A GUIDE TO SEXUAL HEALTH EDUCATION IMPLEMENTATION IN WASHINGTON STATE

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

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

Chris Reykdal

Washington State Superintendent

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Introduction

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

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

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

Support for Sexual Health Education

Support for comprehensive sexual health education is widespread. Parents overwhelmingly support SHE, as evidenced in poll after poll over the past 20 years. In a 2014 survey, 93 percent of both Republican and Democrat parents place high importance on sexual health education in middle and high school, with 89 percent supporting comprehensive education (PLoS ONE, 2017). While teens say parents "most influence their decisions about sex" (National Campaign, 2016), 88 percent of Millennials (people born between the early 1980s to early 2000s) support comprehensive SHE. (Public Religion Research Institute, 2011)

The National Education Association "believes that the developing child's sexuality is continually and inevitably influenced by daily contacts, including experiences in the school environment…sensitive sex education can be a positive force in promoting physical, mental, emotional, & social health that the public school must assume an increasingly important role…"

(National Education Association, 2016)

In addition to parents and youth, a number of national agencies and organizations highlight the importance of sexual health education. The National Association of School Nurses (NASN) supports evidence-based sexual health education that is accessible to all students, as part of a comprehensive school health education program (NASN, 2017) and the American Academy of Pediatrics (AAP) highlights the importance of children and adolescents learning age-appropriate sexual health education to help youth develop a safe and positive view of sexuality (Breuner & Mattson, 2016).

"In short, quality sexuality education can go beyond the promotion of abstinence or even the prevention of unplanned pregnancy and disease to provide a life-long foundation for sexual health."

(FOSE, 2016)

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

Guidance Document Organization

Section 1 provides district administrators with resources and suggestions for successful implementation of sexual health education. There are additional resources on OSPI's website to support instructional materials review and adoption, standards implementation, classroom instruction, parent and community engagement, positive school climate and student access to community-based resources. Professional development resources are also provided for both administrators and educators, many of which are available online. Please contact OSPI's Sexual Health Education Program Supervisor for additional support and resources.

Section 2 of this document is geared toward educators, providing recommendations on the provision of sexual health education that meets state and district requirements, as well as education in line with best practice as determined by sexuality education professionals and researchers. It is helpful for district administrators to be familiar with these recommendations. The District Checklist in Appendix A also includes some of these items.

SECTION 1: District Guidance – Introduction

Districts in Washington state must provide annual HIV and STD prevention education, per the AIDS Omnibus Act and Common School Curriculum. Districts may choose to offer additional sexual health education, which must be provided in accordance with the Healthy Youth Act (see Legislative Requirements below).

Most districts have adopted policies related to HIV prevention instruction (see Model Policy #2126) and Sexual Health education (Model Policy #2125, available from WSSDA). District policies should reflect current state law as outlined in the Legislative Requirements section below.

Administrator Checklist – Sexual Health Education

A checklist is provided in Appendix A to support district administrators in ensuring that sexual health education is being provided in a manner consistent with state requirements.

Legislative Requirements

Healthy Youth Act (HYA)

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

Washington law on SHE states, "the decision as to whether or not a program about sexual health education is to be introduced into the common schools is a matter for determination at the district

level by the local school board." Any district that chooses to provide sexual health education must follow the requirements outlined in the HYA.

All instruction and materials used must be:

- Medically and scientifically accurate
- Age-appropriate
- Appropriate for students regardless of gender, race, sexual orientation, and disability status
- Consistent with the 2005 Guidelines for Sexual Health Information and Disease Prevention

Abstinence may not be taught to the exclusion of instruction and materials on FDA approved contraceptives and other disease prevention methods. In other words, the instruction must be comprehensive and address both the benefits and drawbacks of all prevention methods. It cannot present either abstinence or other prevention methods as the "only choice," or the only good, or moral or healthy choice.

If a district provides medically accurate instruction (e.g., regarding birth control), it may not bring in an "opposing viewpoint" if that viewpoint represents medically or scientifically inaccurate information, or information that is otherwise inconsistent with Healthy Youth Act requirements.

If schools choose to provide sexual health education, it must also include "age-appropriate information about the legal elements of sexual [sex] offenses (under chapter 9A.44 RCW) where a minor is a victim and the consequences upon conviction." (RCW 28A.300.145)

For more information about parent notification, student opt-out and other requirements, please see the FAQ document on our website. Model policies and procedures are available from the Washington State School Directors' Association (WSSDA).

