

## Logic Model for *Puberty: The Wonder Years*

**Goal**: To equip students in grades 4, 5, and 6 with the knowledge and skills to 1) appreciate and respect the amazing changes experienced by self and others, and 2) to postpone sexual intercourse.

Philosophy/Assumptions	Resources	Activities	Objectives (Student knowledge and skills)	Long-Term Outcomes
Every individual should have access to the knowledge, skills, and resources needed to be sexually healthy.  Parents are the primary sex educators for youth.  Schools have a duty, in concert with families and communities, to implement effective sexuality education programs that will help students make responsible decisions during their school years and into their adult lives.  Sexuality education programs should address the needs of all students.  Curriculum should be age, developmentally, and culturally appropriate.  Abstinence from intimate sexual contact should be stressed as the only certain way, and condom use as the next best way, to avoid STIs and pregnancy.  Programs are most effective when initiated before students reach the age when they may become sexually active, and are reinforced throughout middle and high school.  Sexuality education in schools is best provided by well-trained and supported educators. Outside speakers may enhance, but not replace, instruction.	Data on educational outcomes gathered by the school district (attendance, discipline referrals, test scores, etc.), health risk behaviors (local surveys, such as Michigan Profile for Healthy Youth [MiPHY], Youth Risk Behavior Survey [YRBS], school climate surveys, etc.) and youth data collected by community agencies (health department, juvenile justice system, Uniform Crime Reports)  Parent input and support provided through surveys, focus groups, committees, parent volunteers, parent organizations, etc.  Comprehensive health education (such as the Michigan Model for Health) that is evidence-based and aligned with research and best practice  HIV/STI and sex education taught within a broader comprehensive health education curriculum and supported by the district, its board, and the community  Regional and local health coordinators who provide training, resources, and technical assistance to school staff  Trained and supported school staff, including not only teachers, but also school nurses, school counselors, and other specialists  Community agencies that support and enhance classroom instruction through education, support groups, health services, and other ancillary programs	The district sex education advisory board meets periodically to review and recommend curricula for adoption and implementation that align with student needs, community norms, the law, and research and best practice.  The advisory committee composition is periodically reviewed to ensure that members are consistent with state law and are representative of the broader community.  A thorough, medically accurate, and developmentally appropriate sexuality education curriculum is implemented at successive grade levels in the district and is regularly evaluated and updated. Enhancements to the curriculum are provided by community agencies.  Educators are trained and updated regularly to learn the latest information and strategies for skills-based, student-centered instruction, and authentic assessment.  Parents are notified in advance of the content of the instruction, their right to review materials, observe instruction, and excuse their child without penalty.  Parent programs and activities are implemented to build support and collaboration with schools for effective sexuality education.	At the end of the sexuality education program of instruction, students will be able to:  Communicate with parents and other trusted adults regarding reproductive health, relationships, and sexual decisions.  Demonstrate respect and appreciation for developmental changes experienced by self and others.  Analyze characteristics of healthy and unhealthy relationships.  Practice skills needed to develop healthy, respectful relationships.  Evaluate positive and negative influences on sexual decisions.  Evaluate the possible emotional, physical, and legal consequences of early sexual activity.  Demonstrate effective skills for avoiding or escaping risky sexual situations.  Advocate for abstinence as the only 100% effective way to avoid pregnancy, HIV, and STIs.  Demonstrate effective skills to access and correctly use condoms and other risk reduction methods.  Seek additional information, support, and services as needed.	Students will seek family support, accurate information, and regular health care to maintain their sexual health.  Students will seek out healthy relationships.  Students will delay sexual activity or return to abstinence.  Students who are sexually active will use condoms consistently and correctly.  Students will avoid HIV and other sexually transmitted infections.  Students will avoid unintended pregnancy.