecticut State Department of Education (CSDE) to develop a resource guide. The *Guidelines for the Sexual Health Education Component of Comprehensive Health Education* (CT Guidelines) is a companion document to the *Healthy & Balanced Living Curriculum Framework* and provides guidance to school districts when developing policies, programs, curriculum and instruction in sexual health education.

The CT Guidelines are based on the *National Health Education Standards, the National Sexuality Education Standards,* and supported by several state-level documents including the Department of Public Health's *Adolescent Health State Strategic Plan* and the CSDE's *Guidelines for a Coordinated Approach to School Health.*

The CT Guidelines are available on the CSDE's Web site at http://www.sde.ct.gov/sde/healtheducation.

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Introduction

The purpose of the *Guidelines for the Sexual Health Education Component of Comprehensive Health Education* (CT Guidelines) is to provide a framework to promote the sexual health and wellbeing of Connecticut's children and youth within a comprehensive health education program. The CT Guidelines offer guidance to local school districts for the development and implementation of sexual health education that reflects the values and norms of the local community. Sexual health education programs include age-appropriate, medically accurate information on a broad set of topics related to sexuality, including human development, relationships, decision-making, abstinence, contraception, and disease prevention (SIECUS, 2010). These developmentally appropriate programs start in prekindergarten and continue through Grade 12. The overall goal of sexual health education is to provide young people with the knowledge and skills to promote their health and well-being as they mature into sexually healthy adults (SIECUS, Guidelines, 2004).

The CT Guidelines contain information and resources to assist administrators, teachers and parents/guardians in:

- making the connection between sexual health and student health and education outcomes;
- implementing district and school policies that support medically accurate sexual health education programs that address the health needs of all students;
- identifying desired curriculum goals, objectives and student outcomes;
- developing an effective PK-12 sexual health education program using developmentally appropriate, medically-accurate and evidence-informed curricula and resources;
- implementing a sexual health education program using evidence-informed curricula, effective teaching strategies, and student assessments delivered by certified health education teachers appropriately trained in sexual health education; and
- evaluating the implementation of program goals, objectives and student outcomes.

The CT Guidelines provide direction for implementing sexual health education. These CT Guidelines are aligned with the content standards and performance indicators identified in the State Board of Education's *Healthy and Balanced Living Curriculum Framework* and are based on the *National Health Education Standards* and the *National Sexuality Education Standards*. In addition, the CT Guidelines are supported by several state-level documents, including the Department of

Public Health (DPH) *Adolescent Health State Strategic Plan* and the Connecticut State Department of Education (CSDE) *Guidelines for a Coordinated Approach to School Health* (CSH Guidelines).

Health and the Impact on Student Success

As educators have long realized, students' overall health and well-being contributes directly to their ability to learn. "Research studies over the past decade have consistently concluded that student health status and student achievement are directly connected and, in fact, that student health is one of the most significant influences on learning and achievement" (CSBE, 2009).

Addressing health and well-being is crucial in providing a foundation for Connecticut's children and youth to be fit, healthy and ready to learn. Reducing the disparities in education and health remains one of the major challenges facing the education and public health communities in Connecticut. Prominent health concerns are contributing factors in loss of instructional time among Connecticut students. This loss of instructional time results from absenteeism, dropout rates and chronic illness. Sexual health education provides students with the opportunity to acquire knowledge and develop skills that support a healthy lifestyle and encourage healthy and informed behaviors. The following national and state data reinforce the importance of implementing a sexual health education program:

- Students who reported receiving mostly Cs, Ds, or Fs were more likely to participate in higher risk behaviors, including alcohol use, tobacco use and sexual intercourse. These data reinforce the need to jointly address health and educational disparities (Connecticut School Health Survey 2009).

- High school students who received mostly As in the past year are significantly less likely than those who received mostly Bs, mostly Cs, or mostly Ds or Fs to have been absent from school for three or more days in the past six months (40.7 percent, 57.8 percent, 75 percent, 77.9 percent, respectively) (Connecticut School Health Survey 2009).

- Though African Americans only make up approximately 13 percent of the population in the United States, they make up 51 percent of all new HIV cases. Among ages 13-24, African Americans account for 61 percent of HIV infections (CDC, 2008). In Connecticut, Hispanics and African Americans are disportionately infected with HIV/AIDS and sexually transmitted diseases (STDs) (DPH, 2009).

- Approximately 750,000 women ages 15-19 in the United States become pregnant each year. Eighty-two percent of teen pregnancies are unplanned (Guttmacher Institute, 2010). Approximately 1 in 4 sexually active young adults (ages 15-24) contract an STD each year (Kaiser Family Foundation, 2006).

- Connecticut youth ages 15 to 19 make up 33 percent of the reported cases of chlamydia and 25 percent of the reported cases of gonorrhea (DPH STD Control Program, 2009).

- Research on school connectedness has demonstrated that school involvement, academic/

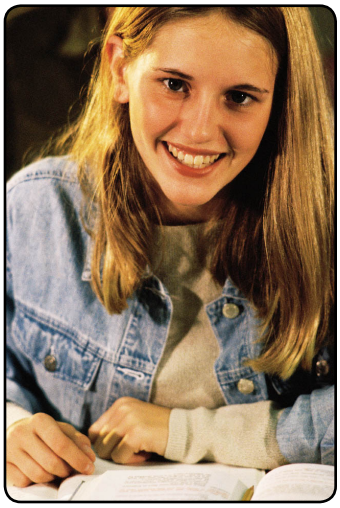
athletic performance and attachment to school provide the protective buffers against risk-taking behaviors, including sexual misconduct (McNeely, C., & Falci, C. (2004); McNeely, C., Nonnemaker, J., & Blum, R. (2002); Thompson, D., Iachan, R., Overpeck, M., Ross, J., & Gross, L. (2006).

- About 1 in 10 high school students report experiencing dating violence at some point during the 12 months before the survey (Connecticut School Health Survey 2009).
- An estimated 7,000 Connecticut high school students (4.6 percent) had sexual intercourse for the first time before age 13: 4,800 high school boys (6.1 percent) and 2,200 high school girls (2.8 percent) (Connecticut School Health Survey 2009).
- High school boys and girls who said they had been harassed on school property in the past 12 months about their perceived sexual orientation are significantly more likely than students who did not report being bullied for this reason to have felt sad or hopeless for two weeks or more in a row, to have seriously considered attempting suicide, and to have actually attempted suicide in the past year (Connecticut School Health Survey 2009).

How to use the *Guidelines for the Sexual Health Education Component of Comprehensive Health Education*

The CT Guidelines includes five sections that provide information and resources needed for planning and implementing sexual health education in Connecticut classrooms and is organized into the following sections:

Introduction
This section outlines for local school districts the purpose and rationale for inclusion of sexual health education within the context of comprehensive school health education. The introduction also provides critical data that reinforce the link between health and student success.



Section 1. Overview of Sexual Health Education
This section describes the general principles and approaches for an effective sexual health education program. Section 1 includes an overview of sexual health education through a discussion of relevant research, including health and impact on student success, implementation approaches and program efficacy of sexual health education, the status of sexual health education, and state legislative mandates.

Section 2. Components of Sexual Health Education
This section provides in-depth guidance about the sexual health education development process for local school districts. Section 2 defines sexual health education; explains characteristics

and fundamental principles of effective sexual health education; identifies evidenced-based programs; outlines program evaluation; provides policy recommendations; and provides strategies for building community support.

Section 3. Sexual Health Education Curriculum Framework
This section outlines recommended sexual health education concepts and skills that are developmentally appropriate and are aligned with the CSDE's *Healthy and Balanced Living Curriculum Framework*. Section 3 includes a narrative of the eight identified content standards; accompanying essential questions; curricular outcomes; and learner outcomes in a PK-Grade 12 continuum.

Section 4. Resources
This section identifies a sample of national and state resources that support the implementation of sexual health education.

Section 5. Appendices
References and resources are also listed at the end of each section.

References

Connecticut Department of Public Health and Connecticut State Department of Education, *Connecticut School Health Survey* (2009).

Connecticut Department of Public Health and Connecticut State Department of Education, *Connecticut School Health Survey* (2007). Retrieved on March 13, 2009 from http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388104.

Connecticut State Board of Education *Position Statement on a Coordinated Approach to School Health* (September 2, 2009). Retrieved on June 24, 2010, from http://www.sde.ct.gov/sde/LIB/sde/pdf/board/csh_position_statement.pdf.

Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services, and Adult Education. *Guidelines for a coordinated approach to school health: Addressing the physical, social, and emotional health needs of the school community* (2007). Retrieved on March 13, 2010, from http://www.sde.ct.gov/sde/LIB/sde/PDF/deps/student/Guidelines_CSH.pdf

Connecticut State Department of Education, Division of Teaching and Learning Programs and Services. (2006). *Healthy and balanced living curriculum framework: Comprehensive school health education, Comprehensive physical education*. Retrieved on March 13, 2009, from http://www.sde.ct.gov/sde/LIB/sde/PDF/deps/student/Healthy&BalancedLiving.pdf.

Connecticut Department of Public Health, Sexually Transmitted Diseases Control Program, 2009. Retrieved on September 2, 2010, from http://www.ct.gov/dph/cwp/view.asp?a=3136&q=388500.

Future of Sex Education Initiative. National Sexuality Education Standards: Core Content and Skills, K-12. Future of Sex Education Initiative, 2011. http://www.futureofsexed.org/fosestandards.html.

Guttmacher Institute, *Facts on American Teens' Sexual and Reproductive Health,* (January 2010). Retrieved on September 2, 2010, from http://www.guttmacher.org/pubs/FB-ATSRH.html

McNeely, C., & Falci, C. (2004). School connectedness and the transition into and out of health-risk behavior among adolescents: A comparison of social belonging and teacher support. *Journal of School Health , 74* (7), 284-292.

McNeely, C., Nonnemaker, J., & Blum, R. (2002). Promoting school connectedness: Evidence from the National longitudinal study of adolescent health. *Journal of School Health, 72* (4), 138-146.

SIECUS - *Sexuality Education Q & A*, Retrieved April 12, 2010, from http://www.siecus.org/index.cfm?fuseaction=page.viewpage&pageid=521&grandparentID=477&parentID=514.

SIECUS (Sexuality Information and Education Council of the US). *Adolescent Sexuality*. Retrieved on April 4, 2010, from http://www.siecus.org/index.cfm? fuseaction=Page.viewPage&pageId=620&parentID=477.

SIECUS (Sexuality Information and Education Council of the US). (2007). *State profiles: A portrait*

of sexuality education and abstinence-only-until-marriage programs in the states (Fiscal Year 2007 Edition) New York: SIECUS. Retrieved on March 16, 2009, from http://www.siecus.org/index.cfm?fuseaction=Page.viewPage&pageId=487&parentID=478.

SIECUS (Sexuality Information and Education Council of the US). (2004). *Guidelines for Comprehensive Sexuality Education: Kindergarten - 12th Grade, Third Edition*. Retrieved on March 16, 2009, from http://www.siecus.org/_data/global/images/guidelines.pdf.

SIECUS (Sexuality Information and Education Council of the US). (2004). *On The Right Track*. Retrieved on March 16, 2009, from http://www.siecus.org/_data/global/images/OnTheRightTrack.pdf.

SIECUS (Sexuality Information and Education Council of the US). *Sexuality Education Q & A*. Retrieved on March 29, 2010, from http://www.siecus.org/ index.cfm?fuseaction=page.viewpage&pageid=521&grandparentID=477&parentID=514).

Thompson, D., Iachan, R., Overpeck, M., Ross, J., & Gross, L. (2006). School connectedness in the health behavior in school-aged children study: The role of student, school, and school neighborhood characteristics. *Journal of School Health, 76* (7), 379-386.

Section 1 — Overview of Sexual Health Education

All students should have the opportunity to be fit, healthy and ready to learn. Healthy children make better students, and better students make healthy communities. Education must address the needs of the whole child. Student's physical, social and emotional development requires the same level of ongoing assessment and support as their academic development (CSDE, CSH Guidelines, 2007, p.5). Sexual health education is an essential component of students' physical, social and emotional development. "Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs and values about such important topics as identity, relationships and intimacy" (SIECUS, Guidelines, 2004, p.11). The overall goal of sexual health education is to provide young people with the knowledge and skills to promote their health and well-being as they mature into sexually healthy adults (SIECUS, Guidelines, 2004).

Sexual health education should be delivered within the context of a planned, ongoing and systematic health education curriculum. "School-based comprehensive sexuality education ideally begins in preschool or kindergarten, building upon key concepts each year until graduation from high school. It is best offered within the context of a comprehensive health curriculum and most effective when messages are reinforced by parents and the community" (Hedgepeth and Helmich, 1996, p. 2). In addition, sexual health education should be developmentally appropriate, medically accurate and use scientifically based approaches.

Medically accurate is defined as:

- information relevant to informed decision-making based on the weight of scientific evidence;
- consistent with generally recognized scientific theory;
- conducted under accepted scientific methods;
- published in peer-reviewed journals;
- recognized as accurate, objective, and complete by mainstream professional organizations; and
- the deliberate withholding of information that is needed to protect life and health (and

therefore relevant to informed decision-making) should be considered medically inaccurate (Santelli, 2008, p. 1791.) http://www.guttmacher.org/pubs/gpr/13/1/gpr130210.html

Fundamental principles

The Sexuality Information and Education Council of the United States (SIECUS Guidelines, 2004) cites the following principles as fundamental to guide the development of sexual health education programs:

Parent and Community Involvement: School-based programs must be carefully developed to respect the diversity of values and beliefs represented in the community. Parents, family members, teachers, administrators, community and faith-based leaders, and students should have an opportunity to provide input into sexual health education programs.

Being a Component of a Comprehensive School Health Education Program: Sexual health education should be offered as part of an overall health education program and can best address the broadest range of issues in the context of health promotion, social and gender equity, and disease prevention. Communities and schools should seek to integrate the concepts and messages in the *Guidelines for a Coordinated Approach to School Health* (CSH Guidelines) into their overall health education initiatives.

A Focus on All Youth: All children and youth will benefit from sexual health education regardless of gender, sexual orientation, gender identity, ethnicity, race, socioeconomic status, or disability. Programs and materials should be adapted to reflect the specific issues and concerns of the community as well as any special needs of the learners. In addition, curricula and material should reflect the cultural diversity represented in the classroom.

Well-Trained Teachers: Sexual health education should be taught by specially trained teachers. Professionals responsible for sexual health education must receive training in teaching human sexuality, including the philosophy and methodology of sexuality education. While ideally teachers should attend academic courses or programs in schools of higher education, in-service courses, continuing education classes, and intensive seminars can also help prepare sexuality educators.

A Variety of Teaching Methods: Sexual health education is most effective when young people not only receive information but also are also given the opportunity to examine their own and society's attitudes and values and to develop or strengthen social skills. A wide variety of teaching methods and activities can foster learning, such as interactive discussions, roleplaying, individual and group research, group exercises, and homework assignments (SIECUS Guidelines, 2004).

A more in-depth explanation of these fundamental principles is offered in Section 2 of the CT Guidelines.

Support for Sexual Health Education

There is broad public support for sexual health education. A vast majority of Americans support sexual health education that is medically accurate, age-appropriate and that includes information about both abstinence and contraception. They also believe that young people should be given information about how to protect themselves from unintended pregnancies and STDs (Kaiser Family Foundation, 2002). Repeated national, state and local surveys show that about 85 percent of parents support sex education in public schools (SIECUS, 2000). In Connecticut, 91 percent of the general public support sexual health education in high school and 79 percent support it in junior high. This support cuts across geography, race, ethnicity, age, income, and political and religious affiliations (Advocates for Youth and The Parisky Group, 2004).

