HEALTH CURRICULUM PHILOSOPHY

Monroe School District is committed to delivering a comprehensive health curriculum that will empower students to live healthy lives as they learn to make responsible personal and social decisions. We believe that positive health behaviors will optimize physical, mental, emotional and social growth maximizing student ability to learn.
Value Questions

Sometimes students ask directly about right and wrong (e.g. "How old should a person be to have a baby?") and other times they ask fact questions that have value components. In either case, we recommend this protocol for responding:

1. **AFFIRM THE ASKER.**

   "Good question."
   "I'm glad you asked."
   "A lot of people wonder that."
   "That's an important issue."

2. **IDENTIFY IT AS A BELIEF QUESTION.**

   "That's a belief question, not a fact question." or "That's partly a belief question."

3. **ANSWER THE FACTUAL PART, IF THERE IS ONE.**

   "You asked how old a person should be to have a baby. First let's look at the facts. The healthiest age, for mother and baby, is the 20's and early 30's."

4. **HELP THE CLASS DESCRIBE THE RANGE OF BELIEFS..NOT THEIRS, BUT SOCIETY'S.**

   "Different people believe different things about when a person is ready to be a parent. What do you think some people believe?"

   Note: Make sure a variety of viewpoints are described. This may mean adding some the class doesn't think of.

5. **OPTIONAL: STATE YOUR OWN BELIEF...if it's a relatively universally held belief.**

   "As long as you asked my opinion I don't think it would be fair or smart to have a baby at your age...12 or 13 years old."

6. **REFER TO PARENTS, CLERGY AND OTHER TRUSTED ADULTS.**

   "Why don't you check with your family tonight. Find out what your folks believe about that, or what your church or synagogue or temple teaches, if you belong to one."
Requests for Information

If you know the answer, fine. If not, it’s okay to say “I don’t know,” and then refer the student to the appropriate source.

Are there some values issues within the context of the questions? If yes, make sure various points of view are presented.

Is the question, although informational, one which you consider inappropriate for classroom discussion? Problems can be avoided if you established in the context of the class ground rules, and agreement such as: “All questions are valid. However, I will have to make the final decision about the appropriateness of each question for total class discussion. If you turn in a question anonymously which I choose not to answer, it is not because it is a bad question. I may feel that it is not of interest to all students or that I am not prepared to lead a class discussion around that issue. Please see me at the end of class if this happens so that I can try to answer your question privately.

“Am I Normal” Questions

These questions generally focus on adolescent concerns about their bodies and the emotional and physical changes they are experiencing.

Validate their concern, e.g., “Many young people worry that...” and provide information about what they can expect to happen during the adolescent years.

Refer these to parents, clergy, family physician, community resources, school counselor for further discussions, if appropriate.

Permission-Seeking Questions

These come in two common forms, and may seek your permission to participate in a particular behavior, e.g. “Is it normal...?” or Did you... when you were growing up?”

Avoid the use of the word “normal” when answering questions. Normal for some is morally unsanctionable for others. Present what is known medically, legally, etc. (the facts) and discuss the moral, religious and emotional implications, making sure all points of view are covered. Refer to parents and clergy for discussion of moral/religious questions.

Establish in the context of class ground rules, an agreement related to discussion of personal behavior, such as: “No discussion of personal behavior during class.” If and when you get a question about your personal behavior, you can remind students of this ground rule and redirect the discussion to one of the pros and cons (religious, moral, medical, emotional, legal, interpersonal, etc.) of the particular behavior in question. Again, refer students to parents and clergy for further discussion of moral/religious questions.

Shock Questions

Again, remind students of the class ground rule related to appropriate questions for classroom discussion. Sometimes the shock comes not from the content of the question, but the vocabulary utilized. You can reword the question to defuse it, especially if you have previously established in the context of class ground rules, a rule related to vocabulary, such as: “In this class I will be trying to balance two conflicting goals: I want to communicate with you. Sometimes you may not know the correct word for something you have questions about. Use whatever word you know to ask that question and I will answer using the standard (medical/tasteful) word.”

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Monroe Public Schools

Instructor Guidelines For Responding To Topics
In Human Sexuality and HIV/AIDS Instruction

(Grades 4-12)

NOTE: When addressing issues of a sensitive nature always respond within the framework of the attached "F.L.A.S.H. Guidelines for Responding to Student Questions".

HUMAN SEXUALITY

Conditions

Grade 4/5/6  Gender separate discussions when content specific to reproductive system functions and structures.

Grade 7/8/10 Co-educational discussions. Gender separate question and answer sessions encouraged when possible. Discussions about anatomical structures will relate to life skills understanding of functions of reproductive system.

HIV/AIDS PREVENTION

Conditions

Grade 4  Not appropriate for class discussion. See Guidelines for Responding to Young Children’s Questions About AIDS

Grade 5/6  Gender separate discussions when content specific to modes of transmission and reproductive system functions and structures. Gender separate question and answer sessions

Grade 7-12  Co-educational instruction
Condom demonstration for grade 8 gender separate only. Gender separate question and answer session encouraged when possible.
ABSTINENCE

Conditions

Grade 4  Not appropriate for class discussion. See “Teacher Guidelines for Responding to Sexuality Questions... Elementary Students.”

Grade 5  Respond to student questions only using definition and referral to range of beliefs and support system. See “F.L.A.S.H. Guidelines for Responding to Student Questions.” Gender separate

Grade 6  Definition introduced in context of HIV/AIDS discussion. Gender separate

Definition: Abstinence is refraining from something; not participating in sexual behavior or the use of alcohol or other drugs.

Grade 7-12  Discussion occurs in the context of sexual decision making. Co-educational discussions.

Definition: Abstinence is refraining from sexual intercourse (vaginal, oral and anal). Abstinence is 100% effective in preventing pregnancy and transmission of a sexually transmitted disease, including the sexual transmission of HIV. Abstinence from sexual intercourse is the wisest and healthiest choice for teenagers. People can show affection and caring for others without being sexually active.

It is recognized that most people will be sexually active at some time in their lifetime. Sexual intercourse is an important part of most people’s lives as a way to show strong affection and to create a new life. Having sexual intercourse, or not having sexual intercourse, is a choice. Many people decide that choosing to delay having intercourse until they are adults is the best decision.

MONOGAMY

Conditions

Grade 7-12  Definition: Two people who have sexual intercourse only with each other in a long-term committed relationship, typically represented by marriage.

Every time two people have sexual intercourse they risk direct exposure from each other, and indirect exposure from everyone his/her partner has ever had sexual intercourse with. The practice of serial monogamy, faithfulness to a single partner for short periods of time, carries high risk of sexually transmitted disease exposure. Co-educational discussions
SEXUAL INTERCOURSE

Conditions

Grade 4: Not appropriate for class discussion. See "Teacher Guidelines for Responding to Sexuality Questions... Elementary Students" to guide decisions in responding to individual student questions.

Grade 5: Definition will be introduced within the context of HIV/AIDS instruction as one of the ways the AIDS virus can get into a person's body. Gender separate

Definition: "Sexual union between a man and a woman when the penis is inserted into the vagina." Definition will expand as developmental age of student increases. Gender separate

Grade 6-7: Definition will be provided within the context of HIV/AIDS instruction as risk behavior for transmitting HIV. Sexual intercourse is discussed as an important part of most adults' lives as a way to show strong affection and to create a new life. Sexual intercourse is worth waiting for until you are an adult. Sexual intercourse is emphasized as a very special relationship between two people, involving adult decisions and responsibilities.

Religious/spiritual beliefs and individual and family values may discourage or disapprove of intercourse outside of marriage. Talking to a trusted adult such as a family member or spiritual leader may be helpful in deciding what is appropriate for you, as you grow older. Gender separate

Definition: "Sexual union between a man and a woman involving the insertion of a man's penis into a woman's vagina, resulting in the exchange of sexual fluids."

Grade 8-12: Co-educational discussions will occur within the context of STD (including HIV) transmission and prevention, and sexual decision-making. Focus will be on promoting committed, mutually monogamous, non-exploitive relationships with main emphasis on abstinence (i.e., choosing to delay sex). Risks of intercourse, i.e., physical and emotional, will be stressed.

Sexual intercourse is emphasized as a very special relationship between two people, involving adult decisions and responsibilities. Religious/spiritual beliefs and individual and family values may discourage or disapprove of intercourse outside of marriage. Talking to a trusted adult such as a family member or spiritual leader may be helpful in deciding what is appropriate for you, as you grow older.

Definition: "Sexual contact between two people involving the insertion of a man's penis into a woman's vagina (vaginal intercourse), placement of the mouth on the genitals of another person (oral intercourse), or insertion of a man's penis into the anus of another person (anal intercourse)."
SEXUAL CONTACT

Sexual contact: Sexual behavior involving contact of genitals with genitals or mouth with genitals (vaginal, anal and oral intercourse). Sexual contact may involve the risk of passing a sexually transmitted disease from one person to another even if no penetration takes place.

Grade 8-12 The term “sexual contact” will be used in discussions regarding sexual intercourse and sexual risk behaviors.

CONDOM

Conditions

Grade K-4 Formal instruction begins in Grade 5. See "Teacher Guidelines for Responding to Sexuality Questions... Elementary Students" and "Guidelines for Responding to Young Children's Questions About Condoms” to guide decisions in responding to individual student questions.

Grade 5 Respond to student questions only if raised and within the context of HIV/AIDS lessons, as developmentally appropriate based upon the professional judgement of the teacher and the interest and maturity of the students. Gender-separate

Definition: "A condom is worn on the genitals of a man to decrease, but possibly not prevent, the risk of passing the AIDS virus and other diseases from one person to another during sexual intercourse. It could also be worn to decrease the chance of a woman becoming pregnant. A condom is made of thin balloon like material. If you find a condom, or something that looks like a condom, you should tell an adult and you should leave it alone because of the risk it could carry disease.