AIDS Omnibus Act

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

The materials developed for use in the HIV/AIDS education program must be either:

- Model curricula and resources available from OSPI **or**
- Developed (or purchased) by the school district and **approved for medical accuracy** by the Department of Health (DOH) Office on HIV/AIDS

If a district develops (or purchases) its own HIV/AIDS prevention curriculum, the district **must submit** to the DOH office on HIV/AIDS a copy of its curriculum and an affidavit of medical accuracy stating that the material has been compared to the model curriculum for medical accuracy and that in the opinion of the district, the materials are medically accurate.

For more information about parent notification, student opt-out and other requirements, please

see the FAQ document on our website. A model policy and sample parent waiver form are also available on our webpage.

Common School Curriculum

An additional law, RCW 28A.230.020 (Common School Curriculum), requires that "all teachers shall stress the importance of…methods to prevent exposure to and transmission of sexually transmitted diseases…" Schools may combine STD and HIV prevention instruction, or incorporate STD and HIV prevention into a comprehensive sexual health curriculum.

HIV and STD prevention instruction is most meaningful and useful to students when provided in the context of more comprehensive sexual health education that addresses basic anatomy and physiology, skill development (e.g., communication and refusal skills), and healthy relationships.

Student Learning Standards and Grade-level Outcomes

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

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

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

Grade-level Student Learning Outcomes

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

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

to include in their curriculum and at what grade topics will be introduced.

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

Elementary Level Sexual Health Outcomes

Anatomy and Physiology – Familiarity with medically accurate terminology in early elementary grades is foundational for understanding subsequent age-appropriate instruction on puberty, HIV, and other SHE topics. Additionally, research shows that children's ability to avoid and/or report sexual abuse is dependent in part on their understanding of their bodies, including the correct names for body parts (Kenny, M.C. & S.K. Wurtele, 2008).

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

(National Sexual Violence Resource Center)

Growth and Development – Puberty education typically is provided in grades 5–6. New grade-level outcomes suggest introducing this topic in 3rd or 4th grade due to changes in the onset of puberty, especially among girls. Each district will determine when to start teaching this topic and how much information to provide. See the best practices section for a discussion on mixed vs. gender separated instruction.

Best Practice Tip!

Providing instruction on growth and development in mixed gender classes helps normalize the topic and ensures that the needs of all students are being met.

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

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

HIV prevention instruction is most meaningful and useful to students when provided in the context

of more comprehensive sexual health education that addresses basic anatomy and physiology, skill development (e.g., communication and refusal skills), and healthy relationships

Self-Identity – Grade-level outcomes for K–2 are intended to address gender expression (e.g., can boys/girls wear certain colors and styles of clothing?) and gender roles and stereotypes (e.g., can boys/girls play certain games or sports, work in certain professions?), as questions and comments related to these topics are common in early elementary classrooms.

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

Unless a school is working openly with a family to support a transgender student, conversations about gender identity are not common in early elementary classrooms. However, having these conversations can support students who may not yet be open about their identity and can promote both safety and empathy. The grade-level outcomes related to self-identity at the elementary levels are in place to prompt teachers to be prepared for discussions, based on terms and information students commonly hear, not to dictate what kinds of discussion to have.

The inclusion of self-identity content also addresses state civil rights and equity and Healthy Youth Act requirements for inclusive and bias-free SHE instruction (see section on Legislative Requirements above). Grade-level outcomes are intended to promote understanding and respect for the wide variety of students and families represented in our schools. LGBTQ students who receive inclusive SHE instruction are less likely to feel unsafe at school or to experience victimization based on their sexual orientation or gender identity (Kosciw, et al).

A number of resources are available on OSPI's website to support instruction in this content area: *Welcoming Schools* and *Teaching Tolerance* both offer lesson plans; several curricula reviewed by OSPI and DOH include relevant lessons, including *FLASH* and *Rights, Respect, Responsibility* from Advocates for Youth. Seattle Public Schools has developed a Book Kit for teachers that addresses K–5 self-identity outcomes.

Healthy Relationships – In addition to addressing friendship, this topic also addresses safe and unwanted touch. These topics may be covered in other areas of instruction such as bullying prevention and social emotional learning programs. Healthy relationship instruction at the elementary level helps protect students from sexual abuse, helps students avoid sexually abusing others, and lays the groundwork for conversations about healthy romantic relationships and consensual sex at the secondary level.

Secondary Level Sexual Health Outcomes

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

Anatomy, Reproduction, and Pregnancy – Familiarity with medically accurate terminology and the basics of reproduction are foundational for understanding age-appropriate instruction on puberty, HIV, STDs, pregnancy and other SHE topics, and ideally are covered in elementary instruction. In addition to introducing new concepts in secondary grades, a short review of basic concepts and terminology is important at each grade level, as students may reach readiness for understanding this information at different ages.