The Guttmacher Institute reported that young people also want more information about sexuality than they are currently receiving in school. "Approximately half of students in Grades 7-12 report needing more information about what to do in the event of rape or sexual assault, how to get tested for HIV and other STDs, factual information on HIV/AIDS and other STDs, and how to talk with a partner about birth control and STDs" (Dailard, 2001). Among teenage males specifically, 30 percent do not receive any sexual health education before having sexual intercourse for the first time (Dailard, 2001).

Approaches to Sexual Health Education

According to Kirby 2002, "schools began developing programs to address adolescent sexuality during the 1970s when adolescent sexual behavior, unintended pregnancy, STDs, and their consequences were better measured and publicized. Schools responded far more dramatically when AIDS became a prominent problem in the latter part of the 1980s" (Kirby, 2002, np).

Over the ensuing decades, sexual health education has had its share of debates. Initially, critics charged that public schools were not the place for sexual health education and that it should be left to families and faith communities. Today, there is less debate about whether schools should teach sexual health education. A major national poll of the public and parents has shown that 93 percent of Americans think that sexual health education should be taught in schools (NPR/Kaiser Family Foundation/Kennedy School of Government, 2004). Much of the discussion during the last two decades has focused on *how* sex education programs should best help teens avoid or reduce their sexual risk-taking behavior. Proponents of sexual health education believe that programs should emphasize abstinence and also teach about methods of reducing sexual risks – contraception and condoms. Proponents of 'abstinence-only' approaches believe that teaching abstinence until marriage is the only way to help teens reduce sexual risks (Kaiser Family Foundation, October 2002).

It is essential that local boards of education, parents/guardians and community members have a clear understanding of the different approaches to teaching sexual health education. An approach to sexual health education is a commitment to implementing best practice based on research that effectively addresses the needs of all students in a school community. Local boards

of education have the responsibility to adopt policies that support research-based and medically accurate sexual health education programs that are compatible with community values and needs. It is the district's responsibility to implement developmentally appropriate programs with fidelity in prekindergarten through Grade 12. The CSDE has published *Guidelines for a Coordinated Approach to School Health* (2007) to assist school districts in developing, implementing and evaluating policies, practices and programs, including comprehensive health education. In addition, the *Healthy and Balanced Living Curriculum Framework* (CSDE, 2006), defines recommendations for content standards and performance indicators about what students should know and be able to do from prekindergarten to Grade 12.

SIECUS (2010) identifies the following approaches to sexual health education:

Sexual Health Education: Sexual health education programs include age-appropriate, medically accurate information on a broad set of topics related to sexuality including human development, relationships, decision-making, abstinence, contraception, and disease prevention. They provide students with opportunities for developing skills as well as learning information.

Abstinence-based: Programs that emphasize the benefits of abstinence. These programs also include information about sexual behavior other than intercourse as well as contraception and disease-prevention methods. These programs are also referred to as abstinence-plus or abstinence-centered.

Abstinence-only: Programs that emphasize abstinence from all sexual behaviors. These programs do not include information about contraception or disease-prevention methods.

Abstinence-only-until-marriage: Programs that emphasize abstinence from all sexual behaviors outside of marriage. If contraception or disease-prevention methods are discussed, these programs typically emphasize failure rates. In addition, they often present marriage as the only morally correct context for sexual activity.

Fear-based: Abstinence-only and abstinence-only-until-marriage programs that are designed to control young people's sexual behavior by instilling fear, shame, and guilt. These programs rely on negative messages about sexuality, distort information about condoms and sexually transmitted diseases (STD), and promote biases based on gender, sexual orientation, marriage, family structure, and pregnancy options. (SIECUS, *Sexuality Education Q & A*, 2010).

Effectiveness of Different Approaches to Sexual Health Education

According to Kirby (2007), research on comprehensive approaches to sexual health education has shown that:

> sexual health education that at least provides information about abstinence and contraception can delay the onset of sexual activity among teens, reduce their number of partners, and increase safer sex practices and contraceptive use when they do become sexually active; and conversely, teaching young

people about sex and contraception does not lead to early sexual activity or experimentation (Kirby, 2007, p.122-123).

In 2005, Mathematica Policy Research, Inc., a highly regarded, private research organization, released a much-anticipated federally-funded evaluation of abstinence-only-until-marriage programs. The study found "that youth in the program group were no more likely than control group youth to have abstained from sex and, among those who reported having had sex, they had similar numbers of sexual partners and had initiated sex at the same mean age" (Trenholm et. al, 2007).

In conclusion, evidence clearly demonstrates that *sexual health education* is an essential component of comprehensive health education in Connecticut schools. It is what students say they want and need, it is what teachers know their students need, it is what parents and the general public support, and it is what science says is effective. By providing developmentally appropriate sexual health education in prekindergarten through Grade 12, Connecticut schools can lay an important foundation that:

- will help young people grow up to be sexually healthy adolescents and adults;
- provides youth with the knowledge, skills, and attitudes they need to prevent HIV and other sexually transmitted infections; and
- increase young people's ability to prevent unintended pregnancies during the teen years and beyond.

Status of Sexual Health Education in Connecticut

The Connecticut State Department of Education (CSDE) has a general picture of the health education topics that are taught in Connecticut middle and high schools. Results from the *2010 Connecticut School Health Profiles* (SHP), a survey of middle and high school principals and lead health teachers supported by the Centers for Disease Control and Prevention (CDC), indicate that the vast majority of required health education courses in Grades 6-12 include instruction on HIV prevention (87 percent), human sexuality (88 percent), pregnancy prevention (78 percent) and STD prevention (87 percent) (SHP, 2008).

The SHP provides information about the specific content, quantity, or quality of HIV, STDs and pregnancy prevention instruction. With regard to HIV prevention, the survey found that 95

percent of high school health teachers and 75 percent of middle school health teachers taught abstinence as the most effective method to avoid HIV infection. Overall, schools are less likely to provide instruction on topics considered to be sensitive or controversial such as the importance of using condoms consistently and correctly (66 percent) and how to obtain condoms (56 percent). Middle school health teachers were generally less likely to teach specific HIV, STD and pregnancy prevention topics than high school health teachers.

Specific guidance on sexual health education is included Section 3 of this document.

Legislation Pertaining To Health Education Instructional Content

The following state mandates support the implementation of comprehensive school health education that includes sexual health education. There are several state statutes relating to health education instructional content. For full statutory language on health education content and family life education, refer to Appendix A.

The primary requirement is found in Section 10-16b of the Connecticut General Statutes (C.G.S.), which prescribes courses of study in public schools. A program of study in health and safety education must be offered in kindergarten through Grade 12 in a planned, ongoing and systematic fashion and include, at a minimum, human growth and development; nutrition; first aid; disease prevention; community and consumer health; physical, mental and emotional health, including youth suicide prevention; substance abuse prevention; safety, which may include the dangers of gang membership; and accident prevention. Health and safety education is included as a planned program of study and must be treated like any other content area with regard to quality of curriculum and instruction.

C.G.S. Section 10-16c directs the CSDE to develop a curriculum guide to aid local and regional boards of education in developing family life education programs within the public schools.

C.G.S. Section 10-16e states that students are not required to participate in family life education programs.

C.G.S. Section 10-19(a) requires instruction regarding the use of alcohol, nicotine, tobacco and drugs every academic year to all students in kindergarten through Grade 12 in a planned, ongoing and systematic fashion. Required content includes teaching about the knowledge, skills and attitudes required to understand and avoid the effects of alcohol, of nicotine or tobacco and of drugs on health, character, citizenship and personality development.

C.G.S. Section 10-19(b) requires that instruction in Acquired Immune Deficiency Syndrome (AIDS) be offered in kindergarten through Grade 12, during the regular school day in a planned, ongoing and systematic fashion. Parents/guardians have the right to opt their child out of such instruction.

CSDE highly recommends that family life education be a component of sexual health education. As previously stated, sexual health education should be delivered within a comprehensive school health education planned program within the context of a coordinated approach to school health. This approach provides an opportunity for school, family and community involvement in addressing sexual health and well-being of children and youth.

Connecticut requires school districts to cover human growth and development, disease prevention and AIDS education. It does not mandate sexual health education. However, national and state data strongly support the need for the inclusion of sexual health education within school health programs. According to C.G.S. Section 10-16c, the State Board of Education (SBE) must develop family life education curriculum guidelines that "shall include, but not be limited to, information on developing a curriculum including family planning, human sexuality, parenting, nutrition and the emotional, physical, psychological, hygienic, economic and social aspects of family life, provided the curriculum guides shall not include information pertaining to abortion as an alternative to family planning." Specific instruction for all curricula areas is left to the discretion of local or regional boards of education.

Parents/guardians may submit a written notification to the local or regional board of education in order to exempt their child from instruction pertaining to HIV/AIDS and family life education. Local districts should clearly define which classroom lessons specifically address HIV/AIDS and family life education. If a student is exempt from these identified lessons, it is recommended that the local district offer an alternative health education related assignment during the time when HIV/AIDS and family life education is being taught. It is further recommended that districts provide an ongoing opportunity for parents/guardians to review curricular materials prior to classroom instruction in family life education, as well as, sexual health education.

References

Advocates for Youth and the Parinsky Group. (2004). Speaking out! Connecticut's parents and other adults want comprehensive sex education in schools. http://www.advocatesforyouth.org/publications/speakingout.pdf.

Advocates for Youth. Chapter One: Cultural Components. A Youth Leader's Guide to Building Cultural Competence. Copyright © 2008 Advocates for Youth. Retrieved on March 29, 2010, from http://www.advocatesforyouth.org/index.php?option=com_content&task=view&id=503&Itemid=516.

Connecticut General Statutes. Chapter 164. http://www.cga.ct.gov/2007/pub/Chap164.htm.

Connecticut School Health Survey (2007). Retrieved on March 13, 2009, from http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388104.

Connecticut State Board of Education Position Statement on a Coordinated Approach to School Health. (September 2, 2009). http://www.sde.ct.gov/sde/LIB/sde/pdf/board/csh_position_statement.pdf.

Connecticut State Department of Education: Special Education Resources Web site. http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=320730.

Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services, and Adult Education. (2007). Guidelines for a coordinated approach to school health: Addressing the physical, social, and emotional health needs of the school community. Retrieved on March 13, 2009 from http://www.sde.ct.gov/sde/LIB/sde/PDF/deps/student/Guidelines_CSH.pdf.

Connecticut State Department of Education. CALI - Information and Resources. Retrieved on March 13, 2009, from http://www.sde.ct.gov/sde/cwp/view.asp?a=2618&q=322294

Connecticut State Department of Education, Bureau of Special Education. (2007). A parent's guide to special education in Connecticut. Retrieved on March 13, 2009, from http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Special/Parents_Guide_SE.pdf.

Connecticut State Department of Education, Division of Teaching and Learning Programs and Services. (2006). Healthy and balanced living curriculum framework: Comprehensive school health education, Comprehensive physical education. Retrieved on March 13, 2009, from http://www.sde.ct.gov/sde/LIB/sde/PDF/deps/student/Healthy&BalancedLiving.pdf

Dailard, C. (2001). Sex education: Politicians, parents, teachers and teens, Guttmacher Report on Public Policy, Volume 4, No. 1, February 2001. Retrieved on June 10, 2010, from http://www.guttmacher.org/pubs/tgr/04/1/gr040109.html.

Future of Sex Education Initiative. National Sexuality Education Standards: Core Content and Skills, K-12. Future of Sex Education Initiative, 2011. http://www.futureofsexed.org/fosestandards.html.

Hedgepeth, E. & Helmich, J. (1996). Teaching about sexuality and hiv: Principles and methods for effective education. New York: New York University Press.

Kaiser Family Foundation. (2002, October) Sex education in the US: Policy and politics, Retrieved on June 10, 2010, from http://www.kff.org/youthhivstds/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=14272.

Kirby D. (2007). Emerging answers 2007: Research findings on programs to reduce teen pregnancy and sexually transmitted diseases. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved on March 13, 2009, from http://www.thenationalcampaign.org/EA2007/EA2007_full.pdf.

Kirby, D., Laris, B.A, & Rolleri, L. (2006). Sex and hiv education programs for youth: their impact and effective characteristics. Santa Cruz, CA: ETR Associates. Retrieved on March 17, 2009, from the RECAPP Resource Center for Adolescent Pregnancy Prevention Web site at http://www.etr.org/recapp/documents/programs/SexHIVedProgs.pdf.

Kirby, D. (2002). HIV Transmission and Prevention in Adolescents. ETR Associates. Retrieved on September 3, 2010, from http://hivinsite.ucsf.edu/InSite?page=kb-07-04-03

NPR/Kaiser Family Foundation/Kennedy School of Government. (2004). Sex Education in America. Retrieved on March 13, 2009, from http://www.kff.org/newsmedia/upload/Sex-Education-in-America-Summary.pdf.

Santelli, J. S. (2008). Medical Accuracy in Sexuality Education: Ideology and the scientific Process. American Journal of Public Health: Government, Politics, and Law, 98(10):1791.

Sexuality Information and Education Council of the US (SIECUS). (2000). Fact Sheet: Public Support for Sexuality Education. Retrieved on September 2, 2010, from http://www.thebody.com/content/art2433.html

Sexuality Information and Education Council of the US (SIECUS) - Sexuality Education Q & A. Retrieved April 12, 2010, from http://www.siecus.org/index.cfm?fuseaction=page.viewpage&pageid=521&grandparentID=477&parentID=514.

Sexuality Information and Education Council of the US (SIECUS). Adolescent Sexuality. Retrieved on April 4, 2010, from http://www.siecus.org/index.cfm?fuseaction=Page.viewPage&pageId=620&parentID=477.

Sexuality Information and Education Council of the US (SIECUS). (2007). State profiles: A portrait of sexuality education and abstinence-only-until-marriage programs in the states (Fiscal Year 2007 Edition) New York: SIECUS. Retrieved on March 16, 2009, from http://www.siecus.org/index.cfm?fuseaction=Page.viewPage&pageId=487&parentID=478.

Sexuality Information and Education Council of the US (SIECUS). (2004). Guidelines for Comprehensive Sexuality Education: Kindergarten - 12th Grade, Third Edition. Retrieved on March 16, 2009, from http://www.siecus.org/_data/global/images/guidelines.pdf.

Sexuality Information and Education Council of the US (SIECUS). (2004). On the Right Track. Retrieved on March 16, 2009, from http://www.siecus.org/_data/global/images/OnTheRightTrack.pdf.

Sexuality Information and Education Council of the US (SIECUS). Sexuality Education Q & A. Retrieved on March 29, 2009, from http://www.siecus.org/index.cfm?fuseaction=page.viewpage&pageid=521&grandparentID=477&parentID=514).

Trenholm, C., Devaney, B., Fortson, K., Quay, L., Wheeler, J., & Clark, M. (2007). Impacts of four title V, Section 510 abstinence education programs: Final report. Washington, DC: Mathematica Policy Research, Inc. Retrieved on March 16, 2009, from http://www.mathematica-mpr.com/publications/PDFs/impactabstinence.pdf.