Grade 6 Instruction will occur within the context of HIV/AIDS discussion. Gender-separate

Definition as in Grade 5. It may be stated that a condom worn by a man during intercourse decreases, but may not prevent, the risk of passing sexual fluids from one person to another.

Grade 7 Discussions will occur within the context of HIV/AIDS education and prevention of sexually transmitted diseases Co-educational or gender separate.

Definition as in grade 8-12.

Grade 8-12 Co-educational discussions will occur within the context of HIV/AIDS education, prevention of transmission of sexually transmitted diseases, and risks of teen pregnancy.

Definition: "A condom is a protective covering made of latex used by the male to cover the penis during sexual contact. A condom is used to reduce the risk of
pregnancy and to reduce the risk of passing a sexually transmitted disease from one person to another during sexual contact.

Wearing a condom during sexual contact significantly reduces, but may not prevent, the risk of pregnancy and STDs, including HIV, when used consistently and correctly. When a male does not wear a condom a female condom can be another barrier method to reduce the risk of STDs and pregnancy if it is used consistently and correctly. The female condom is inserted into the vagina for collection of semen during sexual intercourse. The female condom is more difficult to use and less effective than the male condom for protection against pregnancy and sexually transmitted diseases. Condoms made of natural skin are not effective in protecting against STDs, including HIV.

Recognize that you have a right to say no to sexual contact. If you make a choice to participate in sexual risk behaviors, either now or in the future, always use a protective barrier.

If a condom breaks during sexual contact those involved should consult a health care professional immediately to determine the risk of sexually transmitted disease. The most effective way to prevent sexual transmission of HIV and other STDs is to abstain from sexual contact (vaginal, anal and oral).

**CONDOM DEMONSTRATION**

**Conditions**

**Grade 4-7**
Condom demonstration will not take place. Condoms and other forms of barrier methods/birth control methods will not be demonstrated or shown to students.

**Grade 8**
Condom demonstration will be presented by a physician, or by an approved video or as approved by the superintendent.

Fingers or hand only will be used for the male condom demonstration. Male and female condoms will be shown to students by a physician, an approved video or as approved by the superintendent. Condom definitions will be provided within the context of the physician's or health educator's instruction. Instruction will be **Gender separate at grade 8 with co-educational discussion** at the conclusion of the condom demonstration.

**Grade 9**
No condom demonstration will occur in grade 9 HIV/STD prevention unit

**Grade 10**
Co-educational or gender separate presentation for condom demonstration will be conducted by a health educator (i.e., physician, health teacher, school nurse or other licensed health professional with approval of the superintendent after consultation with the District’s Health Curriculum Coordinator). A model as approved by the superintendent may be used for the male condom demonstration. Students may choose to practice the placement of a condom over their own fingers and/or those of a student
partner's fingers on a voluntary basis. A female condom may be shown to students by the health educator.

MASTURBATION

Conditions

Grade 4 Not appropriate for class discussion. See "Teacher Guidelines for Responding to Sexuality Questions... Elementary Students" to guide decisions about responding to individual student questions.

Grade 5 Respond to student questions as developmentally appropriate, based upon the professional judgement of the teacher and the interest and maturity of the students using only definition in grade 6. Refer to range of beliefs and support system. Gender separate

Grade 6 Definition provided in response to student questions within context of puberty and human sexuality discussion. Gender separate

Definition: "Touching one's genitalia (private parts) for sexual pleasure. Some people think that masturbation is all right to do as long as it is done privately. Other people think that masturbation is not okay to do. Religious/spiritual beliefs and individual and family values may discourage the practice or disapprove of masturbation. Talking to a trusted adult such as a family member or spiritual leader may be helpful in deciding what is appropriate for you."

Grade 7/8 Definition provided within the context of puberty/adolescence and human sexuality discussion. Co-educational

Definition: Same as grade 6

Grade 8/9 Respond to student questions as appropriate using definition grade 6

Grade 10 Discussion may occur within the context of adolescence and human sexuality discussions. Co-educational discussions

Definition: Masturbation is sexual stimulation of one's genitals that may lead to climax or orgasm. Some people think that masturbation is all right to do as long as it is done privately. Other people think that masturbation is not okay to do.

Some people think that masturbation may be a safe alternative to sexual intercourse because it presents no risk of pregnancy or sexually transmitted disease. Religious beliefs and individual and family values may discourage or disapprove of the practice. Talking to a trusted adult such as a family member or spiritual leader may be helpful in deciding what is appropriate for you.

Grade 11/12 Respond to student questions as appropriate using definition grade 10 Co-educational discussions
APPROVED POSITION STATEMENTS

Acceptance of Differences and Diversity.
The Monroe Public Schools recognizes that there are differences and diversity in all aspects of society, in individuals and in-groups. The American ideals of tolerance and democracy are demonstrated through the commitment to recognize differences and diversity by teaching children respect for others. Promoting awareness and education about differences and diversity in order to facilitate the healthy development of all individuals is a commitment of the District. The Monroe Public Schools celebrates the enrichment that differences and diversity brings to its school community.

Language is powerful in its ability to include or exclude individuals and groups. It is recognized that our role as educators is to respect and appreciate all persons, remaining neutral in our language so as not to exclude or promote individuals or groups. Tolerance is to be upheld in all settings and at all times.

Statement on Individual Differences
Grade 4-12 - Focus for all employees, students and families, at all grade levels will be on fostering respect for individual differences, avoidance of labeling and stereotyping, and recognition that all individuals are entitled to respect and protection from discrimination.

Statement on Risky Behaviors (STD/HIV Prevention Education)
Discussions within the context of disease transmission and prevention will focus on risk-taking behaviors, not on high-risk groups. Instruction will emphasize that it is not "who you are" but "what you do" that places one at risk for getting infected with a sexually transmitted disease. Emphasis will remain on promoting abstinence and delaying onset of sexual activity. Sexual activity will be discussed in terms of recognizing degree of risk and reducing risky behaviors.

Definition of Family
The Monroe Public Schools recognizes that families are unique and important. A family is defined as "a group of people related by blood, marriage or legal adoption. Family may also refer to members of common ancestry. Families are also defined as groups of people who live together, support each other, and meet each others needs in positive and healthy ways."
Unit 1, Nutrition (4 lessons)
These particular lessons will no longer be taught at the 5th Grade

Unit 2, Social Skills (4 lessons)
Applies necessary social skills to promote health and safety (GLE 3.3.1)
Applies a variety of emotional response strategies (GLE 3.4.1)
Applies decision making skills (GLE 3.5.1)
Understands positive and negative effects of stress and stress management techniques (GLE 2.4.3)

Book Resources:
Second STEP: Bullying Prevention Unit and Child Protection Unit (2015): select lessons determined by school counselor

Formative Assessment:

Unit 3, Human Growth and Development (3-5 lessons)

Student Learning Expectations:
Understands the structure and function of body systems (GLE 2.2.1)
Understands changes occurring during puberty (GLE 2.2.2)
Understands hereditary factors that affect growth, development, and health (GLE 2.2.3)

Book Resources:

NOTE: Parts of lesson on page 11-4 should have strike-through and not taught

Video Resource:
“Always Changing and Growing Up” (2014)

Formative Assessment:
Worksheets per 4/5/6 F.L.A.S.H. resource
Facilitator’s guides per video resources

Revised April, 2017
Unit 3, HIV/AIDS Prevention (2 lessons)

Student Learning Expectations:
To understand how to prevent or reduce risks of contracting diseases (GLE 2.3.1/GLE 2.3.2)

Book Resources:

Video Resource:
“HIV and AIDS: Staying Safe” (2001)

Formative Assessment:
Worksheets per 4/5/6 F.L.A.S.H. resource

Unit 4, Safety and Injury Prevention (3 lessons)

Student Learning Expectations:
Understands skills to live safely and reduce health risks (GLE 2.4)
Understands emergency situations and demonstrates skills to respond appropriately and safely (GLE 2.4.2)

Book Resources:
Risk Watch Safety Program Grades 5 and 6
- Lesson 1 Motor Vehicle Safety
- Lesson 2 Fire and Burn Prevention
- Lesson 3 Choking, Suffocation and Strangulation Prevention
- Lesson 4 Poisoning Prevention

Video Resource:
None

Formative Assessment:
Worksheets per Risk Watch Safety Program resource

Materials/Resources
- 4/5/6 F.L.A.S.H. (Binder, multiple revision dates)
- “Always Changing and Growing Up” (2014)
- “HIV and AIDS: Staying Safe” (2001)
- Risk Watch Prevention Safety Program, Grades 5 and 6 (Risk Watch Binder, 1999)

Revised April, 2017
Reproductive System, day 1
Grades 4-6, Lesson #11

Time Needed

50-75 minutes

Student Learning Objectives

To be able to ...
1. Identify the medical terms, locations, and functions of at least 7 of the structures in and near the male reproductive system.
2. Identify the medical terms, locations, and functions of at least 7 of the structures in and near the female reproductive system.