Best Practice Tip!

The use of the Values Question Protocol should be used to support fact-based instruction that recognizes a wide array of personal values and refers students to families for discussion of family values (see section on Best Practices.)

Puberty and Development – Puberty (growth and development) education typically is provided in grades 5 and 6, although new grade-level outcomes suggest introducing this topic in 3rd or 4th grade due to changes in the onset of puberty, especially among girls.

The American Federation of Teachers is one of many organizations that supports "integrat[ing] respect for human rights, including LGBTQ rights, across the curriculum."

If prior instruction has been provided by the district, a review of the topic is recommended in middle school, recognizing the wide range of ages at which youth reach puberty. Each district will determine when and how much information to provide at each grade level. See the "best practices" section for a discussion on mixed vs. gender separated instruction.

Self-Identity – Grade-level outcomes for the secondary level are in place to prompt teachers to be prepared for discussions and respond to questions about terms and information students commonly hear, not to dictate the discussion. The primary focus of the grade-level outcomes is to promote understanding and respect for the wide variety of students and families represented in our schools. The inclusion of self-identity content also addresses state civil rights and equity and Healthy Youth Act requirements for inclusive and bias-free SHE instruction (see section on Legislative Requirements above).

A number of resources are available on OSPI's website to support instruction in this content area: *Welcoming Schools* and *Teaching Tolerance* both offer lesson plans; several curricula reviewed by OSPI and DOH include relevant lessons, including *FLASH* and *Rights, Respect, Responsibility* from Advocates for Youth. For additional resources to support self-identity instruction, see our website resources page.

Some parents and community members may question the decision to teach about self-identity in schools. The Gender Inclusive Schools Toolkit includes a section on "responding to concerns: teaching about gender" that may be helpful for districts.

Prevention – Abstinence and other methods of prevention are addressed in the grade-level outcomes to reflect requirements of the Healthy Youth Act (HYA) (see Legislative Requirements

section above), as well as research on effective SHE. Research shows clearly that instruction that includes content on both abstinence and contraception is more effective than abstinence-only education, resulting in delayed sexual activity and other positive behavior changes among youth (Kohler, et al).

The HYA suggests that teachers should:

- Emphasize that no birth control method, except abstinence, is 100 percent effective in avoiding pregnancy and reducing the risk of sexually transmitted disease
- Instruct on abstinence, contraceptive methods, and other methods of disease prevention
- Ensure that neither abstinence nor birth control is characterized as the "best" or "only" choice for all students at all times
- Provide opportunities for students to practice communicating boundaries and consent
- Express genuine support for risk-reduction

Typically, actual examples of birth control methods would not be handled in the classroom earlier than 7th grade. It is recommended that they be introduced no later than 8th grade, with continued lessons throughout high school to ensure that students have needed information prior to becoming sexually active and as they are initiating sexual activity. This includes condom demonstrations on correct condom use.

Best Practice Tip!

Instruction on condom use is recommended starting by 8th grade before most students are sexually active. By 10th grade, 25% of students report having had sex, with only a little more than half of them reporting the use of a condom.

HIV prevention instruction (like other sexual health topics) is most meaningful and useful to when students have already been exposed to instruction covering basic anatomy and physiology, skill development (e.g., communication and refusal skills), and healthy relationships.

STD and birth control instruction is most effective when using "key concepts," rather than providing detailed summaries of every STD or every method. Slide shows of STD symptoms are not recommended for several reasons: they may perpetuate stigma regarding STDs, they may be problematic for students who have experienced sexual trauma, and the information may be dismissed by students who perceive this approach as a "scare tactic."

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

Washington State Laws - A number of laws are referenced in secondary level grade-level outcomes. Having students research laws related to access to sexual health services provides an opportunity

for skill-development related to accessing valid health information (Health Standard #3). Discussing laws related to sexting and online sexual harassment can help students develop the ability to analyze the influence of technology, culture and peers (Health Standard #2). Appendix C provides resources and information on Washington state laws referenced in this section of the standards.

Scope and Sequence

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

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

Instructional Materials

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

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

A number of tools for reviewing instructional materials are available on OSPI's website.

In accordance with the HYA, OSPI and DOH regularly review SHE instructional materials for consistency with legislative requirements and state learning standards. OSPI does not "approve" or recommend instructional materials. Districts should review materials before adopting/implementing them, even if they have been determined to be consistent with legislative requirements. These curriculum review reports are available on our website.

Resources for providing population-specific SHE are available on OSPI's website. These include programs and materials for special education students, students in out-of-home care, LGBTQ students, students in alternative education programs, as well as other culturally relevant programs and materials.