Section 2 — Components of Sexual Health Education

Defining Sexual Health Education

Sexual health education is "a lifelong process of acquiring information and forming attitudes, beliefs, and values about such important topics as identity, relationships, and intimacy" (SIECUS, Guidelines, 2004, p.13). Sexual health education programs start in prekindergarten and continue through Grade 12. These programs include age- and developmentally appropriate, medically accurate information on a broad set of topics related to sexuality, including abstinence, contraception and disease prevention. SIECUS further delineates inclusion of "sexual development, reproductive health, interpersonal relationships, emotions, intimacy, body image and gender role topics. Sexual health education addresses the biological, socio-cultural, psychological, and spiritual dimensions of sexuality from the cognitive domain (information); the affective domain (feelings, values and attitudes); and the behavioral domain (communication, decision-making, and other relevant personal skills)" (SIECUS, *On the Right Track*, 2004 p. 4). The overall goal of sexual health education is to provide young people with the knowledge and skills to promote their health and well-being as they mature into sexually healthy adults (SIECUS, Guidelines, 2004).

According to SIECUS *Guidelines for Comprehensive Sexuality Education* (2004), sexual health education has four main goals:

- to provide accurate information about human sexuality;
- to provide an opportunity for young people to develop and understand their values, attitudes, and insights about sexuality;
- to help young people develop relationships and interpersonal skills; and
- to help young people exercise responsibility regarding sexual relationships, including addressing abstinence, pressures to become prematurely involved in sexual intercourse, and a use of contraception and other sexual health measures.

Characteristics of Effective Programs

The characteristics of effective comprehensive school health education identified by the Centers for Disease Control and Prevention (CDC)/Division of Adolescent and School Health (DASH) are also applicable to sexual health education. These elements, taken together, inform the effectiveness of school policy, practice and programs. These characteristics are listed below.

Characteristics of an Effective Health Education Curriculum (CDC, 2008):

- focuses on clear health goals and related behavioral outcomes;
- is research-based and theory-driven;
- addresses individual values and group norms that support health-enhancing behaviors;
- focuses on increasing personal perceptions of risk and harmfulness of engaging in specific health-risk behaviors and reinforcing protective factors such as connectedness to school;
- addresses social pressures and influences;
- provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors;
- uses strategies designed to personalize information and engage students;
- provides age-appropriate and developmentally appropriate information, learning strategies, teaching methods, and materials;
- incorporates learning strategies, teaching methods, and materials that are culturally inclusive;
- provides adequate time for instruction and learning;
- provides opportunities to reinforce skills and positive health behaviors;
- provides opportunities to make positive connections with influential others; and
- includes teacher information and plans for professional development and training that enhance effectiveness of instruction and student learning.

In addition, Kirby identifies 17 characteristics that fall into three general categories of effective human immunodeficiency virus (HIV) and teen pregnancy prevention programs at the middle and high school level that can improve the likelihood of changing student behavior (Kirby et al., 2006).

These three categories are identified below:

1. Curricula development: involvement of multiple and varied experts, administering a needs assessment to target group, design consistent with community values and resources, use of a logic model approach and adoption of a pilot-testing phase.

2. Curricula content: based on solid theory, focuses on specific behavioral goals of preventing HIV/sexually transmitted diseases (STD)/pregnancy, gives clear messages about responsible behavior, addresses psychosocial risk and protective factors, creates a safe learning environment, uses instructionally sound, culturally relevant and developmentally appropriate learning activities that engage students.

3. Implementation of curricula: administrative support of programs, professional development and ongoing support provided for teachers, recruitment of youth, and implementation of curricula with reasonable fidelity.

Kirby found that the programs with longer-term impacts tended to be schools that implemented 12 sessions or more in a sequential fashion over multiple years. Such programs exposed youth to the curriculum over a longer period of time and had the ability to reinforce key knowledge, attitudes, and skills year after year (Kirby et al., 2006, p. 43-44).

Coupled with the CDC/DASH key elements above, Kirby's 17 characteristics provide important keys to developing a strong, well-designed program that is more likely to produce the intended results or outcomes. These characteristics are seen as a set of best practices for teen-pregnancy, HIV- and STD-prevention program development.

In addition, CDC's *Health Education Curriculum Analysis Tool (HECAT)*, "provides processes and tools to improve curriculum selection and development" (CDC, 2007, p.1). The sexual health curriculum module "contains the tools to analyze and score curricula that are intended to promote sexual health and prevent risk-related health problems, including teen pregnancy, human immunodeficiency virus infection, and other sexually transmitted diseases" (CDC, 2007 p. SH-1). This module also includes examples of concepts, skills and learning experiences that assist students in PK–Grade 12 to adopt and maintain behaviors that promote sexual health (CDC, 2007).

Developmentally Appropriate

An inherent principle of sexual health education is that it must be designed and implemented in a developmentally appropriate fashion. Like any important program, sexual health education must be thoughtfully planned, implemented and evaluated to ensure program effectiveness and

reflect the needs of the local school community. For each grade cluster, (PK–K, 1–4, 5–8, 9–12) the curriculum should reflect the developmental issues of the relevant age group and also prepare children for the upcoming stage of development.

Research by Crooks and Baur, 2008; Pierno, 2007; K, Kelly, 2003; and Society of Obstetricians and Gynecologists of Canada, 2006, indicates that children grow and develop in many different ways to become healthy and well-functioning adults, including:

- *Physically*. Their bodies grow in height and weight, and during puberty their bodies mature from that of a child to that of an adult who is capable of reproducing.
- *Cognitively*. As their brains continue to develop from birth through adolescence, young people's ability to think, organize, solve problems and predict consequences matures.
- *Psychological, Social and Emotional*. They learn how to be in relationships (family, friendships, work, and romantic) with other people; how to recognize, understand, and manage emotions; who they are and establish an identity; and that self-concept evolves over time.
- *Morally*. In response to parental, peer, community, and societal norms, children learn to distinguish right from wrong, and over time, to formulate their own system of moral values.
- *Sexually*. They learn how to become sexually healthy people, for example, they discover and/or learn how their bodies work, how they feel about their bodies, how to care for their bodies, how they perceive their gender identity, how to express their sense of their gender, who they find themselves attracted to romantically and sexually; how to be in intimate relationships; how to respect their own and others' boundaries; and how to make healthy sexual decisions (Crooks & Baur, 2008; Pierno, 2007; K, Kelly, 2003; Society of Obstetricians and Gynecologists of Canada, 2006).

(For an example of a developmentally appropriate approach to sexual health education, refer to Appendix B, Developmentally Appropriate Approach to Sexual Health Education Example.)

Social worker Angela Oswalt (2009) explains how developmental theorists such as Eric Erikson, Jean Piaget, and Lawrence Kohlberg have contributed to our understanding of child and adolescent development. Erickson's research explored the importance of children's psychological, mental and social development; Piaget studied cognitive development; and Kohlberg studied moral development. All these theories on different aspects of child development contribute to a more holistic understanding of what to expect from children at different stages (Oswalt, 2009).

A report outlining the implementation of a K-12 sexual health education program supports the case for starting sexual health education early. Sorace and Goldfarb (n.d.) observed that elementary school programs can promote children's development by helping them:

- understand, appreciate, and care for their bodies;
- develop and maintain healthy friendships and relationships;

- avoid unhealthy or exploitative experiences and relationships;
- recognize and deal with peer pressure;
- make responsible decisions; and
- understand how their behavior is linked to their beliefs about what is right and wrong.

In an age-appropriate sequence, these concepts can be built upon in middle and high school so that young people gain the knowledge and skills they need to develop a healthy sense of sexuality, which includes the ability to avoid unintended pregnancy and sexually transmitted infections throughout their lives.

In 1991, SIECUS sponsored the publication, *Guidelines for Comprehensive Sexuality Education: Kindergarten-12th Grade*, which represents the first national consensus about appropriate topics to teach at each developmental level in a sexual health education program (National Guidelines Task Force, 1992). Revised in 2004, the SIECUS Guidelines outline six key concept areas that represent the most general knowledge about human sexuality and family living:

- human development;
- relationships;
- personal skills;
- sexual behavior;
- sexual health; and
- society and culture.

These concept areas were further divided into 36 subtopics with corresponding developmental messages for four different age groups or grade clusters. The SIECUS Guidelines are not a curriculum but rather "a starting point for teacher and curriculum designers and can be used by local communities to plan new programs, evaluate existing curricula, train teachers, educate parents, conduct research, and write new materials" (SIECUS Guidelines, 2004, p. 21).

The SIECUS Guidelines, the *National Sexuality Education Standards* (2011) and the Sexual Health Component of HECAT (CDC, 2007) provide evidence of best practice in sexual health education. The *Healthy & Balanced Living Curriculum Framework*, along with these CT Guidelines provide comprehensive, developmentally appropriate guidance to local districts when developing sexual health education curriculum for Connecticut students.

Fundamental Principles of Sexual Health Education

The following fundamental principles have been adapted for Connecticut and are based on SIECUS Guidelines. The SIECUS Guidelines (2004, p. 19) identify the following principles as fun-

damental to the development of sexual health education programs:

1. parent and community involvement;
2. being part of a comprehensive health education program;
3. well-trained teachers;
4. a focus on all youth; and
5. a variety of teaching methods.

The following guidance is provided to further expand upon the definition of these fundamental principles.

1) Parent and Community Involvement

Schools alone cannot be responsible for addressing the nation's most serious health and social problems. Schools, families and communities must work collaboratively to help children become healthy productive citizens (CSDE, CSH Guidelines, 2007, p.5). Parents and guardians are their child's primary sexual health educators and have the responsibility of ensuring that their child receives developmentally appropriate information about sexual health. It is the school district's responsibility to provide a planned, ongoing and systematic health education program that addresses the needs of all students. This program should be inclusive of developmentally appropriate sexual health education. Parents and guardians have the right to opt their child out of lessons pertaining to family life and HIV/AIDS education. Each school district is responsible for having a policy in place regarding opt-out procedures. In addition, it is recommended that parents and guardians have the opportunity to learn about the sexual health education curriculum and review materials. These opportunities can be offered during school orientations, parent education night, posted on school Web sites, or shared informally throughout the school year.

School sexual health education programs must respect the diversity of values and beliefs represented in the community and meet the educational needs of all students. In order to accomplish this, one strategy may be for a district to convene an advisory committee to allow for dialogue around the sexual health education program. This committee could be a component of the school health team and may include such members as parents, family members, school nurses, teachers, administrators, students, community and faith-based leaders and representatives from HIV/AIDS organizations, teen-pregnancy prevention coalitions, family planning clinics, local health departments, and/or youth-serving organizations. The level of involvement of the advisory committee is the local school district's decision. Because there can be debate about the best way to approach sexual health education, it is particularly important to get community and parental input on this component of school health (see Appendix C, Building Community Support).

The CSH Guidelines (2007) outline strategies for organizing school health teams at the district level to bring together a broad range of school and community stakeholders. The

goal of these teams or councils is to provide a systematic approach to developing policy, as well as implementing and monitoring the various school health activities, including sexual health education. This coordinated approach:

- makes possible the communication of a variety of perspectives, interests, and concerns;
- contributes to districtwide ownership of outcomes; and
- is incorporated into district and school improvement plans as an essential element of the district's educational mission (CSDE, CSH Guidelines, 2007, p. 13).

Community involvement and input can provide the school sexual health education program with:

- an atmosphere of inclusion rather than exclusion;
- diverse perspectives;
- a base of parent and community support for the program; and
- additional expertise, support, and resources.

2) Comprehensive School Health Education Program

The CSDE *Guidelines for a Coordinated Approach to School Health* defines comprehensive school health education as a sequence of learning experiences that enable children and youth to become healthy, effective and productive citizens. A planned, sequential, PK-12 curriculum addresses the physical, mental, emotional, and social dimensions of health. The curriculum is designed to motivate and assist children and youth to maintain and improve their health, prevent disease, and reduce health-related risk behaviors, helping them to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills and practices (CSDE, CSH Guidelines, 2007).

Comprehensive school health education includes an array of topics such as (CDC, 2006):

- personal, family, community, consumer and environmental health;
- sexual health education;
- mental and emotional health;
- injury prevention and safety;
- nutrition;
- prevention and control of disease; and
- alcohol, tobacco and other drugs.

Comprehensive school health education targets the six youth-health-risk behaviors identified by the CDC's DASH, as well as protective factors and youth development initiatives. These behaviors, which are the leading causes of morbidity and mortality among youth, are tobacco use; alcohol and other drug use; intentional and unintentional injuries; lack of physical activity; unhealthy eating patterns and sexual behaviors that can lead to HIV infection; infection with other sexually transmitted diseases; and unwanted pregnancies (CDC, 2006). "These behaviors which are interrelated and preventable, are often established during childhood and adolescence and can extend into adulthood" (CSDE, CSH Guidelines, 2007).

Sexual health education is a component of comprehensive school health education programs and should be medically accurate and based on current research. It should be standards-based using national or state developed standards such as the *National Health Education Standards*, *National Sexuality Education Standards*, and the CSDE's *Healthy & Balanced Living Curriculum Framework* and should be offered as part of a planned, ongoing and systematic program taught by certified, highly qualified and effective teachers.

3) Well-Trained Teachers

Best practices in sexual health education focus on the importance of the role of teachers and ensuring that they are well trained. One of the most critical factors that influence the effectiveness of sexual health education programs is the comfort *and* skill level of the teacher. Teachers need to be well prepared to educate students about sexuality. This preparation includes a strong and comprehensive teacher pre-service program, coupled with ongoing professional development that increases knowledge, skills, and comfort level in the following areas:

- scientific and medically accurate information about human sexuality topics;
- comfort with the topic;
- cultural competence and the ability to communicate in an inclusive fashion;
- effective facilitation skills;
- creating a comfortable and safe learning environment for all students;
- using a variety of engaging teaching methods; and
- modeling universal and specific program values while not imposing their personal values related to sexuality issues (SIECUS, Guidelines, 2004).

In addition, Connecticut's *Common Core of Teaching: Foundational Skills and the Health Education* content-specific standards articulates the knowledge, skills, and qualities that Connecticut teachers need in order to prepare students to meet 21st century challenges.

Certification

Certification to teach health education at the primary or secondary level requires a PK-12 health education teaching certificate endorsement (043) or school nurse/teacher certificate endorsement (072). At the primary level (Grades K-6), an elementary teacher may deliver health education, but cannot be the sole provider per Section 10-145d-435(a) of the certification regulations. Elementary classroom teachers may provide a part of health education instruction, but a certified teacher in health education *must* also provide a portion including ongoing:

- direct instruction;
- collaboration with classroom teachers; and
- curriculum development.

At the middle and secondary level (Grades 7-12), teachers must be certified in health education or hold a school nurse/teacher certificate to teach health education.

Besides certified teachers, school health and mental health providers such as school nurses, school psychologists, school social workers and school counselors can serve as 1) in-school resource persons for health and safety education; 2) providers of counseling for at-risk students; and 3) professionals to assist classroom teachers in developing and implementing developmentally appropriate lessons (CSDE, CSH Guidelines, 2007, p. 31).

According to the *2010 Connecticut School Health Profiles*, approximately 70 percent of middle and high school health teachers desire to receive professional development on a wide range of topics related to HIV, human sexuality, pregnancy prevention and STDs. While certification is a required prerequisite, it does not guarantee that teachers will have the specific knowledge, comfort, and skills necessary to educate students about a range of specific sexual health education topics. The CSDE recommends that health educators receive specific training in teaching sexual health education that provides opportunities for increased knowledge, comfort, and skills to deliver instruction to students at specific grade levels. This foundation of training consists of college courses, institutes, and ongoing professional development.

