**Sample Logic Model for School-Based HIV/STD and Sex Education Programs**

**Last Revised August 2012**

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| **Goal:** To equip students with the knowledge and skills to develop healthy relationships and to avoid sexual behaviors that put them at risk for HIV, STDs, and unintended pregnancy. | | | | |
| **Philosophy/Assumptions** | **Resources** | **Activities** | **Objectives**  **(Student knowledge and skills)** | **Long-Term Outcomes** |
| Parents are the primary sex educators for our 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.  Education programs should address the needs of all students, including those at greatest risk for HIV/STD and unintended pregnancy.  District curriculum should be age, developmentally, linguistically, and culturally appropriate.  Abstinence from intimate sexual contact should be stressed as the only certain way to avoid HIV, other STDs, and pregnancy.  Programs are most effective when they are initiated before students reach the age when they may adopt risky behaviors, and are reinforced throughout middle and high school.  Sexuality instruction is best provided by well-trained and supported school staff members. Outside speakers can enhance, but should not replace, instruction. | Data on educational outcomes gathered by the school district (e.g., School Infrastructure Database; Single Record Student Database), health risk behaviors (e.g., Michigan Profile for Healthy Youth (MiPHY), Youth Risk Behavior Survey (YRBS); Alcohol, Tobacco, and Other Drug surveys), and youth data collected by community agencies (e.g., health department, juvenile justice system, Uniform Crime Reports).  Parent input and support provided through surveys, focus groups, committees, parent volunteers, parent organizations, etc.  *Michigan Model for Health* curricula developed by the Michigan Departments of Education and Community Health and aligned with research and best practice.  Regional and local health coordinators who provide resources, training, and technical assistance to school staff.  HIV/STD and sex education taught within a broader comprehensive health education curriculum and supported by the district, its board, and the community.  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 comprehensive, medically accurate and developmentally appropriate HIV/STD and sex 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 by state and regional health coordinators 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 sex education. | At the end of the K-12 HIV/STD and sex education program of instruction, students will be able to:   * Analyze characteristics of healthy and unhealthy relationships. * Evaluate positive and negative influences on sexual decisions. * Evaluate the possible emotional, physical, and legal consequences of early sexual activity. * Advocate for abstinence as the only 100% effective way to avoid pregnancy, HIV, and STDs. * Accurately assess their risks for HIV, other STDs, and pregnancy. * Demonstrate effective skills for avoiding or escaping risky sexual situations. * Demonstrate effective skills to access and correctly use condoms and other risk reduction methods. * Communicate with parents and other trusted adults regarding reproductive health, relationships and sexual decisions. * Seek additional information, support, and services as needed. | Students will seek out healthy relationships.  Students will delay sexual activity or return to abstinence.  Those students who are sexually active will use condoms consistently and correctly.  Students will avoid HIV and other sexually transmitted disease infections.  Students will avoid unintended pregnancy.  Students will seek family support, accurate information, and regular health care to maintain their reproductive health. |