Bias and Equity

In addition to being reviewed for medical accuracy and general compliance with HYA and AIDS Omnibus Act requirements, all instructional materials used in Washington schools, including SHE and HIV prevention materials, must be reviewed by the school district instructional materials committee for bias as provided in the Basic Education Law (RCW 28A.150.240), the Instructional Materials Law (RCW 28A.320.230), and the Sex Equity Law (RCW 28A.640.010). OSPI curriculum reviews incorporate this component and OSPI-developed curriculum review tools include items related to bias and equity.

Teacher Preparation

Adequate teacher preparation is essential for the delivery of effective sexual health education that is consistent with state and district requirements. Professional Learning Standards for Sex Education (PLSSE) outline core skills across four domains: context for sex education, professional disposition, best practices for sex education, and key content areas. A teacher self-assessment tool is included in the PLSSE materials.

In brief, educators delivering sexual health content should have comfort with the subject matter, commitment to providing quality sexual health education, and confidence in their ability to deliver instruction with district support.

Sexual health content may be delivered effectively by a variety of people, including health/PE teachers, other classroom teachers, school nurses, school counselors, guest speakers (see Section 2 and Appendix D for more information), or by teams including a teacher and school nurse. Those delivering sexual health content should be familiar with district policies and state requirements, should use approved instructional materials, and should have adequate training to ensure success.

Teaching sexual health content raises the possibility of student disclosures of sexual abuse and assault. All professional school personnel are mandated reporters and should have adequate training on reporting processes. Professional development resources are provided for both administrators and educators, many of which are available online. For more information about the role of educators, see the section below on "Recognizing and Reporting Sexual Abuse and Assault."

It may be helpful to have school counselors/social workers available during sexual health units to support teaching staff with reporting and to support students with appropriate services. Recommendations for Sexual Abuse Prevention Education in Washington State K-12 Schools" includes information on developing support and referral systems. Please contact OSPI's Sexual Health Education Program Supervisor for additional support and resources.

SECTION 2: Educator Guidance

Best Practices in the Classroom – Introduction

This section provides information and guidance for educators to support effective sexual health instruction. Familiarity with district and state legislative policies and requirements is critical, as well as the use of approved instructional materials and adequate training and preparation (see Section 1).

If a district chooses to adopt or use grade-level outcomes for sexual health education, guidance is provided in Section 1 to support implementation. A number of resources to support instruction are provided on OSPI's Health/Physical Education and Sexual Health Education webpages.

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

Educator Checklist – Sexual Health Education

A checklist for educators is provided In Appendix B that outlines key steps and components to help ensure success.

Effective Sexual Health Education Practices

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

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

Teach in Accordance with State Laws and District Policies

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

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

Teach Students to Access Accurate Information and Valid Resources

Both state law and K–12 Health and Physical Education Learning Standards address the importance of providing accurate information to students and helping them identify and assess valid health information. Reliable sources include government sites and the peer-reviewed journals of major professional associations. OSPI's website includes organizations that have been vetted for the quality and reliability of their resources. Help students analyze the trustworthiness of sources. Introduce your school nurse and other supportive school personnel to students as a reliable source of information.

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

Teach Comprehensively

The Healthy Youth Act (HYA) requires that sexual health education be consistent with the 2005 Guidelines for Sexual Health and Disease Prevention, which describe comprehensive sexual health education in line with evidence-based approaches. It must include instruction on both abstinence and contraceptives, and should include a wide variety of topics, provided over time, that promote lifelong sexual health.

A comprehensive approach also suggests addressing sexual health topics not only through information and skill building, but also by addressing social norms. This may be done by addressing school and classroom climate, conducting social marketing/norms campaigns to normalize non-risk-taking behaviors, or engaging students in integrated learning and advocacy projects.

Build a Positive Classroom Climate

Creating a positive classroom environment is not unique to sexual health education because it is associated with improved student learning and academic achievement (Thapa, et al. 2013).

However, climate building is especially important for developing rapport and creating an environment where all students feel safe and comfortable discussing the many sensitive topics often included in sexual health education (Answer & Cardea, 2016).

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

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

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

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

Group Norms (adapted from *Rights, Respect, Responsibility* (3Rs) Curriculum)

- Right to Pass—Share only what you are comfortable sharing. No one should ever feel pressured to contribute if they do not wish to.
- Respect differences— Protect one another's right to hold different views. Group members may disagree, but they should not judge one another for their beliefs.
- One person speaks at a time—Allow one another to be heard. Avoid side conversations.
- No put downs—Avoid name calling or insulting one another.
- Use "I" statements—Speak for yourself and avoid broad statements.
- There is no such thing as a dumb question—All questions are good to ask.