4) A Focus on All Youth

Schools must create healthy learning communities that are physically, emotionally, and intellectually safe and secure for all school community members (CSBE, 2010). To educate, engage and meet the needs of diverse students, local school districts must incorporate beliefs and implement practices that foster understanding and respect for diverse cultures. According to Messina (1994), in providing *all youth* with relevant sexual health education, school districts must focus on many different dimensions of diversity: 1) racial and ethnic; 2) socioeconomic; 3) sexual orientation and gender identity; and 4) special education needs. These dimensions affect students' attitudes, beliefs, and values about sexuality-related issues such as family relationships, gender roles, health practices,

and sexual norms and behavior. To educate and engage diverse students in a competent manner, teachers must continually strive to be culturally competent. They must continually assess their own attitudes and potential biases, gain knowledge about their students' experiences, beliefs, and perceptions, interact and communicate in a caring respectful manner, and use culturally and linguistically relevant curriculum materials (Messina, 1994).

RACIAL AND ETHNIC DIVERSITY

According to Augustine (2004),

> "youth-serving organizations are most successful when their programs and services are respectful of the cultural beliefs and practices of the youth they serve. A culturally competent program values diversity, conducts self-assessment, addresses issues that arise when different cultures interact, acquires and institutionalizes cultural knowledge, and adapts to the cultures of the individuals and communities served. This may mean providing an environment in which youth from diverse cultural and ethnic backgrounds feel comfortable discussing culturally derived health beliefs and sharing their cultural practices."

Students' race and ethnicity is an important component of their personhood. Race and ethnicity affects students' language and communication style; health beliefs; family relationships; beliefs about sexuality; gender-role expectations; religious beliefs and practices; and many other aspects of their understanding of themselves as sexual people (Advocates for Youth, 2008).

SOCIOECONOMIC DIVERSITY

Socioeconomic background also has a profound impact on young people's health and sexuality. Socioeconomic inequities affect everything from students' basic beliefs about health to significant differences in their access to relevant health information and health care. In fact, after determining the extent of the problem in urban, suburban, and rural areas of the state, the Connecticut Health Foundation selected *eliminating racial and ethnic health disparities* as one of its three program priorities (CT Health Foundation, 2005).

SEXUAL ORIENTATION AND GENDER IDENTITY

School sexual health educators must teach with full recognition that there are young people of every sexual orientation and gender identity in their classrooms. Education about relationships, decision-making, dating violence, HIV/STD prevention, pregnancy prevention and many other topics must be relevant to *all* students. Therefore, it is important for sexual health educators to create an atmosphere in the classroom that demands respect for all students, has zero tolerance for put downs or hate speech directed to any youth, and creates safe school environments for all youth to participate fully in program activities and be integrated with required school-climate improvement plans.

"Omitting the topic of sexual orientation, or teaching about it inaccurately or insensi-

tively, is therefore likely to result in misinformation, in alienating the non-heterosexual population of a given class (Macgillivray, 2000), and in an incomplete sexuality education course (Hedgepeth and Helmich, 1996, p.18, as cited in Schroeder 2007). Teaching about sexual orientation — including heterosexuality as well as homosexuality and bisexuality — can only serve to benefit students of all orientations by debunking myths, by breaking gender-role stereotypes that are often behind homophobic beliefs, and by providing factual information alongside every other sexuality-related topic that is addressed in a sexuality education program (Macgillivray, 2000). Sexual orientation and gender identity and expression should be a component of sexual health education and be included in a developmentally appropriate fashion as specified in Section 3 of these CT Guidelines.

Sexual Orientation and Gender Identity Common Terminology and Definitions

- *sexual orientation:* Romantic and sexual attraction to people of one's same and/or other genders. Current terms for sexual orientation include gay, lesbian, bisexual, heterosexual and others.
- *bisexual:* A term used to describe a person who attraction to other people is not necessarily determined by gender.
- *heterosexual:* A term used to describe people who are romantically and sexually attracted to people of a different gender from their own.
- *homosexual:* A term used to describe people who are romantically and sexually attracted to people of their own gender. Most often referred to as "gay" or "lesbian."
- *gender:* The emotional, behavioral and cultural characteristics attached to a person's assigned biological sex. Gender can be understood to have several components, including gender identity, gender expression and gender role.
- *gender identity:* People's inner sense of their gender. Most people develop a gender identity that corresponds to their biological sex, but some do not.
- *transgender:* A gender identity in which a person's inner sense of their gender does not correspond to their assigned biological sex.

(National Sexuality Education Standards, 2011)

STUDENTS WITH DISABILITIES OR OTHER SPECIAL NEEDS

All children, including children with emotional/behavioral, physical, cognitive, communication, or learning disabilities, need accurate, developmentally appropriate information to learn about their developing sexuality (Wisconsin, 2005, p. 12). In Connecticut, the term special education refers to conditions including autism, visual and hearing impairments, physical and orthopedic disabilities, intellectual and specific learning disabilities, emotional

disturbances, speech or language impairments, traumatic brain injuries, and many other health impairments (CSDE, Bureau of Special Education, 2007, p.1). This diverse group of students has very specific learning needs that must be considered when delivering any curriculum or program content, including sexual health education.

The American School Health Association (ASHA) has adopted a resolution that supports the implementation of sexual health education for students with disabilities or other special needs. This resolution, *Quality Sexuality Education for Students with Disabilities or Other Special Needs,* also highlights vital components that ensure sexual health education is effectively delivered to those with disabilities or other special needs (ASHA, 2009).

Additionally, according to Maurer (2007), providing quality, sexual health education has many benefits for all people, and is particularly beneficial for children and youth who have developmental disabilities. The positive effects go beyond basic understanding of sexuality topics themselves and are included in the table below.

Benefits of Sexual Health Education for Students with Developmental Disabilities (Maurer 2007)

1. Self Esteem and Empowerment—Physical development and the accompanying feelings provide the sense of being a part of a larger group that shares the same issues. The realization of this fact can be very empowering for youth who are constantly viewed as different. In fact, the tangible physical changes and feelings that children and youth observe and experience may be one of the few instances in which they feel truly equal to nondisabled classmates.

2. Skill Building—Sexuality education provides information and opportunity to practice skills that assist youth in recognizing and responding to social and sexual situations appropriately.

3. Improved Communication—Youth learn to communicate without guilt or embarrassment when sexuality education provides the foundation of anatomically accurate vocabulary. When equipped with the proper terminology, youth can also describe questions, symptoms, and concerns more accurately to caregivers or healthcare providers.

4. Setting the Stage—Accurate, age-appropriate (and developmentally appropriate) sexuality education sets the stage for future topics and discussions. A framework of basic information makes topics that are more advanced easier to understand.

5. Articulating Goals—Discussions about sexuality and social skills assist youth in envisioning their future. Young people may underestimate their capabilities without these discussions. Making concrete plans toward realistic goals is easier when youth have had many opportunities for these discussions.

6. Preventing Negative Outcomes—Sexuality education provides youth with information and skills to recognize and prevent sexual abuse. It also provides a framework to understand and avoid behaviors that are socially inappropriate or illegal.

5) Teaching Methods

Sexual health education should be delivered through a variety of engaging and active teaching methodologies, including, but not limited to, small group discussions, brainstorming, role-playing for skill practice, and use of drama and literature. Because there are many individual, family, and cultural attitudes and beliefs related to human sexuality, students benefit from opportunities to reflect on what they are learning individually in journals, in small and large group discussions, and with their parents or guardians through homework assignments. Students need opportunities to personalize what they are learning in class and consider how it applies to them in their own lives.

At the classroom level, teachers must:

- create a healthy and safe learning environment by involving students in establishing group norms, modeling and enforcing those norms, demonstrating comfort with the topic, showing care, concern and being nonjudgmental;

- address the needs of all students by being open and attuned to questions, providing opportunities for students to ask questions anonymously, answering questions factually, with medical accuracy and in a developmentally appropriate fashion, referring students to health or guidance services as appropriate, and following state law and district policies regarding disclosures of sexual abuse or intimate partner violence. *Adolescent Health Care: Legal Rights of Teens* provides information on Connecticut and federal laws in areas such as mandated reporting, privacy rights, reproductive health care, medical conditions and treatments and privileged communications (Center for Children's Advocacy);

- facilitate discussion by understanding and managing group dynamics, using inclusive language, listening carefully to students, asking thoughtful open-ended questions, encouraging the sharing of ideas and perspectives by all students, discussing the range of sexual values held in society, and encouraging students to communicate with their parents or guardians and effectively use a wide variety of active learning strategies; and

- accomplish the program goals and objectives through clearly articulated lessons that present medically and scientifically accurate information, provide opportunities for students to explain their attitudes and beliefs, promote positive health beliefs, build knowledge and healthy behaviors and model skills such as refusal and responsible decision making by providing opportunities for students to practice these skills and get feedback and assess what students are learning.

The CSDE's Connecticut Accountability for Learning Initiative (CALI) has partnered with the *Leadership and Learning Center* to provide professional development in effective teaching strategies. These strategies, listed below, were developed by Marzano, et al., (2001), and are applicable to all content areas, including sexual health education.

Effective Teaching Strategies include:

1. identifying similarities and differences;
2. summarizing and note taking;
3. reinforcing effort and providing recognition;
4. homework;
5. nonlinguistic representations;
6. cooperative learning;
7. setting objectives and providing feedback;
8. generating and testing hypotheses; and
9. cues, questions, and advance organizers.

An overview of the research supporting these strategies and practical applications for the classroom can be accessed at the CSDE CALI Information and Resources Web site at http://www.sde.ct.gov/sde/cwp/view.asp?a=2618&q=322294.

Evidenced-based programs/curricula

Research shows that programs that focus on reducing sexual risk-taking behaviors and preventing HIV can be effective in delaying young people engaging in sexual intercourse (Kirby 2007). When choosing a program, school districts should ensure that the program selection is based on identified community needs and implemented with fidelity to achieve the desired outcome.

Fidelity is the extent to which a curriculum or program is delivered in accordance with the intended design.

Guidance on evidenced-based programs is offered through:

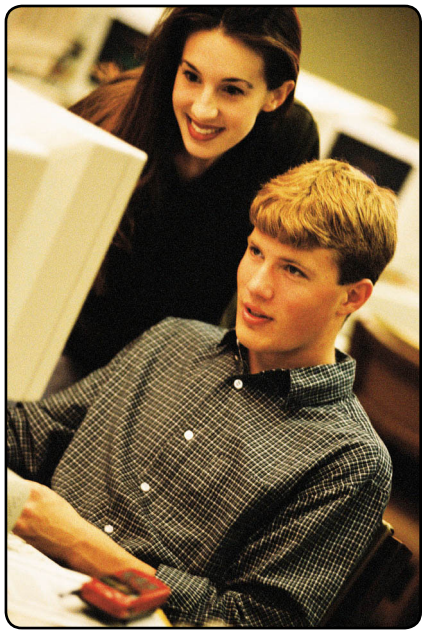
- The National Campaign to Prevent Teen and Unplanned Pregnancy: What Works 2010 Curriculum-Based Programs That Help Prevent Teen Pregnancy (http://www.thenationalcampaign.org/resources/pdf/pubs/WhatWorks.pdf); and
- United States Department of Health and Human Services: Office of Adolescent Health http://www.hhs.gov/ash/oah/

Program Evaluation

"Evaluation is a valuable means for measuring program effectiveness and determining if newly developed and existing sexuality education programs are accomplishing their goals and objectives" (Fetro, 1994, p.15). Evaluation of any program includes three types of activities: 1) identifying what needs to happen (formative evaluation); 2) examining whether and how well educational activities are being carried out (process evaluation); and 3) demonstrating effectiveness (summative or outcome evaluation) (CSDE, CSH Guidelines, 2007, p. 19).

As a component of comprehensive school health education, Fetro (1994) states that sexual health education should be evaluated systematically to determine:

- how to design and/or revise the program to meet the needs of students and the community;
- how much sexual health education is actually being taught (i.e., how much time is allocated during each grade level);
- whether the program is being implemented effectively and as planned; and
- how effectively the proscribed learning objectives are being accomplished (i.e., outcomes).



The Connecticut *Guidelines for a Coordinated Approach to School Health* (2007, p. 39) lists evaluation strategies, which have been refined and adapted for evaluation of sexual health education programs:

Formative Evaluation

- Assess educational needs by: 1) collecting baseline information about students (e.g., knowledge, behaviors and attitudes); 2) determining student interests and concerns; and 3) determining school and community needs (Fetro, 1994).
- Schedule ongoing, systematic curriculum review process, preferably every three to five years, to update medical and scientific accuracy and program effectiveness.
- Determine whether new curriculum goals have emerged; for example, the role of the Internet and other technology and their impact on young people's communication, relationships, and risk-taking behaviors.
- Conduct ongoing grade-level formative assessments.

Ask questions such as:

- What are the program goals/objectives?
- What resources already exist to meet these goals/objectives – both within the school and community?
- What is required by the State Department of Education or local school board?
- What specific sexual health education curriculum has been chosen for the program? If an evidence-based curriculum was chosen, is it being implemented with fidelity?
- If curriculum materials are being developed or adopted, do they incorporate Kirby's key characteristics of evidence-based curricula (2007), as appropriate?

Process Evaluation

- Monitor the program to determine implementation and program delivery.
- Analyze course enrollment (e.g., determine number of classes offered and number of students enrolled).
- Use surveys of students' knowledge, attitudes, skills and behaviors, focus group interviews with students, teachers, parents, and administrators, classroom observations, and meetings to gather data on perceptions of program strengths, weaknesses and needs; preferences regarding classroom resources; and the relevance of topics or objectives.
- Assess teacher competency.

Ask the following questions:

- Is sexual health education consistently offered across the grade levels and the district? What are the gaps or overlaps? What topics are being covered in each grade level?
- Is there adequate time and are there adequate materials and supplies provided for the delivery of sexual health education?
- Are information and materials up-to-date, developmentally appropriate, and medically and scientifically accurate?
- What recommendations do health education teachers and classroom teachers have for improvement in curriculum, classroom instruction and student assessment?
- What recommendations do students have for program improvement?
- What is the comfort level of the health education teachers and classroom teachers delivering the curricula?

- Are the health education teachers and classroom teachers effective and highly qualified?
- Is sufficient professional development in sexual health education offered to teachers, administrators, and health and mental health professionals?
- In addition to professional development training, what support is provided for health education teachers and classroom teachers?
- How can implementation of sexual health education programs be improved?

Outcome evaluation

- Conduct ongoing, developmentally appropriate grade-level summative (or outcome) assessments.
- Administer pre- and post-surveys to determine changes in students' knowledge, attitudes, skills, and behavioral intentions.
- Conduct in-depth interviews with school staff and focus groups with students and teachers to identify their perceptions of the impact of the program.
- Examine multiple sources of data to inform curriculum content, skill focus and program delivery (e.g., *Connecticut School Health Survey* and other appropriate state and local health data).

Ask the following questions:

- Is the sexual health education program meeting its objectives?
- How effective is the program at each grade level?
- What are the specific effects or outcomes of the program?
- How do teachers and other school personnel think the program has affected students?
- How do students think the program has affected them?