Agenda

1. Discuss purpose of lesson.
2. Use transparencies or your own drawing skills to describe names, purposes, and locations of male reproductive organs.
3. Use *Reproductive System Worksheet #1* as a large group exercise to reinforce Activity #2, above.
4. Repeat Activities #2 & 3, for female reproductive organs, using *Reproductive System Worksheet #2*.
5. Give class a preview of tomorrow's lesson.
Materials Needed

Classroom Materials:

- OPTIONAL: Reproductive System Transparency/Worksheets #1 – 2, as 4 transparencies (if you prefer not to draw)

- OPTIONAL: Overhead projector

Student Materials: (for each student)

- Reproductive System Worksheet #1 (2 sides, back-to-back)

- Reproductive System Worksheet #2 (2 sides, back-to-back)
Materials Needed

Classroom Materials:

- OPTIONAL: Reproductive System Transparency/Worksheets #1 – 2, as 4 transparencies (if you prefer not to draw)
- OPTIONAL: Overhead projector

Student Materials: (for each student)

- Reproductive System Worksheet #1 (2 sides, back-to-back)
- Reproductive System Worksheet #2 (2 sides, back-to-back)
Activity

1. Explain, again, why you are doing this lesson and unit.
As you explained in Lesson 1, reiterate that you are doing this unit so that they will have correct information about things like bodies and growth; so that they will feel good about growing up; so that they'll feel more comfortable asking questions of their parents or doctors; so that they'll understand and appreciate themselves, their families and one another; and so that they will not be as likely to ever be sexually abused.

2. Describe names, purposes, and locations of male reproductive organs.
Use the transparencies or, better yet, draw so that you can introduce one part at a time and so that your drawing won't exactly duplicate the worksheets your students will be filling out later in the lesson.

Name and explain the functions of the parts of the male reproductive system. Here is scripting, to read in advance and paraphrase:

Let me describe how most people's bodies are made. But know that individual differences are pretty common.

**Side view of the male:** This is a side view of the male reproductive system. On the outside he has two parts. Can anyone name them? That's right, *penis* and *scrotum.* The job of the scrotum is to hold the "testicles" or "testes" at the proper temperature — lower than 98.6 degrees — for making sperm. The scrotum will move toward or away from the body to keep it at a lower temperature.

*Who knows the testicles' other job, besides producing sperm? They also make male hormones to give him a deeper voice, broader shoulders, and all the other characteristics of an adult male body.*

Sperm are made in the testes and then move into the epididymis which is a long tube tightly coiled into the back of the scrotum. The sperm stay there for 2-3 months while they mature.

Then they travel up into his body through a tube called a vas deferens. He's got two, one leading from each epididymis. The sperm travel, through a vas deferens, past his bladder (where urine or "pee" is stored), and into the tube that will carry them out of his body, the urethra. The urethra is the tube that runs through his penis. In the male, the urethra has two jobs: urination (part of the urinary system), and ejaculation (part of reproductive system). On the way, the sperm gather fluids we call semen. These fluids come from three places: his seminal vesicles (two long skinny glands which contribute sugars to help nourish the sperm on their long journey), his prostate gland (the fluid from which is a lubricating liquid, allowing the sperm to swim freely, and his Cowper's glands (which mostly neutralize the acids that might still be in his urethra from the last time he urinated — "peed").

*A man has two openings in his private parts, the urethra is one. The other opening from a man's private parts is his anus, where a bowel movement ("poop") comes out. Of course, even though the bladder and anus are nearby, they aren't actually PART of the reproductive system. They have nothing to do with making a baby.*
3. **Hand out Reproductive System Worksheet #1 and fill it in as a large group exercise:**

Let’s look at the side view first and see if you all can help me name the parts.
Let’s start with the outside parts...#’s 4 and 7. Can anybody tell me what they’re called?
That’s right, #4 is the penis. Everybody fill that in on your worksheet. Check your spelling
against the blackboard. And so forth.

4. **Repeat activities #2 and 3, above, describing the female reproductive system on
the screen or whiteboard and reinforcing it using Reproductive System Worksheet #2.**

**Front view of the female:** **OK, now let’s look at the female reproductive system.**
This opening to the outside of her body is called the **vagina**. That’s where a penis would
go if she had intercourse. And sperm would be released to travel up into her body in
search of an egg.

Where do eggs and female hormones come from? Right. **Ovaries.** She has two of them
and they sort of take turns ovulating, with one releasing an egg one month and, often,
the other releasing one the next month. Her ovaries also make female hormones, so that
her body will grow into an adult woman’s.

When an egg leaves an ovary, it usually goes into the **fallopian tubes**. If an egg gets
fertilized, that’s where it will happen – in her tubes. Then it travels on down to the place it
will grow for nine months.

What’s that place called? Right. Her **uterus**. And this bottom part of the uterus, it’s neck,
is called the **cervix**. That’s the place a doctor or nurse practitioner wipes cells from when
they do a **Pap Test**. They are looking for changes in the cells of the cervix that might
mean a cancer would develop. If they find that kind of changes, they can usually remove
the cells that are in trouble long before they would become cancer.

And after a baby has grown in the uterus (remember it isn’t called her stomach) for nine
months, it usually comes out through the vagina.

**Side view:** **Now she’s facing to the side.** A woman has three openings in her private
parts. In the front, is the tube urine (“pee”) comes out from. It’s called the same thing we
called it in the male: the **urethra**. And of course it is attached to the place where urine is
stored: the **bladder**. In the middle is the opening her period comes out of, and where
she has intercourse. What’s it called? Right; the **vagina**. And then the third opening,
besides the urethra and the vagina, is the opening a bowel movement comes out of.
What did we call it in the male? Right: the **anus**.

Then, she has two folds of skin that protect the openings to the urethra and the vagina,
called her **labia**. And in the front, where the labia meet, is the part with all the nerve
endings that’s usually the most sensitive to touch and that gets erect. What’s it called?
Right; the **clitoris**.

Now what about the parts we already named on the front view? Let’s identify those ...
3. Hand out *Reproductive System Worksheet #1* and fill it in as a large group exercise:

   Let's look at the side view first and see if you all can help me name the parts. Let's start with the outside parts ... it's 4 and 7. Can anybody tell me what they're called? That's right, #4 is the penis. Everybody fill that in on your worksheet. Check your spelling against the blackboard. And so forth.

4. Repeat activities #2 and 3, above, describing the female reproductive system on the screen or whiteboard and reinforcing it using *Reproductive System Worksheet #2*.

**Front view of the female:** OK, now let's look at the female reproductive system. This opening to the outside of her body is called the **vagina**. That's where a penis would go if she had intercourse. And sperm would be released to travel up into her body in search of an egg.

Where do eggs and female hormones come from? Right. **Ovaries**. She has two of them and they sort of take turns ovulating, with one releasing an egg one month and, often, the other releasing one the next month. Her ovaries also make female hormones, so that her body will grow into an adult woman's.

When an egg leaves an ovary, it usually goes into the **fallopian tubes**. If an egg gets fertilized, that's where it will happen – in her tubes. Then it travels on down to the place it will grow for nine months.

What's that place called? Right. Her **uterus**. And this bottom part of the uterus, it's neck, is called the **cervix**. That's the place a doctor or nurse practitioner wipes cells from when they do a **Pap Test**. They are looking for changes in the cells of the cervix that might mean a cancer would develop. If they find that kind of changes, they can usually remove the cells that are in trouble long before they would become cancer.

And after a baby has grown in the uterus (remember it isn't called her stomach) for nine months, it usually comes out through the **vagina**.

**Side view:** Now she's facing to the side. A woman has three openings in her private parts. In the front, is the tube urine ("pee") comes out from. It's called the same thing we called it in the male: the **urethra**. And of course it is attached to the place where urine is stored: the **bladder**. In the middle is the opening her period comes out of, and where she has intercourse. What's it called? Right; the **vagina**. And then the third opening, besides the urethra and the vagina, is the opening a bowel movement comes out of. What did we call it in the male? Right: the **anus**.

Then, she has two folds of skin that protect the openings to the urethra and the vagina, called her **labia**. And in the front, where the labia meet, is the part with all the nerve endings that's usually the most sensitive to touch and that gets erect. What's it called? Right; the **clitoris**.

Now what about the parts we already named on the front view? Let's identify those …
5. **Give class a preview of tomorrow's lesson.**

Tomorrow, you will:
- respond to "Anonymous Question Box" and oral questions re: male and female reproductive systems (see lesson 1 for how to establish an anonymous question process and to the overview section of this manual for tips on responding to them)
- discuss how the parts work, as opposed to simply their names
Reproductive System Transparency/Worksheet 1

DIRECTIONS: Fill in the name of each body part. Some will be repeated. Use correct spelling and medical, not slang, words.

1.  
2.  
3.  
4.  
5.  
6.  
7.  
8.  
9.  
10.  
11.

Side view

NOTE: #9 and #2 are not part of the reproductive system.
Reproductive System Transparency/Worksheet 1

DIRECTIONS: Fill in the name of each body part. Some will be repeated. Use correct spelling and medical, not slang, words.

NOTE: #9 and #2 are not part of the reproductive system
Reproductive System Transparency/Worksheet 1 continued...

12.
19.
18.
17.
16.

Front view

NOTE: #12 is not part of the reproductive system
Reproductive System Transparency/Worksheet 2

DIRECTIONS: Fill in the name of each body part. Some will be repeated. Use correct spelling and medical, not slang, words.
DIRECTIONS: Fill in the name of each body part. Some will be repeated. Use correct spelling and medical, not slang, words.
Reproductive System Transparency/Worksheet 2 continued...

NOTE: #8, 10, and 12 are not part of the reproductive system
DIRECTIONS: Fill in the name of each body part. Some will be repeated. Use correct spelling and medical, not slang, words.

1. **Kidney**
2. **Bladder**
3. **Vas deferens**
4. **Penis**
5. **Urethra**
6. **Testicles** or **Testes**
7. **Scrotum**
8. **Epididymis**
11. **Prostate gland**
10. **Cowper's glands**
9. **Anus**

NOTE: #9 and #2 are not part of the reproductive system.
Reproductive System Transparency/Worksheet 1 – answer key

DIRECTIONS: Fill in the name of each body part. Some will be repeated. Use correct spelling and medical, not slang, words.