Appropriate sharing outside of class—Telling other people about what you learn here is good, but we should not discuss anything personal that someone in the class may have shared. That's disrespectful and unfair to that person. Instead, you can describe what you learned rather than reference a person, especially if the person would be easily identified by sharing.

Create an Inclusive Classroom

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

Providing LGBTQ-inclusive instruction has been shown to reduce victimization of students related to their sexual orientation and gender expression.

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

Resources to support inclusive instruction can be found on OSPI's website.

Practice Cultural Proficiency

Classrooms in Washington state include a diversity of cultures. Cultural differences can enrich the classroom experience, but only if students and educators strive for cultural proficiency. Cultural proficiency is the ability to work effectively and respectfully with people from diverse cultural, linguistic, and social backgrounds. It is nearly impossible to learn and understand each young person's unique lived experience in a way that enables completely responsive communication. Rather, striving for cultural proficiency means communicating in ways that acknowledge and respect others' cultural identities. Educators who seek to implement culturally proficient sex education have the potential to improve health outcomes for youth who have been marginalized. Without cultural proficiency, educators and students are incapable of effectively communicating with one another, and curricula fail to reach all students in the classroom.

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

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

Examine the broader school environment. An environmental scan might include policies, resources for LGBTQ youth and youth of color, staff professional development related to cultural proficiency, access to health resources, and many other factors. A number of school climate surveys are available for use or adaptation.

Choose and adapt your curriculum thoughtfully. Curricula often need to be tailored to the community you serve; however, care must be taken to preserve the core elements of the curriculum that make it effective. School boards typically make decisions about SHE curriculum adoption and may specify if the curriculum is to be taught with fidelity or can be adapted. When possible, it can be helpful to involve young people, families, and other community members in choosing and adapting curricula. You can find general adaptation guidance here: http://www.etr.org/ebi/assets/File/GeneralAdaptationGuidanceFINAL.pdf. When adapting a curriculum, strive to make meaningful changes beyond language modifications that will make your curriculum more relevant for a broad range of youth experiences and identities. For example, ensure that your curriculum includes sexual health information and discussions that are relevant to young people who might have same sex partners or choose videos that include youth or adults that students can relate to.

Reflect on bias in your curriculum and any personal bias you may bring to the classroom. Striving towards cultural proficiency requires reflecting on the bias in our curricula and our own personal biases. Think critically about the messages in your curriculum and whether they make assumptions about groups of young people. Examine the ways you mentally categorize individuals, and the labels you attach to those categories. Being aware of these biases is often the first step toward making improvements in the facilitation of health education curricula. OSPI's Equity & Civil Rights Office provides guidance on conducting a bias review, and one of OSPI's SHE curriculum review tools includes a brief section for assessing bias. Some implicit bias tests include sexual orientation and gender, as well as race.

Use a trauma-informed teaching model. Trauma is the physical and emotional response to events that threaten the life or physical integrity of the young person, or someone critically important to the young person. Trauma informed sex education emerged from the understanding that every classroom has young people who have survived trauma, and that these youth still have the capacity for health and well-being. The use of "scare tactics" for topics such as STD prevention is not recommended, as it may re-traumatize students who have experienced sexual abuse. See section below for more information.

Illustrate respect for students' identities. Know your students' names and pronouns. Mispronouncing names that are unfamiliar to you or using a young person's assigned name as opposed to the name they use are often unintentional but powerful acts of discrimination. The same is true regarding students' gender pronouns. Ask students to tell you the name they want to use in your classroom and clarify pronunciation. Consider sharing your gender pronouns with students and requesting that they share their gender pronouns with you.

Use gender-neutral language as possible. The use of terms like "partner" rather than boyfriend/girlfriend recognizes the wide variety of possible relationships among students and their families. Referring primarily to anatomy rather than the gender of the person who may have those body parts recognizes students who may be intersex or transgender. Using gender-neutral pronouns acknowledges the range of possible gender identities in the classroom. And de-gendering language helps address and break down gender stereotypes. The Healthy Teen Network provides a Tip Sheet on Gender, Sexuality, & Inclusive Sex Ed.

Find constructive ways to address offensive remarks by students when they arise. Harassing comments create an opportunity for teachers to address misunderstanding and promote a positive classroom environment. These steps can be helpful: address the remarks immediately, name the behavior, use the teachable moment, support the targeted student, hold students accountable. GLSEN's Safe Space Kit provides additional ideas for intervening effectively.

Consider Classroom Composition

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

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

Also, per the requirements of the Healthy Youth Act and Washington civil rights laws, all sexual health education should be appropriate for students regardless of race, religion, gender, and gender identity.