For schools, evaluating behavior change (outcome evaluation) is the most challenging.

According to the CSH Guidelines, "each district may have different outcome questions based on their specific priorities. These questions cannot be answered without baseline data such as the informational data obtained in a needs assessment. Conducting outcome evaluations can require special skills, primarily because it is difficult to determine whether improved outcomes can be attributed to the program or other factors in the community, such as a media campaign. A local health department or university may be able to assist districts in identifying and conducting appropriate outcome evaluations"

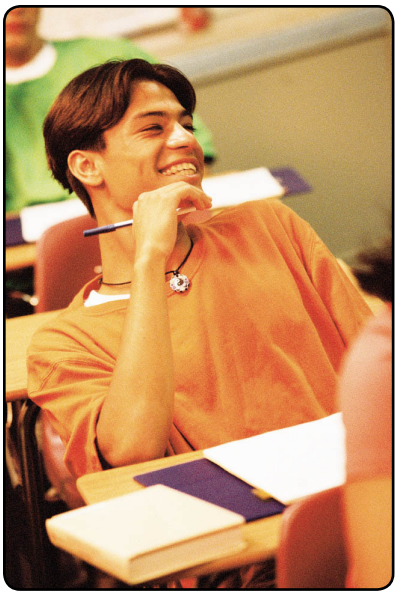
(CSDE, CSH Guidelines, 2007, p. 19).

Many school districts rely on the biannual administration of the Centers for Disease Control and Prevention's Youth Risk Behavior Survey (YRBS) as one data source to assess progress in student health behaviors. The YRBS asks students a number of questions about sexual behavior and allows state departments of education and local education agencies (typically larger cities) to compare the status of adolescent health nationally. In Connecticut, the YRBS is called the Connecticut School Health Survey, and is co-administered by the State Departments of Education and Public Health. Results from this survey can be accessed at the Connecticut Department of Public Health Web site at http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388104&dphNav_GID=1832.

The Connecticut School Health Survey is one source of data, and it is recommended that local districts examine multiple sources of data to determine health-risk behavioral trends in youth and adolescents that will inform their school health policies and programs (teen birth rates, STD rates, school dropout, access to reproductive health care).

Policy Recommendations

In summary, the CSDE has outlined eight key policy recommendations to support implementation of comprehensive school health education. Similar policies that support the fundamental principles stated above should be established for a sexual health education program.



Adapted from the CSH Guidelines, 2007, these policy recommendations include:

1. Certified teachers. Sexual health education should be taught by certified, highly qualified, effective teachers. Connecticut's *Common Core of Teaching: Foundational Skills* and the Health Education content specific standards articulates the knowledge, skills and qualities that Connecticut teachers need in order to prepare students to meet the challenges of the 21st century.

2. Curriculum guidelines. The district should have guidelines for the development, review and adoption of curriculum. The CSDE's *Healthy and Balanced Living Curriculum Framework* is a best practice document, based on the *National Health Education Standards* and created to guide school districts' development of school health education, including sexual health education curriculum.

3. Standards-based program. Sexual health education should be offered as part of a planned, ongoing, systematic, sequential, and standards-based school health education program. Stan-

dards represent an articulation of what a student should know and be able to do (CSDE, 2006). The *Healthy & Balanced Living Curriculum Framework*, the *Guidelines for the Sexual Health Education Component of Comprehensive Health Education,* and the *National Sexuality Education Standards* provide information-based and skills-based content standards and performance indicators that promote behavior change and health literacy for students in prekindergarten–Grade 12.

4. Sufficient time and resources. The district should allocate sufficient time and resources for effective instruction. Based on research and best practice, the CSDE highly recommends that at a minimum, students in prekindergarten–Grade 4 receive a minimum of 50 classroom hours in health education per academic year and students in Grades 5-12 receive a minimum of 80 hours in health education per academic year (CSDE, CSH Guidelines, 2007). Within those allotted times it is recommended that 12 or more class sessions be dedicated to sexual health education in order to achieve longer-term impacts (Kirby et al., 2006).

5. Attention to diverse learning needs. Sexual health education should offer multidisciplinary, multicultural perspectives and provide learning opportunities for multiple learning styles, including instruction and classroom materials that address the needs of all children and youth.

6. Ongoing professional development. The district should provide ongoing, timely professional development related to sexual health education for teachers, program administrators, and school health and mental health providers. School districts should assess and address teachers' knowledge, skill and comfort level to ensure effective delivery of this instruction.

7. Alignment of curriculum, instruction and assessment. Sexual health education curriculum, instruction and assessment should be aligned. The alignment of curriculum, instruction and assessment ensures that classroom implementation and student assessment are consistent and that student assessment strategies measure whether students have attained curriculum objectives.

8. Program review. The health education program should be reviewed on a regular basis, at a minimum of every three to five years, to determine if content and materials need to be updated or revised. This includes reviewing educational materials that are used in the program.

9. Program evaluation. The district should conduct regular evaluation of the health education program at a minimum of every three to five years. Sexual health education programs should be evaluated systematically to determine how much of the curriculum is being delivered and whether instruction is consistent with the planned curriculum.

(Adapted from CSDE, CSH Guidelines, 2007, p. 30)

References

2009 Guidelines for Identifying Children with Learning Disabilities Executive Summary. (June 2009). Connecticut State Department of Education. http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Special/2009_LDGuide_ExSum.pdf.

Adolescent Sexuality. Retrieved on March 31, 2010, from http://www.siecus.org /index.cfm?fuseaction=Page.viewPage&pageId=620&parentID=477.

Advocates for Youth and the Parinsky Group. (2004). Speaking out! Connecticut's parents and other adults want comprehensive sex education in schools. http://www.advocatesforyouth.org/publications/speakingout.pdf.

Advocates for Youth. Chapter One: Cultural Components. A Youth Leader's Guide to Building Cultural Competence. Advocates for Youth, 2008. Retrieved on March 29, 2010, from http://www.advocatesforyouth.org/index.php?option=com_content&task=view&id=503&Itemid=516.

American School Health Association (ASHA). (2009). Quality Sexuality Education for Students with Disabilities or Other Special Needs. Kent, OH. Retrieved on April 9, 2010, from http://www.ashaweb.org/files/public/Resolutions/Quality_Sexuality_Education_Disabilities.pdf.

APA Module – LGBQ.

Augustine, Jennifer. (2004) Creating Culturally Competent Programs. Transitions: Serving Youth of Color; Volume 15, No. 3, January 2004. By Jennifer Augustine, MPH, CHES, Program Manager, HIV/STI Prevention Programs, Advocates for Youth. Retrieved on April 9, 2010, from http://www.advocatesforyouth.org/index.php?option=com_content&task=view&id=715&Itemid=336.

Burrill, M. (2009). All God's children: Teaching Children About Sexual Orientation and Gender Diversity. Fort Wayne, IN: LifeQuest, Inc.

Center for Children's Advocacy: Medical Legal Partnership Project. Adolescent Health Care: Legal Rights of Teens. (2008). Hartford, Connecticut. www.kidscounsel.org

Centers for Disease Control and Prevention (CDC). Health Education Curriculum Analysis Tool (HECAT). (2007). Atlanta, GA. Retrieved on April 16, 2010, from http://www.cdc.gov/healthyyouth/HECAT/index.htm

Centers for Disease Control and Prevention (CDC) Characteristics of an Effective Health Education Curriculum. (2008). Retrieved on April 16, 2010, from http://www.cdc.gov/healthyyouth/SHER/characteristics/index.htm.

Chrisman, K. & Couchenour, D. (2002). Healthy Sexuality Development: A guide for Early Childhood Educators and Families. Washington, DC: National Association for the Education of Young Children.

Compendium of HIV Prevention Interventions with Evidence of Effectiveness. CDC's HIV/AIDS

Prevention Research Synthesis Project. (November 1999). (Revised on August 31, 2001). http://www.cdc.gov/hiv/resources/reports/hiv_compendium/pdf/HIVcompendium.pdf.

Compendia of Science-Based Programs http://www.etr.org/recapp/documents/programs/CompendiumSciencebasedPrograms.pdf

Connecticut Health Foundation. (2005). Pathways to equal health: Eliminating racial and ethnic health disparities in Connecticut. Recommendations of the Connecticut health foundation's policy panel on racial and ethnic disparities. Retrieved on March 13, 2009, from http://www.cthealth.org/matriarch/documents/racialethnicpanel.pdf.

Connecticut School Health Survey (2007). Retrieved on March 13, 2009, from http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388104.

Connecticut State Board of Education Position Statement on a Coordinated Approach to School Health. (September 2, 2009). http://www.sde.ct.gov/sde/LIB/sde/pdf/board/csh_position_statement.pdf.

Connecticut State Department of Education: Special Education Resources Web site. http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=320730.

Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services, and Adult Education. (2007). Guidelines for a coordinated approach to school health: Addressing the physical, social, and emotional health needs of the school community. Retrieved on March 13, 2009, from http://www.sde.ct.gov/ sde/LIB/sde/PDF/ deps/student/Guidelines_CSH.pdf.

Connecticut State Department of Education. CALI - Information and Resources. Retrieved on March 13, 2009 from http://www.sde.ct.gov/sde/cwp/view.asp?a=2618&q=322294

Connecticut State Department of Education, Bureau of Special Education. (2007). A Parent's Guide to Special Education in Connecticut. Retrieved on March 13, 2009, from http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS /Special/Parents_ Guide_SE.pdf.

Connecticut State Department of Education, Division of Teaching and Learning Programs and Services. (2006). Healthy and Balanced Living Curriculum Framework: Comprehensive School Health Education, Comprehensive Physical Education. Retrieved on March 13, 2009, from http://www.sde.ct.gov/sde/LIB /sde/PDF/ deps/ student/Healthy&BalancedLiving.pdf.

Crooks, R. & Baur, K. (2008). Our Sexuality, Tenth edition, Belmont, CA: Thomson Learning Inc.

Dailard, C. (2001). Sex education: Politicians, Parents, Teachers and Teens, Guttmacher Report on Public Policy, Volume 4, No. 1, February 2001. Retrieved on June 10, 2010, from http://www.guttmacher.org/pubs/tgr/04/1/gr040109.html.

Darroch JE et al. (2000). Changing emphases in sexuality education in U.S. public secondary schools, 1988–1999, Family Planning Perspectives, 32(5):204–211 & 265.

Emerging Answers 2007 (http://www.thenationalcampaign.org/EA2007/EA2007_Full.pdf.

Fetro, J.V., (1994). Evaluating sexuality education programs. In J.C. Drolet & K. Clark (Eds.), The sexuality education challenge: Promoting healthy sexuality in young people. (pp. 555-581). Santa Cruz, CA: ETR Associates.

Future of Sex Education Initiative. National Sexuality Education Standards: Core Content and Skills, K-12. Future of Sex Education Initiative, 2011. http://www.futureofsexed.org/fosestandards.html.

GLSEN. (2008). The 2007 national school climate survey: The experiences of lesbian, gay, bisexual, and transgender youth in our nation's schools. New York: Gay, Lesbian and Straight Network. Retrieved from http://www.glsen.org/binary-data/GLSEN_ATTACHMENTS/file/000/001/1290-1.pdf

Goode T, Jones W, Mason J. (2002). A Guide to Planning and Implementing Cultural Competence: Organizational Self-Assessment. Washington, DC: National Center for Cultural Competence, Georgetown University, Child Development Center.

Hedgepeth, E. & Helmich, J. (1996). Teaching About Sexuality and HIV: Principles and Methods for Effective Education. New York: New York University Press.

Holt, Rinehart & Winston. (2005). Sexuality and Society. Austin, Texas: Harcourt Education Company.

Kaiser Family Foundation. (2002). Sex Education in the US: Policy and Politics. Retrieved on June 10, 2010, from http://www.kff.org/youthhivstds/ loader.cfm?url=/commonspot/security/getfile.cfm&PageID=14272.

Kelly, G.E. (2003). Sexuality Today: The Human Perspective Updated Seventh Edition. New York: McGraw Hill Higher Education.

Kirby D. (2007). Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved on March 13, 2009, from http://www.thenational-campaign.org/EA2007/ EA2007_full.pdf.

Kirby, D., Laris, B.A, & Rolleri, L. (2006). Sex and HIV Education Programs for Youth: Their impact and Important Characteristics. Santa Cruz, CA: ETR Associates. Retrieved on September 8, 2010, from http://www.etr.org/recapp/documents/programs/SexHIVedProgs.pdf

Kirby, D., Rolleri, L. &Wilson, MM. (2007). Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs. Washington, DC: Healthy Teen Network. http://healthyteennetwork.org/vertical/Sites/%7bB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7d/uploads/%7bAC34F932-ACF3-4AF7-AAC3-4C12A676B6E7%7d.PDF.

Klopp, R. & S. Miguel. (2003). Teens Campaign for Better Sex Education. SIECUS Report, 31(4), pp. 34-35.

Marzano, R. (2007). The Art and Science of Teaching. Alexandria, VA: Association for Supervision

and Curriculum Development.

Marzano, R. Pickering, D. & Pollock, J. (2001). Classroom instruction that works: Research based strategies for increasing student achievement. Alexandria, VA: Association for Supervision and Curriculum Development.

Maurer, L. (2007). Teaching Sexuality to Developmentally Disabled Youth. What Do I Say? How Do I Say It? ETR Associates, 2007-2009. Retrieved on March 29, 2010, from http://www.etr.org/recapp/index.cfm?fuseaction=pages.EducatorSkillsDetail&PageID=96

Messina, S. (1994). A youth leader's guide to building cultural competence. Report. Washington, DC: Advocates for Youth. Retrieved on March 13, 2009, from http://www.advocatesforyouth.org/publications/guide.pdf.

Michigan LGBQ resource: Safe Schools.

Neutens, J.J., Drolet, J.C., Dushaw, M., Jubb, W., eds. Sexuality Education Within Comprehensive School Health Education. 2nd ed. Kent, OH: American School Health Association. (2003). (Greenberg, J.S. Controversy Regarding Sexuality Education).

NPR/Kaiser Family Foundation/Kennedy School of Government. (2004). Sex Education in America. Retrieved on March 13, 2009, from http://www.kff.org/newsmedia/upload/Sex-Education-in-America-Summary.pdf.

Oswalt, A. (2009). Child and Adolescent Development Overview: An Overview of Child Development Theories. Retrieved on March 17, 2009, from Austin Travis County Mental Health Mental Retardation Center Web site at http://resources.atcmhmr.com/poc/view_doc.php?type=doc&id=7918&cn=28

Parello et al. (2000). The Roadmap: A Teen guide to Changing Your School's Sex Ed. Piscataway, NJ: Network for Family Life Education (Answer at Rutgers University). Retrieved in March 2009 from http://www.sexetc.org/file/roadmap/roadmap_all.pdf.

Pierno, K. (2007). Theories and approaches: Adolescent development. Retrieved on March 17, 2009, from http://www.etr.org/recapp/index.cfm?fuseaction=pages.TheoriesDetail&PageID=12&PageTypeID=8

http://www.etr.org/recapp/index.cfm?fuseaction=pages.TheoriesDetail&PageID=336

Schroeder, Elizabeth, MSW, Ed.D., Addressing Sexual Orientation in New Jersey High Schools: An Exploratory Study. (2007).

Science Based Approaches and Research http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebphome

Sexuality Information and Education Council of the US (SIECUS). Adolescent Sexuality. Retrieved April 12, 2010, from http://www.siecus.org/index.cfm?fuseaction=Page.viewPage&pageId=62

o&parentID=477.