1. **Uterus**
2. **Bladder**
3. **Vas deferens**
4. **Penis**
5. **Urethra**
6. **Testicles** (or "testes")
7. **Scrotum**
8. **Epididymis**
9. **Anus**
10. **Cowper’s glands**
11. **Prostate gland**

NOTE: #9 and #2 are not part of the reproductive system
Reproductive System Transparency/Worksheet 1
continued... answer key

![Diagram of the male reproductive system with labels:]

12. bladder
13. prostate gland
14. vas deferens
15. testicles (or "testes")
16. urethra
17. penis
18. Cowper's glands
19. seminal vesicles

Front view

NOTE: #12 is not part of the reproductive system.
Reproductive System Transparency/Worksheet 2 – answer key

DIRECTIONS: Fill in the name of each body part. Some will be repeated. Use correct spelling and medical, not slang, words.

1. Fallopian tubes
2. Uterus
3. Vagina
4. Cervix
5. Ovaries

Front view
Reproductive System Transparency/Worksheet 2 – answer key

DIRECTIONS: Fill in the name of each body part. Some will be repeated. Use correct spelling and medical, not slang, words.

1. fallopian tubes
2. uterus
3. vagina
4. cervix
5. ovaries

Front view
Reproductive System Transparency/Worksheet 2
continued... answer key

NOTE: #8, 10, and 12 are not part of the reproductive system
HIV & AIDS, year 1, day 1
Grade 4 or 5, Lesson #15

Time Needed
45-60 minutes

Student Learning Objectives
To be able to:
1. Distinguish between healthy concern and unhealthy fear.
2. Understand that HIV is hard to catch, affects few children and is preventable.
3. Distinguish between illnesses caused by germs and those caused by other factors (i.e., genes, chemicals).
4. Define "communicable disease" and give examples.
5. Discuss ways in which HIV is and is not passed.

Agenda
1. Discuss with class possible reasons why HIV & AIDS are very important topics in the media.
2. Discuss the difference between healthy concern and unhealthy fear.
3. Emphasize:
   o Children your age rarely have HIV.
   o HIV is very hard to get.
   o HIV is preventable.
4. Distinguish between non-communicable and communicable disease.
5. Describe the transmission modes for HIV, and emphasize that casual contact cannot pass the disease.
6. Take questions from the class.
7. Use the Crossword Worksheet to review concepts.
Materials Needed

Student Materials: (for each student)

- Crossword Puzzle Worksheet
Activities

1. Discuss with class possible reasons why HIV & AIDS are very important topics in the media.

   I know that most of you have heard about HIV and AIDS. It seems that news about HIV and AIDS is often on T.V., in the papers, in magazines. There are many other serious diseases in our world, like cancer and heart disease. Why do you think people are talking and writing a lot about HIV?

   Possible responses: People die from it. There is no cure. People are scared of it. Younger people get it.

   Be clear with students that it's not as common as many less-talked-about illnesses (like heart disease, cancer, etc.)

   HIV and AIDS are very serious. There is no cure for it yet, and it can be fatal. It is out of control in many countries in the world, so it is a global problem. It is killing people in their 20's, 30's and 40's, the time when they would normally be working at their jobs, enjoying their loved ones and doing things to make our world a better place to live. In some parts of the world, HIV is spreading very fast. The number of people who have the disease grows every year even though, compared to many other diseases, it is still fairly rare in the U.S. All this makes many people very concerned. Many other people are scared.

   It is good to be concerned. When people are concerned, they are able to help. Some concerned people are looking for a cure for people sick with HIV. Other concerned people are searching for a vaccine, a medicine to give to healthy people (like you) to protect against this disease. Other concerned people volunteer their time, helping people with AIDS to live their lives as comfortably and joyfully as possible. Other concerned people learn how to be more careful with their own health.

2. Discuss the difference between healthy concern and unhealthy fear.

   So concerned people can accomplish things. Usually, scared people cannot. What happens to most of us when we get scared?

   Possible responses: We freeze. We can't think clearly. It's hard to decide what to do. We run away from things. We hide. We get angry.

   Often, people are frightened of things that they don't understand, things that seem strange and unfamiliar. That's what has happened with HIV and AIDS. At first, we didn't know much about the disease. Now we do, but some grown-ups still worry a lot about it. People worry about how they can catch it. People worry because they want themselves and their family and friends to stay well. Some people are scared because there have been a lot of rumors going around about HIV. Rumors make people confused.
3. Emphasize why students should be concerned rather than fearful.

One of the most important things I want you to learn today is that you definitely don't have to be scared about HIV and AIDS. Here are some reasons why:

- We know a lot about HIV. We don't have a cure, but we know what causes it.
- We know that even though HIV is making many adults very sick, it generally does not affect children your age, at least not in wealthy countries like the United States.
- We know that HIV is very, very hard to get. You can't get it by just being close to someone who has it - even by giving them a hug.
- We know that HIV is preventable. When you know how people can and cannot catch it, you'll know how to keep yourself safe.

4. Introduce and distinguish between communicable and non-communicable diseases.

HIV is a tiny germ called a virus. Germs that pass sicknesses around are small micro-organisms which are invisible to us. Many sicknesses are caused by germs, but many are not. Let's first take a look at other things (besides germs) that could cause an illness. Who can think of something?

Use chalkboard or transparency to record their answers into these categories of things that cause illness:

GENES - from the mother or father. (Genes are the little chemical plans within sperm and egg cells ... plans for a new human being ... their hair color, the shape of their ears, etc.)

MALNUTRITION - not having enough good food to eat, not enough of a particular vitamin or mineral

CHEMICALS - certain drugs, like alcohol, tobacco. Sometimes people are exposed to other chemicals at their workplace.

RADIATION from too many x-rays, or from a nuclear power plant (Japan)

If a person became ill from one of these situations, could they pass the sickness on to another person?

ANSWER: In most cases, No. These kinds of illnesses would affect only the particular people exposed, except in the case of pregnancy.

But we know that there are many, many sicknesses that can be passed from person to person. They are called COMMUNICABLE or CONTAGIOUS DISEASES. What do we mean when we talk about communication?

ANSWER: A person makes contact with another person. They indicate an interest in the other person. They may talk to, touch, look at, and/or smell the other person.
So, with communicable diseases, people play a part in passing the disease around from one to another. Some diseases can be spread through direct contact - that means things like kissing or touching - or through indirect contact - like breathing in the germ mist from a person's sneeze or cough.

Indirect contact might also be touching things that have been used by an infected person like their toothbrush or food or silverware.

There are several types of these tiny organisms. Let's look at some of them:

- **bacteria**
- **fungi**
- **viruses**
- **parasite**
- **protozoa**

Think about some communicable diseases that you know about, illnesses that we could catch from each other. I'll write them on the board next to the kind of germ that brings it into our body. Who can tell us one?

<table>
<thead>
<tr>
<th>Germs</th>
<th>Illnesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacteria</td>
<td>pneumonia, strep throat</td>
</tr>
<tr>
<td>Viruses</td>
<td>cold, flu, measles, chicken pox, HIV, mumps, pneumonia</td>
</tr>
<tr>
<td>Protozoa</td>
<td>&quot;camper's diarrhea&quot;, malaria</td>
</tr>
<tr>
<td>Fungi</td>
<td>athlete's foot, ringworm, thrush, &quot;diaper rash&quot;</td>
</tr>
<tr>
<td>Parasites</td>
<td>tapeworm, fleas, head lice, ticks</td>
</tr>
</tbody>
</table>

Some of these same germs can be found in water when it is polluted by garbage or sewage (when toilets drain into lakes and rivers that people drink from). In the U.S., drinking water goes through a special treatment process to make it safe, but many countries in the world, those that are poor, frequently have contaminated (unsafe, unclean) drinking water. Some germs can also contaminate food, and disease can spread that way. This could happen if food is not refrigerated or cooked well. What's another way that disease can be spread that we haven't mentioned? Yes. By insects. They can carry certain germs. An insect could land in sewage and then on food. If someone ate that food, they might become sick.

O.K. we've looked at non-communicable diseases (which people don't pass to each other) and communicable diseases, those which we can give to another person. We said that HIV falls into which group? Correct, it's communicable. And which type of germ spreads HIV? Right, a virus.

5. **Describe the transmission modes for HIV.**

*HIV is different from most of the other communicable diseases because it is very, very hard to catch. It does not pass through the air. We can't get it from being in the same room with an infected person. We can't get it by touching or hugging. We can't get it by sharing pencils or hairbrushes or even food. We can't get it from an infected person coughing or sneezing on us or by drinking from the person's cup.*

*HIV is generally passed in three ways. It can be passed when someone has sex with an infected person; when someone shares needles with an infected person to shoot up drugs; and from an infected woman to her baby during pregnancy, at birth or if she breastfeeds her baby.*
So, you can see why I said at the beginning that very few children your age in wealthy countries like the U.S. have HIV:

- Now that we can treat pregnant women who have HIV, fewer babies catch it from their mothers. We can't cure the mothers, but we can cut down the chances of the baby becoming infected.

- Some children in the U.S. used to catch HIV during blood transfusions, when they were in the hospital for a surgery or because they needed help with another illness. This happened because, until 1985, we had no test to make sure that blood (in the blood banks) was safe. Now we do have blood tests, so the chance of a person getting HIV from a transfusion is very, very small.

- And most people your age don't have sex or shoot drugs. Those are things adults might do.

In poorer countries, where there isn't enough money for health care, doctors sometimes have to reuse needles. They can't always afford the equipment to sterilize them. And there isn't money for medicines for pregnant women. Or even money for classes like this, to teach people how to stay safe. But children like you, in the U.S., who are careful and grow up making good decisions, can be safe from catching HIV.