Schools often wonder if students should be separated by gender for sexual health education lessons. Teachers and administrators should carefully consider the pros and cons of separating classrooms by gender.

While there are some circumstances that could warrant separation by gender to enhance student comfort or address cultural norms, in the majority of circumstances it is preferable to teach sexual health education in an inclusive, co-ed classroom. Teaching all students in your classroom together:

- Affirms the diversity of identities and experiences of all students and allows opportunities to hear a wide range of perspectives.
- Helps normalize conversations about sexual health between/among genders and removes stigma related to the topic.
- Ensures that all students receive required information, regardless of gender identity.
- Ensures that all students receive accurate information, rather than second-hand information from other students after lessons.
- Provides an opportunity to reinforce the importance of shared responsibility for communicating about consent.
- Provides an opportunity to foster respect and healthy communication.
- Addresses gender stereotypes and sexist attitudes. (Fabes, 2011).

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

Having a teacher who is comfortable with the subject matter and able to create a safe learning environment seems to be more important than having a teacher of the same gender.

Use Key Concepts

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

Focus on Skill Development

Research on effective SHE indicates that students need information and skills, before they become sexually active. It is important to both model and provide opportunities to practice communication, negotiation and refusal skills. Skills-based instruction like "demonstrating the steps to using a condom correctly" is recommended starting in high school, but ideally would be provided earlier (Kirby, 2007). The K–12 Health and Physical Education Learning Standards provide additional examples of skills-based grade-level outcomes for sexual health education.

Answer All Sexual Health-Related Questions

Answering student questions is a fundamental part of high quality sexual health education. Answering all student questions accurately and age-appropriately validates students' quest for knowledge and ensures that misinformation is corrected. Not only are student questions fundamental to student learning, but they give the teacher an opportunity to assess students' understanding of content, build trust in their classroom and build their own credibility as a reliable source of accurate information.

While most questions are relatively straightforward and easy to answer, some are more difficult. If a teacher needs time to think about the answer or to consult with a colleague or expert, it is fine to let the class know you will answer the question in the next few days. Use of an anonymous question box can provide time to prepare for answering questions (see FLASH and other resources for instructions on the effective use of anonymous question boxes).

While it is best practice to answer all student questions, always follow your district's written policy (e.g. if certain topics are not allowed) or combine questions if you can do so without losing the primary focus of each.

Questions about value-laden topics can be challenging for teachers at first glance. These questions may be directly about values, or they may be about topics about which people have strong values. The Value Question Protocol, developed by Public Health - Seattle and King County as part of the FLASH curriculum, offers a process for answering value-laden questions that is accurate, helpful to students, and respectful of the broad range of values and beliefs held by students and their families. FLASH also provides strategies for responding to personal questions, technique questions, and to slang in questions.

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

Assess for Understanding

Students are most likely to retain skills and information when instruction is presented in a way that resonates with students and reflects best practices in learning theory. Many curricula include videos, games, and other interactive activities that make learning more engaging and it is critical to spend time debriefing such activities with students. A common framework used for debriefing sexual health education activities is Kolb's Experiential Learning Cycle. Most packaged curricula include some version of this framework in their scripts, to support either formative or summative assessments. One important way to improve cultural relevance and inclusivity is by adapting the debriefing questions in packaged curricula.

There are four steps to the experiential learning cycle:

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

Use Cross-content Instruction to Reinforce Learning

A comprehensive, medically accurate, and age-appropriate sexual health curriculum supports and reinforces the student learning outcomes within other Core Ideas in Washington State's Health Education Standards. For example, in the Sexual Health Core Idea, student learning outcomes that include basic understanding of gender and sexual orientation are critical to the bullying prevention student learning outcomes embedded within Social Emotional Learning. Connecting content and skills in a variety of content areas helps reinforce learning.

A standards comparison document from OSPI provides examples of how SHE instruction relates to Washington K-12 Learning Standards for English language arts and mathematics, including many sample classroom activities

Engage Families

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

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

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

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

Respect a family's written request to waive a child's participation, ensuring that district policy is being followed. Excuse the child discreetly, providing meaningful alternative activities. Contact OSPI for more information on opt-out.

Have Regular Classroom Teachers Deliver Content

Research shows that students learn more about sexual health topics when taught by their regular classroom teacher or a school nurse who has developed relationships with students, rather than a guest speaker. The teacher-student relationship, especially during adolescence, is important for establishing ease and trust when discussing sensitive topics. Regular classroom teachers and school nurses are considered more credible by students than their counterparts (e.g., guest speakers),

especially when discussing sexual health, and students are more likely to pay attention and retain information. It is important to ensure that teachers have needed professional development prior to delivering sexual health content. Districts may choose to bring in guest speakers for a variety of reasons.