Sexuality Information and Education Council of the US (SIECUS). (2007). State Profiles: A portrait of Sexuality Education and Abstinence-only-until-marriage Programs in the States (Fiscal Year 2007 Edition) New York: SIECUS. Retrieved on March 16, 2009, from http://www.siecus.org/index.cfm?fuseaction= Page.viewPage&pageId=487&parentID=478.

Sexuality Information and Education Council of the US (SIECUS). (2004). Guidelines for Comprehensive Sexuality Education: Kindergarten - 12th Grade, Third Edition. Retrieved on March 16, 2009 from http://www.siecus.org/_data/global/images/guidelines.pdf.

Sexuality Information and Education Council of the US (SIECUS). (2004). On the Right Track. Retrieved on March 16, 2009 from http://www.siecus.org/_data/global/images/OnTheRightTrack.pdf.

Sexuality Information and Education Council of the US (SIECUS). Sexuality Education Q & A. Retrieved on March 2, 2009, from http://www.siecus.org/index.cfm?fuseaction=page.viewpage&pageid=521&grandparentID=477&parentID=514).

Society of Obstetricians and Gynecologists of Canada. (2006). Sexuality and Child Development. Retrieved on March 17, 2009, from http://www.sexualityandu.ca/professionals/sexuality-child.aspx.

Sorace, D. & Goldfarb, E. (n.d.) A Community Response to Improving Sex Education. (An internal report). NJ: Answer at Rutgers University.

Sowers, J. G. (1994) Guidelines for Dealing with Resistance to Comprehensive Health Education. Sowers Associates, Hampton, NH.

State Advisory Council on Special Education http://ctsac.org/index.cfm?event=resources.

The National Campaign to Prevent Teen and Unplanned Pregnancy: What Works 2010 Curriculum-Based Programs That Help Prevent Teen Pregnancy. Retrieved on April 16, 2009 from http://www.thenationalcampaign.org/resources/pdf/pubs/WhatWorks.pdf

The National Campaign to Prevent Teen and Unplanned Pregnancy. (n.d.). Why It Matters: Teen Pregnancy and Education. Retrieved on March 15, 2009, from: http://www.thenationalcampaign.org/why-it-matters/pdf/education.pdf.

Trenholm, C., Devaney, B., Fortson, K., Quay, L., Wheeler, J., & Clark, M. (2007). Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report. Washington, DC: Mathematica Policy Research, Inc. Retrieved from: http://www.mathematica-mpr.com/publications/PDFs/impactabstinence.pdf.

Wisconsin Department of Public Instruction, Human Growth and Development: A Resource Packet (4th Edition). (2005).

Yarber, W.L., (1994). Past, present and future perspectives on sexuality education. In J.C. Drolet

& K. Clark (Eds.), The Sexuality Education Challenge: Promoting Healthy Sexuality in Young People. (pp. 3-28). Santa Cruz, CA: ETR Associates.

Section 3 — Sexual Health Education Curriculum Framework

The Sexual Health Education Curriculum Framework includes eight content standards that mirror the Connecticut State Department of Education's *Healthy & Balanced Living Curriculum Framework* and are specific to sexual health education. Each standard is prefaced with a narrative that provides a foundation and an explanation of the performance indicators identified within the standard, an essential question and a curricular outcome. These performance indicators build upon the existing indicators listed in the *Healthy & Balanced Living Curriculum Framework*.

The Sexual Health Education Curriculum Framework, a companion document to the HBLCF, is to be used as a resource when developing curriculum, programs and instruction in sexual health education.

The Eight Content Standards

- Content Standard 1: Core Concepts: Physical, Mental, Emotional and Social Growth and Development
- Content Standard 2: Accessing Health Information and Resources
- Content Standard 3: Self-Management of Healthy Behaviors
- Content Standard 4: Analyzing Internal and External Influences
- Content Standard 5: Communication Skills
- Content Standard 6: Decision-Making Skills
- Content Standard 7: Goal-Setting Skills
- Content Standard 8: Advocacy

Content Standard 1: Core Concepts: Physical, Mental, Emotional and Social Growth and Development

Narrative: The intent of this standard is to provide a foundation of knowledge about the interrelationships of physical, emotional, and cognitive growth and development on behavior and health, interactions within the human body and the prevention of diseases and other health problems. Comprehension of current health information enables students to become health-literate, self-directed learners, which establishes a foundation for healthy and balanced living. The following topics will be addressed in relation to sexual health education: human growth and development; injury and disease prevention; mental and emotional health; relationships; community/environmental health; and alcohol, tobacco and other drugs.

Essential Question: What do I need to know about my growth and development and its relationship to that of others to stay healthy?

Curricular Outcome: Students will comprehend concepts related to physical, mental, emotional, and social development and the impact on self and others.

By Kindergarten, students will:	By Grade 4, students will:	By Grade 8, students will:	By Grade 12, students will:
P.1.1 Identify displays of affection with appropriate people and situations	E1.1 Describe and demonstrate appropriate ways to express affection with different people in various situations	M.1.1 Examine appropriate and healthy ways to express affection, love, friendship and concern	H.1.1 Compare, contrast and analyze appropriate ways to express needs, wants and feelings in relationships
P.1.2a Describe similarities and differences between self and others and understand that the body is good and special	E.1.2a Identify characteristics of positive self-esteem and self-respect	M.1.2.a Explain how body image and self-esteem can impact decision-making regarding sexual behaviors	H.1.2. Analyze and evaluate the impact that self-esteem and self-respect have on decision-making regarding sexual behaviors.
P.1.2.b Describe all of the qualities and characteristics that make them special (physical, emotional, mental)	E.1.2.b Explain the likely impact of good health habits on self-esteem and how a person feels about his/her body		

By Kindergarten, students will:	By Grade 4, students will:	By Grade 8, students will:	By Grade 12, students will:
P.1.2.c Identify and describe functions of body parts (e.g. stomach, feet, hands, ears, eyes, mouth) and identify those parts of the body that are considered private	E.1.2.c Use proper names for body parts including gender specific anatomy	M.1.2.c Describe male and female reproductive and sexual systems and how they work	H.1.2.c Describe how the reproductive, endocrine, nervous and sexual systems work together
	E.1.2.d Explain that puberty, human growth and development can vary considerably	M.1.2.d Describe puberty and the process of human reproduction	
	E.1.2.e Describe the physical and emotional changes that occur during puberty	M.1.2.e. Describe the interrelationship of mental, emotional, social and physical health during puberty and adolescence	
P.1.3.a Describe different types of families	E.1.3.a Describe healthy families and a healthy family environment	M.1.3 Examine how families may change over time, and the impact these changes may have on the family structure and individual members	H.1.3 Evaluate how families can influence the health of individuals
P.1.3.b Identify how families can influence personal health	E.1.3.b Describe how families may change over time and the impact those changes may have		
P.1.4 Describe characteristics of a friend	E.1.4 Discuss qualities of a healthy relationship	M.1.4.a Compare and contrast the characteristics of healthy and unhealthy relationships	H.1.4.a Analyze factors that may contribute to a healthy and unhealthy relationship
		M.1.4.b Analyze the differences and similarities between friendships and romantic relationships	
P.1.5.a Describe a healthy and safe environment	E.1.5 Examine how physical, social, cultural and emotional environments influence personal health	M.1.5.a Analyze ways in which the physical, social, cultural and emotional environment and personal health are interrelated.	H.1.5 Analyze how physical, social, cultural and emotional environments may influence sexual health

By Kindergarten, students will:	By Grade 4, students will:	By Grade 8, students will:	By Grade 12, students will:
	E.1.6 Explain the importance of setting and respecting personal boundaries	M.1.6. Describe healthy and unhealthy dating practices (e.g. values, culture, dating violence)	H.1.6.a Compare and contrast healthy and unhealthy dating practices (e.g. values, culture, dating violence)
			H.1.6.b Analyze the impact of cultural change through the generations on sexual health issues
P.1.6.c Describe appropriate and inappropriate touch	E.1.6.c Explain that everyone, including children, have a right to tell others not to touch their body when they do not want to be touched		H.1.6.c Define and describe healthy sexuality and sexual expression throughout the life span
			H.1.6.d Research and analyze data about sexual behavior among teenagers
		M.1.6.e Differentiate between gender identity, sexual orientation, and the concept of gender roles	H.1.6.e Differentiate between biological sex, sexual orientation and gender identity
	E.1.6.f Describe different ways in which people express their gender (e.g., dress, play, choice of jobs)		H.1.6.f Differentiate between sexual orientation, behavior and identity
P.1.7 Identify and practice behaviors that help to prevent disease and other health problems	E.1.7 Identify and discuss personal behaviors that protect from disease.	M.1.7.a. Explain the value of abstinence and/or choosing to abstain after having already engaged in sexual activity	H.1.7.a Describe situations in which someone might choose to abstain from sexual activity after already engaging in the behavior, and assess the barriers that might be encountered in implementing this decision.
		M.1.7.b. Identify the methods of contraception and how they work	

By Kindergarten, students will:	By Grade 4, students will:	By Grade 8, students will:	By Grade 12, students will:
		M.1.8 Identify and discuss the impact of teenage pregnancy and parenthood (e.g. future goals, financial, graduation, college)	H.1.8.a Research and analyze the impact of teenage pregnancy and parenthood on society H.1.8.b Compare and contrast the legal rights and responsibilities of adolescents about pregnancy and parenting H.1.9 Discuss important health assessments, screenings and examinations that are necessary to maintain reproductive health throughout the lifespan (e.g. testicular self-examinations, breast self-examinations and Pap smears)
P.1.10 Discuss germs and their connection to illness	E.1.10 Define the terms communicable (infectious) and non-communicable (non-infectious) diseases and identify ways to help prevent disease (e.g. HIV/AIDS)	M.1.10 Discuss HIV/STD and hepatitis infections as it relates to higher risk behaviors, modes of transmission and prevention methods	H.1.10.a Analyze the modes of transmission, prevention methods, signs and symptoms, testing and treatments for HIV/STD infections H.1.10.b Research and analyze the demographic and impact of HIV/AIDS on different populations and in different regions of the world H.1.10.c Examine the stereotypes and discrimination that exist and describe the impact this has on people living with HIV/AIDS and other communicable diseases

Content Standard 2: Accessing Health Information and Resources

Narrative: This standard addresses the ability of the learner to enhance health and to access valid health information, products and services. Critical thinking involves the ability to identify valid health information and to analyze, select and access reliable health-promotion products and services.

Essential Question: How and where do I find valid sexual health information and resources?

Curricular Outcome: Students will demonstrate the ability to access valid sexual health information, products and services.

By Kindergarten, students will:	By Grade 4, students will:	By Grade 8, students will:	By Grade 12, students will:
P.2.1 Identify characteristics of a trusted adult	E.2.1 Identify a trusted adult who can provide accurate information about puberty and personal hygiene	M.2.1 Identify a trusted adult who can provide accurate information about puberty, adolescent development and sexuality	H.2.1 Analyze and evaluate service providers and resources for health care services related to sexual health (e.g. counseling, testing, school based health centers, pediatrician, reproductive health care)
P.2.2 Demonstrate the ability to seek health information from trusted adults	E.2.2 Demonstrate the ability to locate resources at home, school and in the community that provide valid health information	M.2.2 Distinguish between reliable and unreliable sources of information on sexual health (e.g. internet and social media)	H.2.2 Analyze and evaluate medically accurate and reliable information about sexual health (e.g. internet and social media)
P.2.3 Demonstrate the ability to seek help from trusted adults	E.2.3 Discuss existing laws that are intended to protect young people from being exploited, harassed or bullied	M.2.3.a Identify the process for getting help and to report sexual harassment, sexual assault, child abuse, human trafficking, bullying and other types of violence M.2.3.b Discuss the legal age of consent for sexual behaviors in Connecticut	H.2.3 Analyze existing laws and policies designed to protect young people from sexual harassment, sexual assault, child abuse, human trafficking, sexual exploitation, bullying and other types of violence

Content Standard 3: Self-Management of Healthy Behaviors

Narrative: The intent of this standard is the achievement of self-initiated behaviors that promote a healthy and balanced life. Health-promoting strategies will use knowledge and skills that help students become critical thinkers and effective problem-solvers with a goal of achieving sexual health throughout the life span.

Essential Question: What can I do to achieve sexual health?

Curricular Outcome: Students will demonstrate the ability to practice health-enhancing behaviors to avoid and reduce sexual health risks.

By Kindergarten, students will:	By Grade 4, students will:	By Grade 8, students will:	By Grade 12, students will:
P.3.1 Demonstrate how to appropriately express feelings in a healthy way	E.3.1 Discuss strategies for expressing feelings appropriately	M.3.1 Demonstrate the ability to use self-control and express feelings appropriately	H.3.1 Evaluate the effectiveness and outcomes of self-control strategies and ways to express feelings appropriately
P.3.2.a Identify personal behaviors that are health-enhancing	E.3.2 Discuss personal behaviors that are health-enhancing	M.3.2.a Identify strategies that an individual could use to abstain or delay sexual intercourse	H.3.2 Analyze and evaluate strategies that an individual could use to abstain or delay sexual intercourse
P.3.2.b Demonstrate good hygiene practices to improve and maintain health		M.3.2.b Describe abstinence and its role in maintaining sexual health	
			H.3.3 Describe appropriate reproductive health care throughout the life span
		M.3.4 Discuss the importance of personal responsibility for sexual behavior, including abstinence and sexual and reproductive health	H.3.4 Evaluate the importance of personal responsibility as it pertains to sexual behavior, abstinence, sexual and reproductive health
		M.3.5.a Identify strategies to use social media safely and respectfully	H.3.5.a Describe strategies to use social media safely and respectfully

By Kindergarten, students will:	By Grade 4, students will:	By Grade 8, students will:	By Grade 12, students will:
		M.3.5.b Identify sexual exploitation and behaviors that are perceived as sexually coercive and resources to address these concerns	H.3.5.b Analyze strategies for avoiding and addressing sexual exploitation and behaviors that may be perceived as sexually coercive (e.g. internet, social media, dating)
		M.3.6 Identify and discuss the value of postponing sexual activity, the methods and effectiveness of contraception and ways to protect oneself from communicable diseases (e.g. STD/HIV)	H.3.6 Analyze the value of postponing sexual activity, the methods and effectiveness of contraception and ways to protect oneself from communicable diseases (e.g. STD/HIV)
P.3.7 Demonstrate ways to treat self and others with dignity and respect	E.3.7 Identify ways in which an individual could respond in a situation when they or someone else is being bullied or harassed	M.3.7 Discuss ways in which an individual could respond in a situation when they or someone else is being bullied or harassed	H.3.7 Compare and contrast ways in which an individual could respond in a situation when they or someone else is being bullied or harassed

Content Standard 4: Analyzing Internal and External Influences

Narrative: The intent of this standard is to develop an awareness of the variety of influences and factors that co-exist within society. Diverse internal and external factors influence and shape the way students develop, learn about and express their sexuality.

Essential Question: What influences my attitudes, behaviors and decisions related to my sexual health?

Curricular Outcome: Students will analyze the influence of family, peers, culture, media, technology and other factors on sexual health attitudes, behaviors and decisions.