6. Respond to students' oral and written questions.

7. Use the Crossword Worksheet to review concepts.

Have students complete the puzzle in pairs. Allow 5 minutes. Then, review the answers as a large group.

Answers:

```
S E X
C A T C H
O O D
E
U S
V
G E N E S
P R E V E N T A B L E
E
E I C R E
R C M Z
D R U G S
S N C
E
A
S R U M O R S
A E
F
```
HIV/AIDS Crossword Puzzle Worksheet

ACROSS
1. A communicable disease is one you can _____.
4. Babies can be born with illnesses they get from their parents' _____, but HIV isn't one of those.
5. Unlike many diseases, HIV is _____.
7. People can get HIV if they shoot _____.
8. HIV can pass when two people have _____.
10. When people don't know the facts they often spread _____.
11. Some germs can be spread indirectly through eating contaminated (unclean) _____, but HIV can't be spread that way.

DOWN
1. Unfortunately, there is no _____ for HIV.
2. Many kinds of airborne illnesses can be passed by a _____, but HIV cannot.
3. A _____ protects healthy people from a particular disease.
4. Any communicable disease is caused by a _____.
6. HIV is a germ called a _____.
8. People who don't learn the facts about things are often _____.
9. Now that you know the facts about HIV, you can be _____.
HIV & AIDS, year 1, day 2
Grade 4 or 5, Lesson #16

Time Needed

45-60 minutes

Student Learning Objectives

To be able to...
1. Explain the role of the white blood cell in the body's defense against infection.
2. Understand the ability of the HIV to "outwit" and damage the immune system.
3. List 2 ways HIV is transmitted and 2 ways that it is not.
4. Express confidence that HIV is primarily an adult disease caused by adult behaviors.

Agenda

1. Use the AIDS Factsheet to review the concepts from yesterday's lesson.
2. Use a video, followed by discussion, to reinforce the learning.
3. Answer students' questions, oral and written, about HIV & AIDS.
4. Have students draw their own versions of the battle between the HIV and the immune system.
5. Assign homework.
Materials Needed

Classroom Materials:

- video or DVD, if possible

NOTE: To find a current audio-visual tool check out these links:

Also, audio-visual resources already approved for medical accuracy in Washington State Schools may be accessed here:
http://www.k12.wa.us/HIVSexualhealth/pubdocs/VideoList_08-09.doc

Student Materials: (for each student)

- AIDS: Facts for Elementary Students (2 sides, back-to-back)
- Family Homework Exercise: HIV/AIDS and Us
- drawing paper
- crayons (or colored pens, markers, etc.)
Activities

1. Use the AIDS Factsheet to review the concepts from yesterday’s lesson.
   Have students volunteer to take turns reading it aloud.

2. Use a video, followed by discussion, to reinforce the learning.
   Introduce it by explaining that even most adults have a hard time really understanding communicable diseases and the way the immune system works. Once they see this video, your students will be able to explain the immune system ... even to their parents.

   Show a video. Try to ensure that all materials...

   > provide accurate information about transmission and prevention,
   > foster compassion and hope,
   > instill appropriate concern,
   > and dispel fear and blame.

   Before starting the video you may want to suggest specific things for the class to watch for such as facts about HIV, the feelings of the people in the video, what people in the video learned that may have changed their feelings.

   After you show the video, lead a discussion of it. Depending upon the contents of the video you happen to use, these questions may be among those you feel are appropriate (each is followed by possible responses):

   "How does the body normally protect us from illness?"
   > The first defense is the skin, represented in the movie by the fence.
   > Once germs get into the body, we fight them with white blood cells.
   > The leaders of the immune system are white cells called "T-cells" in the film; they recognize enemies (germs) and direct other cells to fight them off.

   "How is HIV different from most germs?"
   > The HIV can disguise itself by hiding inside a T-cell. Inside, it multiplies, making more and more new viruses.
   > In the meantime, it cripples the T-cell's ability to identify invading germs. If it can't identify them, it can't direct other white blood cells to reject them.
"How do people get the HIV, the virus that causes AIDS, inside their bodies?"

> by "shooting up" drugs with IV needles, needles that have been used by someone who has HIV
> by having sexual intercourse with someone who is infected with the virus

"Why don't kids your age need to worry about catching HIV?"

> It's caused by adult behaviors.
> It isn't easy to catch, like a cold.
> Unless they have sex or shoot drugs, children can only get it from their mothers before they are born or during breast feeding (or during blood transfusions before 1985, when we didn't have a test to be sure blood was safe).

"How did _____ feel about _____?"

"By the end of the movie, he'd changed his mind. He wasn't worried any more. Why?"

"Tell me a few things we all do -- daily -- that we know we don't have to worry about."

> shaking hands
> hugging
> sharing books, pens, drinking fountains
> playing sports
> dancing
> eating in cafeterias and restaurants
> swimming in pools and lakes
> being bitten by mosquitoes
> riding on busses, elevators

Answer students' questions, oral and written, about HIV/AIDS.

If there are questions for which you don't know the answers, be honest about it. Then you (or a student) can call an expert to find out the answer. Call your local Public Health Department (in King County, WA, the HIV/AIDS Program, 206-296-4649) or the toll-free HIV/AIDS Hotline: in Washington State (1-800-272-AIDS), or anywhere in the United States (1-800-CDC-INFO [800-232-4636], 1-888-232-6348 TTY, 24 Hours/Day or E-mail: cdcinfo@cdc.gov).

3. If there are questions for which you can't think of a tasteful, sensitive answer, talk them over with a colleague or, again, contact an expert.

We recommend that you look for answers at the Sex Etc. web site, a program of Rutgers University. Go to: http://www.sexetc.org/page/ask_experts/
For value-laden questions (as opposed to factual ones), see pages 7-11 and, especially, make sure you refer to parents or guardians and clergy:

"... and since people have such differing beliefs about this, I would really recommend that you talk it over with your families. If you belong to a church, synagogue, mosque, or temple, find out what they believe, too."

4. Hand out drawing paper and crayons (or colored pencils, marking pens, etc.). Give students five or ten minutes to draw their own versions of the battle between HIV and the immune system. You can display thoughtful work on a bulletin board.

Homework

Students' options:
- Complete Family Homework Exercise: HIV and Us with an adult in your family. ¹
- Using the HIV/AIDS Factsheet as a model, design a factsheet for third graders. Make sure you explain that they don't have to worry about HIV at their age because it's hard to catch.

¹ See "Preparing Parents", page 6-7
AIDS is caused by HIV, a virus that enters the blood stream.

Acquired: A person must do something very specific to get the virus into their body. (See "The Risky Behaviors.")

Immune: The virus attacks the white blood cells in the immune system.

Deficiency: The white blood cells become too few or too weak to fight infection.

Syndrome: The virus can cause certain symptoms or illnesses in a person.
There are three ways people get HIV, the virus that causes AIDS:

1. **Blood-to-blood contact.**
   
   This happens when people share needles to shoot up (inject) drugs. Some blood always stays in the needle.

2. **Sexual intercourse.**
   
   The AIDS virus can live in semen and vaginal fluids. It can get into a person's body if they have sex with an infected person.

3. **Mother to baby.**
   
   The virus can pass from the woman's blood to the unborn baby during pregnancy. After the baby is born, the virus can pass during breastfeeding.

**The Risky Behaviors**
- Using drugs
- Sexual intercourse

**The Safe Behaviors**
- Dancing
- Using public toilets

You will have some important decisions to make as you get older.

Make choices that keep you healthy.
- Never use drugs.
- Wait until you are older to have sexual intercourse.

Things to remember:
- You cannot tell by looking if a person has HIV.
- There is no cure or vaccine for HIV.
- You cannot get HIV from casual, daily contact.
- HIV is preventable.

If you have questions call the number below. (No names asked.)

United States HIV/AIDS Hotline: 1-800-342-AIDS
Family Homework Exercise:
HIV/AIDS & Us

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL. Like all family homework, this is for two of you ... the student and an adult in your family (parent, step-parent, aunt, uncle, etc.)

DIRECTIONS

1. Each of you, name a couple of people you love over the age of 28.
2. Now choose one of these people to think about together. Fill his or her name in the blanks in the story below.
3. Read and discuss the story together:

   What if, back in 1983, ________________ was in a car accident? He or she was so badly hurt, the doctor had to do a blood transfusion. If it had been after the Spring of 1985, the blood would have been tested, but in 1983 there was no test. Last week, ________________ went to the doctor for a regular check-up and the doctor wanted to do an HIV test.

   ________________ said, "OK. " If it turns out that ________________ does have HIV, the virus that causes AIDS, what will our family do?

NOTE: Turn in a Family Homework Confirmation Slip by __________ if you want credit.
a curriculum in
FAMILY LIFE AND SEXUAL HEALTH
for grades 4, 5 and 6

Written by Elizabeth “Beth” Reis, MS
Illustrations by Powers, Stenson, Espinoza
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The County of King, by and for
Public Health - Seattle & King County, Family Planning Program

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HIV/AIDS lessons medically updated in 2005
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Puberty & Reproductive System Lessons updated in 2007
By Beth Reis, MS and Heather Hutchins, MSW, MPH
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Sexual Exploitation Lessons revised in 2006
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7/8 F.L.A.S.H.