Review Guest Speaker

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

Students may be more inclined to learn life-changing behaviors from someone they know and trust.

The Healthy Youth Act, the law that articulates the standards for sexual health education, states, "a school may choose to use separate, outside speakers or prepared curriculum to teach different content areas or units within the comprehensive sexual health program as long as all speakers, curriculum, and materials used are in compliance with this section." OSPI's "Guest Speaker Guidelines and Checklist" can be used to assess guest speakers for alignment with Washington state requirements (see appendix D).

Use a Trauma-Informed Approach

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

Using a trauma-informed approach "means that educators, facilitators, and agency staff have some knowledge and training about the effects of trauma on the brain and behavior, and consider those effects when providing services." (Cardea, 2016). Ultimately, this approach intends to promote equity and a greater sense of safety among those served by an organization or program. The Substance Abuse and Mental Health Services Administration (SAMHSA) has defined six key principles of a trauma-informed approach:

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, and Gender Issues

There are guides and other materials designed to help educators adapt curricula to support a trauma-informed approach to sexual health education. Resources on creating trauma-sensitive classrooms is available from ASCD.

Recognizing and Reporting Sexual Abuse and Assault

People aged 15 to 24 report rape and sexual assault at far higher rates than any other age group (Perkins, 1997). If you suspect a student in your classroom has been or is being sexually abused, sexually exploited, or injured (by anyone, not just a caregiver) you are legally obligated to report it. All professional school staff are mandated reporters.

Keep in mind that at any given time you likely have students in your class who have experienced sexual abuse or assault, either currently or in the past. Strive to create a classroom that is safe and inclusive, and in which good boundaries are modeled.

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

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

In Washington state, if you suspect a child is being abused, call the Washington State Child Abuse and Neglect Hotline at 866-END-HARM (866-363-4276). The operator will connect you with the right office to make your report. Hotline hours: 24/7

- Tell the student "I believe you."
- Tell the student that they are not to blame and say, "I care about you and I'm glad you told me."
- Speak privately with the student and maintain the student's confidentiality within the school, unless you feel the need to enlist the help of another adult support person, such as your principal, school nurse, or counselor.
- **Report the abuse**. It is not sufficient to "turn the case over" to your principal or another staff person, even if this is what your school protocol advises. You are required by law to report it yourself or to make certain it has been reported by another person (for example,

by being in the room at the time). You do not need to know for certain that abuse has occurred to be obligated to report. All you need is reasonable cause to believe it has occurred; it is the job of the child protection agency to investigate, not yours or the school's.

- Offer the student as much control as possible over the timing and manner of reporting. If the student wishes, for example, they could make the report themselves while you sit at their side for support. In Washington state, if a student is not in imminent danger, you have 48 hours to make a report. You could allow them the choice to delay reporting to a child protection or law enforcement agency for a day in order to disclose it first to a parent or guardian, assuming the abuse is not at the hands of this person (Child Protective Services (CPS), 2012).
- If the student is reporting a sexual assault, ensure they get appropriate medical care and support as soon as possible. Local sexual assault agencies are an excellent source of information.

If you need or want support or advice for yourself or the child in reporting the abuse, seek professional help. In Washington, call 866-END-HARM (866-363-4276) or find a local CPS intake number online. Nationally, call the National Sexual Assault Hotline: 1-800-656-HOPE.

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

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

For further resources related to responding to disclosures of abuse, or about the provision of sexual health education in general, please see OSPI's website.

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APPENDICES

Appendix A: Administrator Checklist – Sexual Health Education

The following checklist includes both requirements and best practice guidelines

Policies and Requirements:

- ☐ My district's policies for HIV prevention instruction (#2126) and Sexual Health Instruction (#2125) are up to date and reflect current state law.
- ☐ My district provides an opportunity for parents/guardians to preview instructional materials.
- ☐ My district provides 30 days advance notice to parents/guardians and an opportunity for them to opt their child out of instruction.
- ☐ My district provides planned alternate activities for students whose parents/guardians opt them out of instruction.
- ☐ My district provides sexual health education that is appropriate for students regardless of gender, race, sexual orientation, disability status, and gender identity.
- ☐ If my district uses guest speakers, we ensure they are following district and state requirements (see Appendix D).

Instructional Materials Used by My District:

- ☐ Have been approved/adopted by our school board.
- ☐ Are up-to-date.
- ☐ Have been reviewed for consistency with AIDS Omnibus Act and Healthy Youth Act requirements (e.g., medically accurate, age-appropriate, comprehensive, cover both abstinence and other methods of prevention, appropriate for students regardless of gender, race, disability status, sexual orientation, and gender identity).
- ☐ Have been reviewed for bias and cultural relevance.
- ☐ Include student assessments (formative or summative).
- ☐ Include homework that engages families.