By Kindergarten, students will:	By Grade 4, students will:	By Grade 8, students will:	By Grade 12, students will:
P.4.1 Discuss their roles in the family and the roles of their parents / guardians	E.4.1 Describe what influences behaviors, attitudes and decisions	M.4.1 Describe how internal and external influences affect sexual behavior, attitudes and decisions	H.4.1.a Analyze how internal and external influences affect sexual feelings, behavior, attitudes and decisions H.4.1.b Examine personal values and how they influence relationships and sexual decision-making
P.4.2 Discuss the influence of media and technology on personal health	E.4.2.a Describe how culture, media, technology and people may influence the attitudes, behaviors and decisions of young people (e.g. attractiveness, body image, relationships, self-esteem) E.4.2.b Compare positive and negative ways peers influence behaviors	M.4.2 Analyze a variety of external sources that may influence sexual decision making and sexual behavior (e.g. parents, family values, media, internet, culture, peers, society)	H.4.2 Evaluate the effects of external influences on sexual decision-making (e.g. parents, family values, media, internet, culture, peers, society)
		M.4.3 Analyze the influence of alcohol and other drugs on sexual behavior and sexual health	H.4.3 Evaluate the influence of alcohol and other drugs on sexual behavior and sexual health

By Kindergarten, students will:	By Grade 4, students will:	By Grade 8, students will:	By Grade 12, students will:
	E.4.4 Identify the ways in which technology can impact physical and emotional safety (e.g. internet, texting)	M.4.4.a Describe the ways in which technology can impact physical and emotional safety (e.g. internet, social media, texting)	H.4.4.a Analyze ways in which technology can impact physical and emotional safety (e.g. internet, social media, texting)

Content Standard 5: Communication Skills

Narrative: The intent of this standard is to develop the ability of the learner to use effective communication to enhance health and avoid or reduce health risks. Effective communication includes the of use verbal and non-verbal skills and is an essential component in developing and maintaining healthy, personal relationships.

Essential Question: What interpersonal communication skills do I need in order to have a positive effect on my sexual health?

Curricular Outcome: Students will demonstrate the ability to use interpersonal communication skills to avoid or reduce health risks and contribute to sexual health.

By Kindergarten, students will:	By Grade 4, students will:	By Grade 8, students will:	By Grade 12, students will:
P.5.1a Describe various ways people can communicate	E.5.1 Identify various communication styles and the appropriate use of each (e.g. passive, assertive, aggressive, other)	M.5.1.a. Discuss what influences ones decision to use various communication styles in developing and sustaining healthy relationships	H.5.1 Analyze the effectiveness of the various communication styles in developing and sustaining relationships
		M.5.1.b Demonstrate positive ways to communicate differences of opinion while maintaining relationships	
	E.5.2 Demonstrate healthy ways to express emotions and feelings (e.g. affection, love, friendship, concern, empathy)	M.5.2 Identify and demonstrate verbal and non-verbal skills to refuse pressure to engage in sexual risk and other higher risk behaviors (e.g. smoking, drinking)	H.5.2 Analyze the effectiveness of verbal and non-verbal skills to refuse pressure to engage in sexual risk and other higher risk behaviors (e.g. smoking, drinking)
	E.5.3 Describe and demonstrate effective negotiation and refusal skills	M.5.3 Demonstrate effective negotiation and refusal skills to avoid sexual risk behaviors	H.5.3 Analyze and evaluate effective negotiation and refusal skills for avoiding higher risk sexual behaviors (e.g. maintaining abstinence, consistent use of contraceptives; discuss HIV/STD status)

By Kindergarten, students will:	By Grade 4, students will:	By Grade 8, students will:	By Grade 12, students will:
P.5.4.a Identify and practice healthy ways to express needs, wants and feelings	E.5.4.a Demonstrate healthy ways to express needs, wants and feelings	M.5.4.a Demonstrate how to communicate clear expectations, boundaries, personal safety strategies and clear limits on sexual behaviors	H.5.4.a Analyze the effectiveness of communicating clear expectations, boundaries, personal safety strategies and clear limits on sexual behaviors
	E.5.4.b Demonstrate ways to take action if someone is talking to you or touching you in a way that makes you feel uncomfortable		
P.5.4.c Identify healthy ways to express empathy for others	E.5.4.c Demonstrate healthy ways to express empathy for others	M.5.4.c Analyze healthy ways to express empathy for others	H.5.4.c Compare and contrast healthy ways to express empathy for others
	E. 5.4.d Demonstrate ways to show respect for different types of families		
	E.5.5 Identify various forms of communication that constitutes sexual harassment; discuss existing laws that are intended to protect young people from being exploited; and identify a trusted adult with whom you can confide	M.5.5 Discuss various forms of communication that constitutes sexual harassment and identify the process for reporting incidents of sexual harassment and other types of violence	H.5.5 Analyze how the use of manipulation and sexual harassment impacts relationships and the existing laws and policies designed to protect young people from sexual harassment and other types of violence
			H.5.6 Explain the impact of culture and gender on the interpretation of various communication styles and methods

Content Standard 6: Decision-Making Skills

Narrative: The intent of this standard is to develop the ability of the learner to use decision-making skills to enhance health and avoid or reduce health risks. Effective decision-making is essential in developing sexual health and maintaining healthy personal relationships.

Essential Question: What decision-making skills do I need to maintain my sexual health?

Curricular Outcome: Students will demonstrate the ability to use decision-making skills that contribute to sexual health.

By Kindergarten, students will:	By Grade 4, students will:	By Grade 8, students will:	By Grade 12, students will:
P.6.1 Identify and discuss choices that enhance health	E.6.1 Demonstrate the ability to apply a decision-making process to enhance health	M.6.1 Describe the impact that external influences (e.g. partners, peers, family, community) have on decision-making about abstinence, sexual activity and sexual health	H.6.1 Analyze the impact that external influences (e.g. partners, peers, family, community) have on decision-making about abstinence, sexual activity and sexual health
P.6.2 Identify adults who can assist in making health-related decisions	E.6.2 Explain how personal decisions have an impact on self and others	M.6.2 Predict how deciding to remain abstinent protects ones' sexual health	H.6.2 Predict the immediate and long-term impact of sexual health decisions on the individual, family and community
			H.6.3 Research and examine possible outcomes of alcohol and other drug use related to sexual activity
	E.6.3. Identify factors that would influence one's ability to make responsible healthy decisions (e.g. peer pressure, substance abuse)	M.6.3 Explain how the use of alcohol and other drugs impacts the decision to remain abstinent or be sexually active	

Content Standard 7: Goal-Setting Skills

Narrative: The intent of this standard is to provide the learner with skills to implement a goal-setting process to promote health. These essential life-long skills enable individuals to formulate and implement an effective plan that addresses their sexual health.

Essential Question: How do I use the goal-setting process to take responsibility for my sexual health?

Curricular Outcome: Students will use goal-setting skills to contribute to sexual health.

By Kindergarten, students will:	By Grade 4, students will:	By Grade 8, students will:	By Grade 12, students will:
P.7.1 Identify a healthy goal	E.7.1 Identify personal goals and demonstrate the ability to apply a goal setting process to enhance health	M.7.1 Discuss how internal and external influences may affect goal-setting (e.g. personal choices, sexual health, behaviors, family, peers, community, culture)	H.7.1 Analyze how internal and external influences may affect goal-setting (e.g. personal choices, sexual health, behaviors, family, peers, community, culture)

Content Standard 8: Advocacy

Narrative: The intent of this standard is to develop skills in advocating for oneself, family and community; and encouraging others to access and provide accurate information in order to make positive choices that contribute to sexual health.

Essential question: What can I do to advocate for responsible behaviors related to sexual health based on accurate health information?

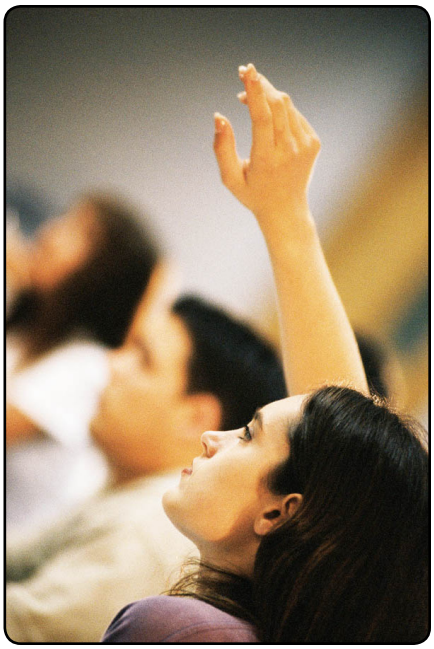
Curricular Outcome: Students will demonstrate the ability to advocate and support others in making responsible choices related to sexual health.

By Kindergarten, students will:	By Grade 4, students will:	By Grade 8, students will:	By Grade 12, students will:
P.8.1.a Demonstrate through play fairness and respect for others	E. 8.1 Demonstrate positive ways to show care, consideration and concern for others	M.8.1 Formulate a plan to engage in an experience of caring, compassion and advocating for others (e.g., community service)	H.8.1 Engage in authentic experiences of caring, compassion and advocating for others (e.g. community service)
P.8.1.b Discuss positive ways to show care, consideration and concern for others			
	E.8.2 Define the impact stereotypes may have on people and how one might counter a stereotype	M.8.2 Describe the impact discrimination has on people and how to address bias and discrimination	H.8.2 Research laws and policies; plan and engage in activities that advocate against bias and discrimination
	E.8.3 Describe ways to promote positive, healthy interpersonal relationships with respect and appreciation for each other	M.8.3 Discuss the benefits of and advocate for developmentally appropriate, medically accurate sexual health education	H.8.3.a Demonstrate ways to advocate for responsible behaviors that promote sexual health (e.g. health screenings, healthy relationships, access to reproductive health care)
			H.8.3.b Develop a campaign to advocate for developmentally appropriate, medically accurate sexual health education programs and services (e.g. school-based health centers)

By Kindergarten, students will:	By Grade 4, students will:	By Grade 8, students will:	By Grade 12, students will:
	E.8.4 Persuade others to take action when someone else is being bullied or harassed	M.8.4 Advocate for safe environments that encourage dignified and respectful treatment of others	H.8.4 Advocate for school policies and programs that promote dignified and respectful treatment for all

Section 4 — Resources

This resource list reflects only a sample of existing resources that are available to support the implementation of sexual health education. Each local school district is expected to select medically accurate and developmentally appropriate resources that reflect the needs of their local communities.



Connecticut Governmental Agencies

Department of Educations (CSDE)

Connecticut State Department of Education
www.ct.gov/sde/healthyconnections

Connecticut School Health Survey
http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388104

Department of Public Health (DPH)

AIDS and Chronic Diseases Section
http://www.dph.state.ct.us/BCH/AIDS/HPAIDS.html

Community Distribution Center funded by DPH. Free informational pamphlets and materials.
http://www.ct.gov/dph/lib/dph/aids_and_chronic/prevention/pdf/spring2009catalog.pdf

Sexually Transmitted Diseases Section
http://www.dph.state.ct.us/BCH/infectiousdise/sexually.htm

Viral Hepatitis Section
http://www.dph.state.ct.us/BCH/infectiousdise/Hepatitis/hepatitis_home_page.htm
http://www.dph.state.ct.us/Publications/hposter.pdf

Department of Children and Families (DCF)

Safe Harbors Resource for Lesbian, Gay, Bisexual and Questioning Youth
http://www.state.ct.us/dcf/SAFE_HARBOR/

Department of Mental Health and Addiction Services (DMHAS)

HIV Services
http://www.dmhas.state.ct.us/HIVServices.htm

Department of Social Services (DSS)

Fatherhood Initiative of Connecticut
http://www.fatherhoodinitiative.state.ct.us/index2.htm

University of Connecticut Health Center Connecticut Teen Pregnancy Prevention
http://www.teenpregnancy-ct.org/

Federal Agencies

Centers for Disease Control and Prevention

Center for Disease Control and Prevention (CDC)
http://www.cdc.gov

Centers for Disease Control and Prevention (CDC). Health Education Curriculum Analysis Tool (HECAT)
http://www.cdc.gov/healthyyouth/HECAT/index.htm

DHAP Diffusion of Effective Behavioral Interventions (DEBIs)
http://www.effectiveinterventions.org/

DHAP Replicating Effective Programs Plus
http://www.cdc.gov/hiv/topics/prev_prog/rep/index.htm

Adolescent and School Health
http://www.cdc.gov/HealthyYouth/index.htm

Division of HIV/AIDS Prevention
http://www.cdc.gov/hiv/dhap.htm

Division of HIV/AIDS Prevention (DHAP) Compendium of HIV Prevention Interventions with Evidence of Effectiveness
http://www.cdc.gov/hiv/resources/reports/hiv_compendium/

Division of Reproductive Health (DRH) Promoting Science-Based Approaches to Prevent Teen Pregnancy
http://www.cdc.gov/reproductivehealth/AdolescentReproHealth/ScienceApproach.htm

Division of Viral Hepatitis Prevention
http://www.cdc.gov/hepatitis and http://www.cdc.gov/ncidod/diseases/hepatitis/index. htm
http://www.cdc.gov/ncidod/diseases/hepatitis/ resource/dz_burden02.htm

National Center for HIV/STD and TB Prevention
http://www.cdc.gov/nchstp/od/nchstp.html

National Prevention Information Network (NPIN)
http://www.cdcpin.org/scripts/index.asp

Office of Adolescent Health
http://www.hhs.gov/ash/oah/prevention/research/programs/index.html

Sexually Transmitted Diseases
http://www.cdc.gov/STD/

Youth Risk Behavior Survey Data
http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Youth Risk Behavior Survey Trends in Youth Sexual Behavior
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5138a2.htm

National Institute of Health

National Institute on Drug Abuse
http://www.nida.nih.gov

National Institutes of Health
http://www.nih.gov

Office on Women's Health

Girls Health
http://www.girlshealth.gov/

Substance Abuse and Mental Health Services Administration

National Registry of Evidence-based Programs and Practices (NREPP)
http://nrepp.samhsa.gov/

Teacher Resources

Lesson Plans

Advocates for Youth
http://www.advocatesforyouth.org/for-professionals/lesson-plans-professionals

Answer
http://answer.rutgers.edu/page/lesson_plans/

Resource Center for Adolescent Pregnancy Prevention
http://www.etr.org/recapp/index.cfm?fuseaction=pages.LearningActivitiesHome

Sexuality Information and Education Council of the United States (SIECUS). SexEd Library.
www.sexedlibrary.org

SIECUS. Filling the Gaps: Hard to Teach Topics in Sexuality Education, by the Sexuality Information and Education Council of the U.S.
http://www.siecus.org/_data/global/images/filling_the_gaps.pdf

The Center for Family Life Education. Planned Parenthood of Greater Northern New Jersey, Inc.
http://www.plannedparenthood.org/greater-northern-nj/files/Greater-Northern-New-Jersey/brochure090522.pdf

Resources for Sex Education

Sex Ed 101: A Collection of Sex Education Lesson Plans, by Bill Taverner

Positive Images: Teaching Abstinence, Contraception and Sexual Health, Third Edition, by Peggy Brick and Bill Taverner

Making Sense of Abstinence: Lessons for Comprehensive Sex Education, by Bill Taverner and Sue Montfort

New Methods of Puberty Education, by Carolyn Cooperman and Chuck Rhoades

Healthy Foundations – Teacher's book: Responding to young children's questions and behaviors regarding sexuality, by Sue Montfort, Peggy Brick and N. Blume.