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Medical Review

Physicians who have graciously contributed to the editing of various grade levels and topic areas of the F.L.A.S.H. curricula from the first publishing in 1985 to the present have included:

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* Affiliations for identification only
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Connie Gold Kathleen Smith

And Chloro, Elena & Stacy
And students in
Bellevue, Montesano,
Seattle, Tahoma, and
Vashon Island,
Washington and
Portland and Vernonia,
Oregon School Districts
and at Bellarmine
Preparatory School of
Tacoma
Ordering Information

Preview the F.L.A.S.H. curricula online. Go to: http://www.metrokc.gov/health/famplan/flash/


For more information about ordering:
  Outside Washington: 1-800-325-6165 ext 64902
  Inside Washington: 206-296-4902
  Email: ron.smart@metrokc.gov

For more information about the curricula:
  Outside Washington: 1-800-325-6165 ext 64970
  Inside Washington: 206-296-4970
  Email: elizabeth.reis@metrokc.gov
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### Overview of 4/5/6 FLASH

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Introduction

This is a curriculum designed by the Public Health – Seattle & King County, Family Planning Program. It consists of nineteen lesson plans for the intermediate classroom (grades four through six). There are also F.L.A.S.H. curricula for use in mainstream and special education classes at the middle school and high school levels.

The goals of F.L.A.S.H. are to assist in the development of persons:
- who are knowledgeable about human development and reproduction,
- who respect and appreciate themselves, their families and all persons,
- who will neither exploit others nor allow themselves to be exploited.

A word about philosophy . . .

No curriculum is neutral and objective. Education itself implies a certain philosophy (i.e., that knowledge is preferable to ignorance). Neutrality is not even the ideal. If education could be stripped of beliefs, the skeleton would not be worth much.

The schools DO, however, have an obligation to reflect community beliefs. And they must be honest about the particular premises of the curriculum. Where there is no general agreement on a particular issue in the community, the teacher's place is to point that out, to explain honestly the several conflicting viewpoints, and to encourage the student to discuss the issue at home.

The primary beliefs inherent in this curriculum supplement are these:

1. A person's unique qualities are to be celebrated.
2. Everyone is entitled to talk and be taken seriously.
3. Everyone is entitled to "pass" (not share personal beliefs, feelings, or information in class).
4. No one is entitled to treat another person simply as a means of selfish gratification; coercion and manipulation are wrong.
5. People have a responsibility to learn as much as possible about themselves and the people they care about. In order to meet this responsibility, they must have the opportunity to receive honest answers to honest questions.
Special Preparation: Before Beginning the Unit

Knowing Your State and Local Guidelines

It is important, morally and legally, that you follow the guidelines established by the State Superintendent of Public Instruction (in Washington) or Department of Education (in other states/countries) and your district's School Board.

Essentially, in Washington, the State Superintendent leaves the decision about WHETHER to teach sexuality up to the local school board. The State does, however, make recommendations for districts that DO teach it, regarding HOW it should be taught. For the complete text of the guidelines, see Appendix C: Washington State Laws and Guidelines Related to Sexuality Education.

Unless your district has already approved 5/6 F.L.A.S.H., contact your curriculum office at least a few weeks before you plan to begin a sexuality unit to find out its policies.

Planning a Sexuality "Unit"

This curriculum supplement addresses ten (10) topics in its nineteen (19) lesson plans. It is not necessary to confine yourself to fifteen sessions, nor to address the topics in the exact order presented here. It is also by no means essential that you approach them on consecutive days.

Work on students' self-esteem and their skills in decision-making might begin the first week of school. Sexual exploitation (abuse) might fall into a safety unit in October and November, along with first aid and fire prevention. In January, the class might discuss puberty, reproductive system and pregnancy, followed in February, March and April by other body systems. In May, the year might end with sex roles, families and friendship as well as other social/emotional health issues such as drug abuse.

You are welcome to use part or all of this material as you see fit. However, we recommend that fourth through sixth-grade students study all of these topics at some point.

Preparing Yourself

It is a good idea to read through this curriculum before you launch into teaching any part of it. You may also want to refresh yourself in content by perusing one or more of the following references:


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Preparing Your Administrator

Discuss the course content, materials and activities with your building principal. S/he needs to know of outside speakers you plan to invite. S/he should also see the letter you send parents and guardians, offering to excuse their children.

The importance of involving your administrator from the outset cannot be overemphasized. The Principal must be informed about your unit, in order to respond to parents' questions and concerns.

Preparing Parents

The primary sexuality educators of your students are their parents or guardians. Consciously or unconsciously, they have been providing sexuality education since birth. They may or may not be comfortable in their role as teachers. They may or may not be knowledgeable about the facts, but they certainly have beliefs and feelings that they share with their children.

Your role is two-fold. First, legally and morally, you must inform them that you're about to begin the unit. Your job is to offer them the options of pre-reviewing materials and/or of excusing their son or daughter. (In Washington State, parents are legally entitled to 30 days' notice before the HIV/AIDS lessons are taught.) Second, for those students who do partake of the unit, and
experience tells us this is about 99 percent of all students, you can use the unit to foster better communication at home. There are several ways to do this:

• Encourage your PTA to sponsor a free workshop for parents, to help them become better sexuality educators ... provided by your local health department. Within King county (WA), contact the Public Health Educator who serves your geographic area: http://www.metrokc.gov/health/educators/resources-for-schools.pdf

• Encourage your PTA to sponsor a workshop on puberty and communication for parents and their students TOGETHER...offered by Planned Parenthood (in Seattle, 206-328-7715; otherwise look in the local phone book).

• Provide homework assignments that encourage communication; but follow these guidelines:
  a. Explain that the student can do the assignment with any adult in the family (a parent, grandparent, step parent).
  b. Always offer an alternative assignment for students who may not be able to talk with an adult in the family.
  c. Make sure assignments are clear, purposeful and related to the content of your in-class lessons.
  d. Never ask students to report on the content of these conversations--only that they DID talk. To ask about a student's or family's "beliefs or practices...as to sex" would violate the State Superintendent's guidelines. We suggest that you use the form in Appendix B to follow up, if you want to give credit for this type of homework.

Preparing Your Materials

This curriculum is mostly self-contained. Except for the HIV/AIDS lessons, you do not have to order A.V. materials, schedule guest speakers or organize field trips to utilize it. Simply select any lesson plans you would like to use. For each lesson you decide to use, just look at the second page to see which transparencies or worksheets you will need to photocopy and/or if there are any other materials to assemble.
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How to Use FLASH

Using Coed or Single-Gender Groups

Probably the ideal is a combination: one lesson, perhaps #9 or 10, single-gender and the rest coed. The advantage of single-gender lessons is that students may be somewhat more comfortable asking questions aloud. One advantage of coed lessons is that mutual respect and understanding develop, instead of an aura of mystery and illicitness...there is less need to tease or "gossip" on the playground, since everyone has heard the same things. Also we model that men and women, parents and children of both genders, can talk together. In any case, consult your principal and your district's guidelines if you are not sure which to do.

Using Worksheets

Be creative. You can use them in any of a number of ways.

- as individual extra-challenge assignments
- for pairs of students to practice cooperative review
- in groups of up to six students, as a team-building exercise
- as a whole class, aloud, to stimulate visual/aural learning while you do a chalk-talk
- for family-type homework, to encourage parent/child communication in a game format where individuals or teams compete

Using Speakers

- Talk with them in advance to make sure they understand your expectations and you understand theirs.
- Prepare your students to have paper and pencil ready, be attentive and considerate, and enjoy the change of pace.
- STAY IN THE CLASSROOM. State law requires that a certificated person be present at all times. Besides, you cannot do an adequate job of integrating the lesson with the rest of your curriculum and/or following up on concerns that do not get addressed, unless you have heard what the speaker and the students have said.

Using Anonymous Question Boxes

Lesson 1 will give you specific directions for establishing an anonymous question system in your class.

We recommend, whenever possible, reading the questions on any particular topic the day before you plan to address that topic in class. That will give you time to think through age-appropriate, accurate, simple ways of answering them. The pages that follow this one will also offer strategies for answering them in respectful, useful ways.
Values Questions & Protocol

As we said in the curriculum philosophy section, it is neither possible nor desirable to provide value-free education. Nevertheless, questions which have a value component must be answered with care, where expressing your own personal values might hurt or offend a child and their family. With some values, it's perfectly appropriate for you to express your opinion. These are those we call "relatively universal." Relatively UNIVERSAL values are those shared by 95% of families, values which the teacher should feel comfortable, and is in fact, OBLIGATED to teach.

Examples of relatively UNIVERSAL values:

- Forcing someone to have sex with you is wrong.
- Knowingly spreading disease is wrong.
- It's safest and healthiest for school-age kids not to have sex (this is NOT controversial, what IS controversial is when it's fine to have sex).
- Taking care of your reproductive health is important.
- Sex between children and adults is wrong.
- Adultery is wrong.

Values that are CONTROVERSIAL are those without consensus in the community. These are issues about which the teacher should NOT teach or express a particular belief. Providing information or facilitating discussion about the issues is fine.

Examples of CONTROVERSIAL issues that have a wide range of values in the community:

- Abortion
- Birth control
- Masturbation
- Homosexuality
- Sex outside of marriage
- Cohabitation
- What age/under what circumstances it's acceptable to start having sex

NOTE: Parents, unlike teachers, should feel free to ask your child about his or her beliefs and to share yours. In fact, this sort of dialogue within families is very important. Employees of public schools and other public agencies have an ethical obligation not to side with one family or one religious perspective or one child over another. But children absolutely need a chance -- at home -- to explore feelings and beliefs with adults they love, just as they need a chance to learn factual information and to have universal, community values reinforced at school.

However, just because it's inappropriate in a public school setting to teach particular values on controversial issues, that does not mean one can't teach about the issues. It just means that it must be done with respect for the diversity of opinion within your community. For example, you can discuss abortion - what it is, the fact that it is legal in this country, where abortions are performed, etc., but it is not appropriate to share your beliefs about whether or not abortion is a correct choice.
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Examples of CONTROVERSIAL issues that have a wide range of values in the community:

- Abortion
- Birth control
- Masturbation
- Homosexuality
- Sex outside of marriage
- Cohabitation
- What age/under what circumstances it's acceptable to start having sex

NOTE: Parents, unlike teachers, should feel free to ask your child about his or her beliefs and to share yours. In fact, this sort of dialogue within families is very important. Employees of public schools and other public agencies have an ethical obligation not to side with one family or one religious perspective or one child over another. But children absolutely need a chance -- at home -- to explore feelings and beliefs with adults they love, just as they need a chance to learn factual information and to have universal, community values reinforced at school.

However, just because it's inappropriate in a public school setting to teach particular values on controversial issues, that does not mean one can't teach about the issues. It just means that it must be done with respect for the diversity of opinion within your community. For example, you can discuss abortion - what it is, the fact that it is legal in this country, where abortions are performed, etc., but it is not appropriate to share your beliefs about whether or not abortion is a correct choice.
Because the very teaching of certain topics may be controversial in some communities, we have included sections called "Rationale" after the cover pages of some lessons (4, 7, 8, 17). These sections explain and document the relevance and vital importance of those sections of the curriculum to the lives of juniors and seniors in high school.

Therefore, when answering a value question you should follow the F.L.A.S.H. values question protocol.

**Values Question Protocol:**

1. Read the question (verbatim, if you can) or listen to it carefully.
2. Legitimize the question.
3. Identify it as a belief question.
4. Answer the factual part, if there is one.
5. Help the class describe the community's range of beliefs.
6. Refer to family, clergy, and other trusted adults.
7. Check to see if you answered the question.
8. Leave the door open.

**SAMPLE Q:** I masturbate. Is that ok?

**SAMPLE A:** That's a great question, a lot of kids wonder about masturbation. Masturbation is when a person strokes or touches their genitals for pleasure. I can't share my own beliefs about whether or not it's ok to masturbate because families have really different beliefs about masturbation. Some families believe it's ok, as long as you're in a private place. Other families believe it's never ok. You need to check with your families, or another trusted adult to find out how they feel about it. If that's not what you meant, feel free to leave another question in the box or you can talk to me after class.

You will eventually tailor your use of the protocol, only using every step the first time masturbation, for example, comes up. For now, you should practice the protocol step by step -- until it becomes a natural part of your teaching.

**Values Question Protocol in more detail:**

1. **Read the question:**
   Read it verbatim, if you can. Use your judgment, of course, but even reading aloud relatively crude language -- as long as you do it with a serious tone and facial expression -- conveys your respect for the child who asked the question. It is likely to promote respect in return. If the language is too crude to repeat, even with a red face and an explanation ("Someone used slang, but let me read it for you as they wrote it before I translate it.") then don't read it
directly. But when you paraphrase it, make sure you are clear enough that the author of the question will recognize it as his or hers.

2. **Legitimize the question:**
   "I am glad someone asked this one."
   "That's an interesting question."
   "People ask me this one every year."
   "This one is really thoughtful (compassionate, imaginative, respectful)."

   This will encourage your students to keep asking even as it discourages snide remarks about whoever asked that particular question.

3. **Identify it as a belief question:**
   "Most of the questions you've been asking have been "fact questions" where I could look up an answer that all the experts agree upon. This one is more of a "value question" where every person, every family, every religion has a different belief."

   Teaching your students to distinguish facts from opinions (and from feelings) is at least as important as any content you will convey.

4. **Answer the factual part, if there is one:**
   Thus, for instance, if the question is about the rightness or wrongness of masturbation, you need to make sure that your class understands that -- values notwithstanding -- no physical harm results from masturbating:

   "Before we get to differing beliefs about masturbation, let me just make sure you know it doesn't cause people to go blind or mentally ill or to grow hair on their palms or anything like that."

   Even questions that are fact questions on their face may need a discussion of the underlying values, but always start by answering them:

   "Can you get birth control without your boyfriend or husband's knowing? Yes, legally in our state, you can. Now let's talk about the different beliefs people might have about couple's communicating about birth control."

5. **Help the class describe the community's range of beliefs, not their own.**

   On sensitive issues such as sex and religion, it can be really unfair (and, in Washington State, illegal) to ask individual students their own beliefs. But it is very appropriate to generalize:

   "Tell me some of the things you've heard that people believe about that."

   Prompt the group with a stem sentence:

   "Some people believe ____?"
   "Um, hmm, and some people believe ____?"

   In a class that is used to thinking about the range of community values, you will be able to draw a full assortment of answers from the students. In other groups, especially younger ones, you may draw only a dichotomy ("Some people believe abortion is wrong," and "Some people believe it is right."). In any case, your role is two-fold: (1) to make sure that every belief gets expressed -- or paraphrased -- respectfully, hopefully just as the person who
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believed it might express it and (2) to make sure that a complete range of beliefs gets expressed, even if you have to supplement the few values the group can think of:

"That's right, some people believe that it is wrong under any circumstances. And some believe it is right under any circumstances, as long as the woman and her doctor think it's best. Some believe it is OK to have an abortion if you have been raped or if your life is in danger, but not otherwise. Some believe, it is OK to have an abortion if there's something seriously wrong with the fetus, and it is doomed to a life of pain. Some think it is best for teens to have abortions, rather than to raise babies when they are still growing up themselves. Others disagree. Some feel it is better to have an abortion if you already have as many children as you can afford or take proper care of. Again, others disagree. They may feel that abortion is the same as murder. Whereas, some people think it is not really a separate human being with rights until it is developed enough to have feelings or until it is actually born."

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

"Because people have such different beliefs about this, I really want to encourage you to talk with your families -- your parent or guardian, grandparent, auntie, uncle, stepparent, mom's or dad's partner -- or with somebody at your community of worship, if you attend a church or synagogue or temple -- or with some other adult you love and whose opinions matter to you. That could be your babysitter, your best friend's parent, a counselor, or whoever will listen to your opinions and honestly share theirs. Have a conversation within the next week if you can."

Notice that this encouragement didn't assume that every child has a parent they can talk with. Some may have only been newly in a new foster home and don't yet have that kind of relationship with their new "parents." Also, notice that we shouldn't assume that every child goes to church.

What if the family is likely to convey values that the child will feel hurt by (a teen who has come out to you as gay, for instance, but whose family is strongly opposed to homosexuality)? Still, knowing one's family's beliefs is developmentally important for young people. But help them think of other trusted adults, as well.

7. Check to see if you answered the question.

"Is that what you were asking?"
"Do you all think that was what the person who wrote this question was asking?"

8. Leave the door open.

"If that isn't what you really wanted to know, you can drop another question in the box. Or come talk with me in private. You can also get a friend to ask it aloud for you or to explain to me what you meant. Just keep asking until I understand and tell you what you need to know."

Finally, if you can do it sincerely, thank the class -- or in a one-on-one situation, the student -- for their maturity or curiosity or compassion or whatever positive qualities the Q & A session has helped them to demonstrate. That will not only increase their retention, it will improve the odds of their repeating the positive behavior on the next occasion.
Other Difficult Questions

Besides value-laden questions, teachers may find a number of other questions challenging, including those which contain slang, those which are hurtful, those which are personal (about the teacher or about a member of the class), those for which the teacher doesn't know the answer and, especially with written anonymous questions, those where the teacher simply can't decipher what the student meant by the question. Let's address these one at a time, with strategies for your "toolbox" rather than a single protocol. However, don't let these questions intimidate you. The vast majority will be straightforward fact questions, most of which you will know the answer to.

Slang Question Strategies

1. **Trust your professional judgment** and personal comfort as guides for which of these strategies to utilize in any given situation.

2. **Assume good intentions ... or act as if you do.** We've found that students work hard to live up to your expectations if you work to convey (even when you may be frankly, skeptical) a faith in their best intentions for asking a question. Use your tone to convey respect for the person who asked the question, even as you address the slang in it.

3. **Acknowledge that it may not have been written as a serious question.** When a question is just too off-the-wall to have been asked for any other reason than to have gotten a laugh or put you on the spot, it's okay to preface your reading it aloud with "Maybe the person who wrote this wasn't serious about it, but I'm going to answer it anyway, in case they really did need an answer or in case someone else in the class does."

4. **Read the question verbatim** if you can. The advantages of reading the question verbatim, if at all possible (given boundaries of one's own discretion and comfort) include:
   a. Not confusing the author of the question
   b. Communicating your respect for the students; your trust in their sincerity and maturity
   c. Communicating that you are relatively unflappable and accepting
   d. Diffusing the need to test

5. **Own your discomfort with the language and paraphrase it.** Rather than taking a punitive, or annoyed, or rule-based stance, try saying something like, "I'm not comfortable reading this one the way it was written, but it may be an important question, so let me paraphrase it for you. The person used slang, but what I think they were asking was ..."

6. **Identify the slang** as such (e.g., "Cherry is a slang word.").

7. **Distinguish between neutral and demeaning slang.** Not all slang is hurtful. *Period,* for example, is slang for menstruation, but it's just as respectful as its medical counterpart. In contrast, *faggot* is hurtful and the person asking the question probably knows it. Refer to the "Hurtful question strategies" below for ideas for managing slang when it is derogatory.

8. **Translate into medical/standard language.** Write the medical/standard or respectful/sensitive term on the board, to reinforce it.
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8. Translate into medical/standard language. Write the medical/standard or respectful/sensitive term on the board, to reinforce it.
9. **Answer the question.** If it's also a value question (for example, "Is it ok to jack off?"), use the value question protocol.

10. **Leave the door open.** Because slang and euphemisms can be ambiguous or can mean different things to one generation or culture than they mean to another, you may have misinterpreted what the student was asking. Acknowledge that and invite the author to drop another question in the box or to talk with you in private if you haven't answered what they meant to ask.