The Family Life and Sexual Health Education (F.L.A.S.H.) Program
http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/FLASH.aspx

Special Populations

Oak Hill Center for Relationship & Sexuality Education, Serving youth and adults with developmental and intellectual disabilities. *Positive Choices Curricula*.
http://www.oakhillcrse.org/

The Family Life and Sexual Health Education (F.L.A.S.H.) Program
http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/FLASH.aspx

Other Teacher Resources

Advocates for Youth Web site for LGBQ Youth
www.youthresource.com

American Psychological Association: Healthy Lesbian, Gay, and Bisexual Students Project
http://www.apa.org/pi/lgbt/programs/hlgbsp/index.aspx

Answer
www.sexetc.org

Gay, Lesbian and Straight Education Network
www.glsen.org

Interactive Educational Theater
http://www.interactiveedtheatre.org

Kaiser Family Foundation and MTV
www.itsyoursexlife.com

Healthy Teen Network
http://www.healthyteennetwork.org

Nemours Foundation
www.kidshealth.org

Rape, Abuse, Incest National Network
www.rainn.org

Resource Center for Adolescent Pregnancy Prevention (RCAPP)
http://www.etr.org/recapp

Teaching About Sexuality and HIV, (1996). Hedgepeth, E. and Helmich, J. New York University Press, New York. ISBN # 0-814-3515-0. Provides principles and methods for teaching about sexuality and HIV.

The National Campaign to Prevent Teen Pregnancy
www.teenpregnancy.org

True Colors Sexual Minority Youth and Family Services
http://www.ourtruecolors.org/

Parent/Family Resources

Advocates for Youth. Parent's Sex Ed Resource Center
www.advocatesforyouth.org

Families are Talking - A SIECUS Newsletter Series for Parents and Caregivers available in English and Spanish
http://www.siecus.org/index.cfm?fuseaction=page.viewPage&pageID=632&nodeID=1

National PTA. Child Safety
http://www.pta.org/topic_child_safety.asp

Sexuality Education for Children and Adolescents with Developmental Disabilities. An Instructional Manual for Parents or Caregivers of and Individuals with Developmental Disabilities. Sexuality Across the Lifespan.
http://www.albany.edu/aging/IDD/documents/parentworkbook.pdf

Sexuality Information and Education Council of the United States (SIECUS)
http://www.siecus.org/pubs/families/Families_Newsletter2.pdf

Talking with Kids about Sex and Relationships
www.talkingwithkids.org

Advocacy

Advocates for Youth, Advocacy Toolkit.
http://www.advocatesforyouth.org

American School Health Association (ASHA). *Introductory Guide to Advocacy: Working to Improve Advocacy for School Health Education and Services*.
http://www.ashaweb.org/store/products/2

American School Health Association (ASHA). *Promoting Healthy Youth, Schools, and Communities, A Guide to Community-School Health Councils (2003)*. Published by American Cancer Society, Iowa Department of Public Health, American School Health Association, American Academy of Pediatrics, and National Center for Health Education.
http://www.ashaweb.org/store/products/2

American School Health Association (ASHA). *Strategies for Change: A Field Guide to Social Marketing for School Health Professionals*.
http://www.ashaweb.org/store/products/2

Research Data

Child Trends
www.childtrends.org

Connecticut School Health Survey
http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388104

Guttmacher Institute
www.guttmacher.org

National Campaign to Prevent Teen and Unplanned Pregnancy
www.thenationalcampaign.org

Youth Risk Behavior Survey Data
http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Youth Risk Behavior Survey Trends in Youth Sexual Behavior
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5138a2.htm

General Resources

Advocates For Youth. *Science and Success: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexuality Transmitted Infections.*
http://www.advocatesforyouth.org/programs-that-work-publications

American Academy of Pediatrics,
http://www.aap.org and http://www.schoolhealth.org

American Liver Foundation
http://www.liverfoundation.org

American Psychological Association
http://www.apa.org/index.aspx

American Psychological Association. *Just the Facts about Sexual Orientation & Youth: A Primer for Principals, Educators & School Personnel*.
http://www.apa.org/pi/lgbc/publications/justthefacts.html.

California Healthy Kids Resource Center
http://www.californiahealthykids.org/c/@2CuOz8Q3mqRps/Pages/index.html

Casparian, E.M., & Goldfarb, E.S. (2000). *Our whole lives: Sexuality education for grades 4-6*. Boston, MA: Unitarian Universalist Association.

Chrisman, K., & Couchenour, D. (2002). *Healthy sexuality development: A guide for early childhood educators and families*. Washington, DC. National Association for the Education of Young Children. National Association for the Education of Young Children. http://www.naeyc.org/search/apachesolr_multisitesearch/Healthy+Sexuality+Development

Connecticut Clearinghouse
http://www.ctclearinghouse.org

Council of Chief State School Officers School Health Project
http://www.ccsso.org/projects/School_Health_Project/ Links/2235.cfm

Girls Inc.
http://www.girlsinc.org/girls-inc.html

Healthy Teen Network & ETR Associates. *Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs (TAC)*
http://programservices.etr.org/index.cfm?fuseaction=pubProds.prodsummary&ProductID=13.

Hepatitis Foundation International
http://www.hepfi.org

Mayle, P. (1977, 1995). *Where did I come from?* Secaucus, NJ: Carol Publishing Group. (Two editions: African American, Caucasian.)
http://search.barnesandnoble.com/booksearch/results.asp?WRD=where+did+i+come+from+a+guide+for+children+and&box=Where%20did%20I%20come%20from%20&pos=0

Mayle, P. (1977, 2000). *What's happening to me?* Secaucus, NJ: Carol Publishing Group.
http://search.barnesandnoble.com/booksearch/results.asp?WRD=what%27s+happening+to+me

National Foundation for Infectious Diseases
http://www.nfid.org

National Network for Youth
www.nn4youth.org

Sex and HIV Education Programs for Youth: Their Impact and Important Characteristics.
http://www.etr.org/recapp/

Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV, & Sexually Transmitted Infections.
http://www.advocatesforyouth.org/programsthatwork

Sexuality Education Within Comprehensive School Health Education, 2nd Edition. American School Health Organization, 2003. Kent, Ohio.
http://www.ashaweb.org/store/products/2

Search Institute 40 Developmental Assets
http://www.search-institute.org

SIECUS. *Guidelines for Comprehensive Sexuality Education, 3rd edition*. http://www.siecus.org/_data/global/images/guidelines.pdf

Sprung, B. (1999). *Our whole lives: Sexuality education for grades K-1*. Boston, MA: Unitarian Universalist Association.

Teach & Talk: When Sex is the Subject, by Pamela Wilson, Marcia Quackenbush, and Bill Kane, 2001, published by ETR Associates
http://pub.etr.org.

The Kaiser Family Foundation
http://www.kff.org

The National Campaign to Prevent Teen and Unplanned Pregnancy
http://www.thenationalcampaign.org/

The National Campaign to Prevent Teen and Unplanned Pregnancy. *Making the List*
http://www.thenationalcampaign.org/resources/pdf/pubs/MakingTheList.pdf

Section 5 — Appendices

Appendix A: Connecticut General Statutes related to Health Education and Family Life Education

Sec. 10-16b. Prescribed courses of study. (a) In the public schools the program of instruction offered shall include at least the following subject matter, as taught by legally qualified teachers, the arts; career education; consumer education; health and safety, including, but not limited to, human growth and development, nutrition, first aid, disease prevention, community and consumer health, physical, mental and emotional health, including youth suicide prevention, substance abuse prevention, safety, which may include the dangers of gang membership, and accident prevention; language arts, including reading, writing, grammar, speaking and spelling; mathematics; physical education; science; social studies, including, but not limited to, citizenship, economics, geography, government and history; and in addition, on at least the secondary level, one or more foreign languages and vocational education. For purposes of this subsection, language arts may include American Sign Language or signed English, provided such subject matter is taught by a qualified instructor under the supervision of a teacher who holds a certificate issued by the State Board of Education.

(b) If a local or regional board of education requires its pupils to take a course in a foreign language, the parent or guardian of a pupil identified as deaf or hearing impaired may request in writing that such pupil be exempted from such requirement and, if such a request is made, such pupil shall be exempt from such requirement.

(c) Each local and regional board of education shall on September 1, 1982, and annually thereafter at such time and in such manner as the Commissioner of Education shall request, attest to the State Board of Education that such local or regional board of education offers at least the program of instruction required pursuant to this section, and that such program of instruction is planned, ongoing and systematic.

(d) The State Board of Education shall make available curriculum materials and such other materials as may assist local and regional boards of education in developing instructional programs pursuant to this section. The State Board of Education, within available appropriations and utilizing available resource materials, shall assist and encourage local and regional boards of education to include: (1) Holocaust education and awareness; (2) the historical events surrounding the Great Famine in Ireland; (3) African-American history; (4) Puerto Rican history; (5) Native American history; (6) personal financial management; and (7) topics approved by the state board upon the request of local or regional boards of education as part of the program of instruction offered pursuant to subsection (a) of this section.

Sec. 10-16c. State board to develop family life education curriculum guides. The State Board of Education shall, on or before September 1, 1980, develop curriculum guides to aid local and regional boards of education in developing family life education programs within the public

schools. The curriculum guides shall include, but not be limited to, information on developing a curriculum including family planning, human sexuality, parenting, nutrition and the emotional, physical, psychological, hygienic, economic and social aspects of family life, provided the curriculum guides shall not include information pertaining to abortion as an alternative to family planning.

Sec. 10-16d. Family life education programs not mandatory. Nothing in sections 10-16c to 10-16f, inclusive, shall be construed to require any local or regional board of education to develop or institute such family life education programs.

Sec. 10-16e. Students not required to participate in family life education programs. No student shall be required by any local or regional board of education to participate in any such family life program which may be offered within such public schools. A written notification to the local or regional board by the student's parent or legal guardian shall be sufficient to exempt the student from such program in its entirety or from any portion thereof so specified by the parent or legal guardian.

Sec. 10-16f. Family life programs to supplement required curriculum. Any such family life program instituted by any local or regional board of education shall be in addition to and not a substitute for any health, education, hygiene or similar curriculum requirements in effect on October 1, 1979.

Sec. 10-19. Teaching about alcohol, nicotine or tobacco, drugs and acquired immune deficiency syndrome. Training of personnel. (a) The knowledge, skills and attitudes required to understand and avoid the effects of alcohol, of nicotine or tobacco and of drugs, as defined in subdivision (17) of section 21a-240, on health, character, citizenship and personality development shall be taught every academic year to pupils in all grades in the public schools; and, in teaching such subjects, textbooks and such other materials as are necessary shall be used. Annually, at such time and in such manner as the Commissioner of Education shall request, each local and regional board of education shall attest to the State Board of Education that all pupils enrolled in its schools have been taught such subjects pursuant to this subsection and in accordance with a planned, ongoing and systematic program of instruction. The content and scheduling of instruction shall be within the discretion of the local or regional board of education. Institutions of higher education approved by the State Board of Education to train teachers shall give instruction on the subjects prescribed in this section and concerning the best methods of teaching the same. The State Board of Education and the Board of Governors of Higher Education in consultation with the Commissioner of Mental Health and Addiction Services and the Commissioner of Public Health shall develop health education or other programs for elementary and secondary schools and for the training of teachers, administrators and guidance personnel with reference to understanding and avoiding the effects of nicotine or tobacco, alcohol and drugs.

(b) Commencing July 1, 1989, each local and regional board of education shall offer during the regular school day planned, ongoing and systematic instruction on acquired immune deficiency syndrome, as taught by legally qualified teachers. The content and scheduling of the instruction shall be within the discretion of the local or regional board of education. Not later than July 1, 1989, each local and regional board of education shall adopt a policy, as the board deems ap-

propriate, concerning the exemption of pupils from such instruction upon written request of the parent or guardian. The State Board of Education shall make materials available to assist local and regional boards of education in developing instruction pursuant to this subsection.

Appendix B: Developmentally Appropriate Approach to Sexual Health Education Example

Below is one example of developmental appropriateness for implementation of sexual health education. The example demonstrates how the specific performance indicators connect to the *Healthy and Balanced Living Curriculum Framework* (CSDE, 2006, p. 13) stages of development from early childhood through adolescence. These examples focus on the role of family influence during a child's development:

Stage of development: Infancy and Early childhood

Performance Indicator: By kindergarten, students will identify how families can influence personal health (Prekindergarten 1.4)

Family interactions influence a child's development of trust, self-esteem and health behaviors. As children become more verbal, they ask questions about all kinds of things including bodies and reproduction. They also mimic adult behaviors when they play. Parental response to children's curiosity and mimicry sets the stage for later attitudes and values (Chrisman & Couchenour, 2002).

Stage of development: Middle childhood/School age

Performance Indicator: By grade 4, students will explore how families can influence personal health (Elementary 1.4) (CSDE, 2006).

As children seek to cement their self-concept as male or female, they often show a strong preference for gender-typed clothing and activities (such as, boys wearing action-figure clothing and girls playing with dolls). Family members strongly influence children's attitudes and beliefs and children tend to reflect the sexuality messages and images to which they've been exposed (Chrisman & Couchenour, 2002).

Stage of development: Pre- and Early Adolescence

Performance Indicator: By grade 8, students will examine how families and peers can influence the health of adolescents (Middle 1.4) (CSDE, 2006).

This is a time of tremendous growth and change. Early adolescents are developing a greater sense of independence, autonomy, and personal identity. Young teens are increasingly influenced by peers although parents remain a strong influence on their decisions about sexuality and health (Pierno, 2007).

Stage of development: Middle Adolescence

Performance Indicator: By grade 12, students will evaluate how families, peers and community members can influence the health of individuals (High 1.4) (CSDE, 2006).

As young people move from being concrete to abstract thinkers they become increasingly able to analyze situations logically and to consider cause and effect. As their ability to think and reason increases, teens often become concerned about community and social issues (Pierno, 2007).

Appendix C: Building Community Support

According to Greenberg, as cited in ASHA (2003), "building bridges rather than barricades is something that requires patience, openness, and a respect for the genuine concerns that many people have for the health and futures of young people…one of the key elements to the successful implementation of a sexuality education program is an informed and involved community including students and their families, religious leaders, and voluntary and community groups" (Greenberg p. 34). Sowers as cited in Greenberg, offers the following suggestions for dealing with resistance to comprehensive health education.

Before the fact:

1. do your homework. Know the facts about your local community and state (statistics and resources);
2. assure broad-based planning at the local level. Building a planning group that is reflective of the diversity in the community;
3. state goals clearly. Reach consensus through a goal-setting process;
4. seek support of local health professionals, teachers, school administrators, counselors, social workers, youth group leaders, voluntary agency personnel, clergy and parents - the people who know kids and the consequences of ignorance, misinformation, or lack of support or supervision;
5. select articulate spokespersons who enjoy wide respect in the community, who listen as well as speak and who understand that comprehensive health education is broader than any one issue or topic;
6. make the community aware of the need and the progress the planning group is making toward developing a program that is reflective of the community's values and commitments to youth; and
7. be positive. Don't expect opposition and thereby telegraph anxieties.

If controversy surfaces:

1. know your goals and be able to communicate them positively and effectively;
2. listen and find common ground where you can;
3. don't get defensive; keep your supporters informed and involved;
4. step up your information campaign;
5. be honest and above board;
6. respect differences;
7. remain positive (Sowers, 1994); and
8. reference research –based data.

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