**Example of a slang question:**

**Q:** How does a dick get big?

**A:** A lot of people wonder that. *Dick* is a slang term for *penis* (write "penis" on the board). The penis is full of blood vessels and veins. When the blood vessels and veins fill with blood, the penis gets harder and larger. That's called an erection. Another way a penis gets bigger is by slowly growing bigger as a boy's body grows to the size of a man's body. I hope I answered the question -- if I didn't, please let me know or put another question in the box.

**Example of a slang question that's also about a controversial value:**

**Q:** What if you're a boy and you really like boys, does that make you a faggot?

**A:** That's a really interesting question. First, "faggot" is a put-down word for a gay man. It's sometimes used to insult a man -- whether he's gay or straight -- who isn't as masculine as someone thinks a guy should be. Anyway, in more respectful language, the question was: "Does it mean you're gay if you really like other boys?" Not necessarily. A guy can have close guy friends without being gay. If he finds that most of his serious crushes are on other guys -- the kind where your stomach flips when the person walks into the room and you totally want them to notice you -- then, yes, maybe he is gay. But it takes time to know that about yourself; one crush doesn't predict one way or another whether he's gay. Different families, cultures, and religious traditions have widely varying beliefs about homosexuality. Some people believe that it doesn't matter whether you're gay or straight -- that whether you're a good person has nothing to do with who you like. Other people believe that it matters a lot. They may think that, no matter who he's attracted to, a guy should only have relationships with women. Because people have such different beliefs about it, it would be great if you would try to discuss it with your families. Nevertheless, whatever you believe, it's never acceptable to hurt or tease people. From now on, I'd appreciate in our class if people would use the word *gay*, rather than insults like *faggot*.

**Hurtful Question Strategies**

1. **If the underlying assumptions or premises of the question are derogatory or hurtful, say so.** Identify stereotypes. Help students recognize (and name) sexism, racism, etc. When students use the term "Siamese twins" I explain that blaming a birth anomaly on one country is racist. Siam is the country we now call "Thailand." And just because the most famous conjoined twins were Thai, it doesn't make it OK to name the problem after the country where they were born.

2. **Let the author off the hook with "The person may not have meant this as hurtful, but ..."** Not all hurt is intentional. It's always a good idea, when in doubt, to be generous in your assumptions. When students use the term "Siamese twins" I always note that that's probably what the person who wrote the question has always heard them called, but ..."
3. When demeaning slang is part of the question, translate into "more respectful/sensitive" language. Write the respectful/sensitive term on the board, to reinforce it. Tell them, not in an angry way but in a teaching sense, which language you want them to use from now on.

4. **Skip written questions altogether if a classmate is identified by name.** Naming a classmate in a question in order to humiliate them is not OK. Those are the only questions I will refuse to read aloud. See "Personal Question Strategies," below for more ideas about that.

5. **Answer the question.** I was once asked in a middle school whether African-American men are hornier than Caucasian men. First, I identified that as a stereotype. But then I made sure to answer the question in as straightforward a way as possible so there would be no mistaking my answer: “No, African-American men are as diverse in their sexual desire as men of other racial identities. Some like a lot of sex; some don’t want as much. And it changes at different times in each guy’s life. For that matter, the same is true for women.”

**Personal Question Strategies**

Whether to self-disclose is a decision that must be based on both professional judgment and personal comfort. You might feel comfortable disclosing that, for example, you have never had an abortion. But if the next day you decline to disclose, for example, whether or not you have ever masturbated, your students may interpret your refusal to answer as a "yes." It’s usually most appropriate NOT to self-disclose information about your sexual or medical history. On the other hand, questions about your family, your identity, and your own sexuality education may be fine to answer. It makes you human and story-telling — about yourself and people you know — can be a useful and appropriate teaching strategy, as long as it doesn’t step over a line.

In contrast, when a question is a personal one about some other specific individual (another student in the class, another staff member, or a student’s friend or family member), it is your job not to violate that person’s confidentiality.

Thus, options include:

1. **Decline to self-disclose and explain why.** But do it in a way that doesn’t imply ill-will on the part of the student who asked the question. Simply model good boundaries: “I’m not comfortable answering this one. It’s a personal question.” Or “I really like y’all, but you’re my students, not my close friends. This question feels too personal for me to get into with you.”

2. **Paraphrase the question so that it isn’t about you or anyone specific** in the class or elsewhere. So instead of reading verbatim a question that is clearly intended to embarrass a classmate, like, “Is Johnny Jones [a classmate] going through puberty?” you could say, “This person wants to know how you could tell if someone is going through puberty.”

3. **Generalize.** Speak of what **people** do, instead of what **you** have done. Often a student asking personal question about you is simply looking for validation. It can be even more validating to say, “This person asked whether I personally have had an abortion. I don’t want to talk about my own personal history with you. You are my class. You’re a great class, but I don’t talk about this kind of thing with anyone but my closest friends. What I can say is that about 3 in 10 people who get pregnant as teens have abortions; the other 7 carry the pregnancy to term.”
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Example of a personal question (that's also a value question):

Q: How old were you when you first had sex?

A: I know a lot of kids wonder about decisions adults have made, but I'm not comfortable answering a personal question like this one except with my closest friends. Remember our ground rule about protecting privacy? I'm going to protect mine on this issue. But maybe this person is asking when people generally start having sex ... kind of 'What's normal?'. The answer is: it varies, of course, from one culture and one generation to the next. One recent national survey found that 46.8% -- less than half -- of high school students in the U.S. had ever had sexual intercourse. But the truth is, I hope you won't base your decisions on what other people have done. The decision about when to have sex for the first time is too important to base it on other people's choices. [Then use the value question protocol ...] Each person, each family and religious tradition and culture have really different beliefs about when it should happen. Some people believe a person shouldn't have sex until they are married. Others believe that if you're an adult and are done with school that it's OK. Some believe there are certain qualities in a relationship or certain kinds of maturity that ought to happen first, no matter how old you are. Because people have such different beliefs about this one, I hope you'll talk with your families and other trusted adults [and with high school students add: and your closest friends and people you go out with] to see what they believe.

Strategies for the Question You Don't Know the Answer To

It's important to acknowledge your limits. The "admission" you don't know is not a failure but a vital opportunity to model that even expert adults (teachers, doctors, journalists, etc.) don't know all there is to know about human sexuality. It gives students permission not to know everything either. Even those whose social stature rests on knowing all about sex. Again, there are several ways you can answer this type of question. You can:

1. **Be honest.** Don't just guess at the answer. Or if you can make an educated guess, do ... but be very clear that that's what you're doing.

2. **Ask if anyone in the class knows the answer.** Often someone will. And utilizing their knowledge is empowering to them as learners.

3. **Look it up in front of them.** The skill of accessing reliable health information is even more crucial than the answer itself.

4. **Promise to find out** and get back to them. If you do make this kind of promise, be sure to follow through. And when you do, **make sure to tell them how/where you found out.**

5. **Get a volunteer to research it and report back.** Provide some guidance about where the volunteer might go for a trustworthy answer, and consider offering extra credit.

An example of a question you might not know the answer to:

Q: What causes PMS?

A: That's a great question, but I'm not sure I know the answer. PMS stands for premenstrual syndrome. It's the word for the symptoms some women feel before they get their periods - like being moody or sad. But I'm not sure what causes it. Does anyone in class know the answer? Would someone be willing to do some research on PMS for extra credit? I can give you some ideas about where to go to find out.
Strategies for the Question You Don’t Understand

You have several options for these types of questions.

1. **Take responsibility for not understanding** (as opposed to blaming the author of the question). So say something like, "This may be a very important question, but I'm not sure what the person is asking." instead of, "Well, there are a lot of misspellings and mangled grammar here."

2. If it is asked verbally, **probe a little**. "Can you say more about what you're asking?"

3. Read it verbatim or write a word you don't recognize on the board. And **ask if anyone in the class knows what the person might have meant.**

4. If it's asked in writing, **guess at the author's intended question** and answer it. You may need to answer more than one possible question.

5. **Invite the author to drop another question in the question box**, rephrasing what the question meant.

**Example of a question you don’t understand** (from a middle school ESL class):

**Q:** If you got zix do you fell sick?

**A:** I'm not sure I understand this student's question -- I'm not always up-to-date on words students like to use! Does anyone know what this student might have meant? No? OK, I'll guess at what they might have meant. There are some illnesses that people can get where they don't feel sick. Some sexually transmitted diseases are that way -- you might have one and not feel sick at all. If a person is having sex, they should get checked for sexually transmitted diseases at a clinic, even if they don't feel sick. I hope I answered this question -- if I didn't, I hope whoever wrote it will try to reword it and put it in the box again.
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Dear Parents and Guardians,

As you know, we are doing our unit in Family Life and Sexual Health. Part of its purpose is to help your child talk more comfortably with you, as well as your family doctor, clergy, etc.

Your child has been offered a family homework exercise to complete with you for extra credit. To protect your family's privacy, the family homework is confidential. It will not be turned in to me or discussed in class. It is also strictly optional. There are other ways to earn the same credit. The family homework exercise is simply a way for you to:

- Discuss your family’s beliefs and feelings
- Say some things you may have been meaning to say for a long time
- Find out what your child is thinking (or worrying about) regarding growing up.

When you complete a family homework exercise, simply fill out the attached slip and your child can turn it in for credit. Please feel free to call me if you have any questions.

Sincerely,

Teacher, Principal, Counselor or Nurse

Telephone Number and E-mail

Family Homework Confirmation Slip

We have completed the Family Homework: ____________________________ Topic

Student’s signature

Signature of parent, guardian, or another adult in the family

Date