School Climate:

- ☐ My district works to provide safe spaces for all youth.
- ☐ My district has carefully considered the pros and cons of mixed gender vs. split gender instruction.

Professional Skills:

- ☐ Educators teaching sexual health content in my district have received relevant and regular professional development.
- ☐ My district provides training on mandatory reporting.
- ☐ I am familiar with my responsibilities as a mandated reporter and know who to contact for support.
- ☐ Staff delivering sexual health content are familiar with the requirements of the AIDS Omnibus Act and Healthy Youth Act.

Appendix B: Educator Checklist – Sexual Health Education

The following checklist includes both requirements and best practice guidelines

Policies and Requirements:

- □ I am familiar with my district's policies for HIV prevention instruction (#2126) and Sexual Health Instruction (#2125).
- □ I am familiar with the requirements of the AIDS Omnibus Act and Healthy Youth Act.
- □ I have provided an opportunity for parents/guardians to preview instructional materials.
- □ I have provided 30-days advance notice to parents/guardians and an opportunity for them to opt their child out of instruction.
- □ I have an alternate activity planned for students whose parents/guardians opt them out of instruction.
- □ I ensure guest speakers are following district and state requirements (see Appendix D).

Instructional Materials I am using:

- □ Have been approved by my district.
- □ Are up-to-date.
- □ Have been reviewed for consistency with AIDS Omnibus Act and Healthy Youth Act requirements (e.g., medically accurate, age-appropriate, comprehensive, cover both abstinence and other methods of prevention, appropriate for students regardless of gender, race, disability status, sexual orientation, and gender identity).
- □ Have been reviewed for bias.
- □ Include student assessments (formative or summative).
- □ Include homework that engages families.

Classroom Climate:

- □ I have a plan to establish group norms/ground rules.
- □ I have carefully considered the pros and cons of mixed gender vs. split gender instruction.
- □ I am familiar with the range of cultural differences in my classroom.

Professional Skills:

- □ I am confident teaching with key concepts.
- □ I have the skills I need to answer student questions (e.g., use of the Value Question Protocol).
- □ I am familiar with my responsibilities as a mandated reporter and know who to contact for support.

Professional Training:

- □ I have received adequate training to be confident and comfortable teaching.
- □ I have received training on the use of the Value Question Protocol.

Appendix C: Laws Related to Sexual Health Education Topics

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

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

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

The Center for Adolescent Health and the Law maintains state-level summaries of state minor consent laws: http://www.cahl.org/state-minor-consent-laws-a-summary-third-edition/.
Students' health information must be kept confidential by school personnel. Disclosing a student's health information to other school staff is a violation of privacy and may be a violation of federal HIPAA and FERPA laws. See OSPI Guidelines for more information: https://www.k12.wa.us/sites/default/files/public/healthservices/pubdocs/healthcaredocumentguide.pdf.

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

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

Several laws define illegal sexual contact and legal consent to sexual contact.

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

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

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

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

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

Appendix D: Guest Speaker Guidelines and Checklist

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

Sexual Health Education (Healthy Youth Act)
A school may choose to use separate, outside speakers to teach different content areas or units within a comprehensive sexual health program as long as they are consistent with the Healthy Youth Act (HYA) and other applicable state laws. "Sexual health education," as defined in the HYA and related 2005 Guidelines for Sexual Health Information and Disease Prevention, includes physiological, psychological, and sociological developmental processes, communication skills related to health behaviors, health care and prevention resources, healthy relationships, and understanding of influences of society and peers on sexual relationships (see WAC 392-410-140 for more information).

Key Requirements for materials/information presented:

- Must be medically and scientifically accurate (i.e., information that is verified or supported by research, published in peer reviewed journals and recognized as accurate and objective by organizations such as the Centers for Disease Control and Prevention).
- Abstinence may not be taught to the exclusion of other materials and instruction on contraceptives and disease prevention. (i.e. may not be taught without instruction on contraceptives and disease prevention, or as the only acceptable or effective method of prevention)
- Must be available for parents and guardians to review at least a month in advance of instruction being provided.

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

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

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

Sexual Health Education Guest Speakers – Sample Checklist

Speaker Preview:

- □ Have I reviewed all content prior to engaging the speaker? (e.g., requested and reviewed handouts, reviewed videotaped sample of the presentation if available, asked others in my district to review content/materials. If there are questions about medical accuracy, have I had those items reviewed by the WA Dept. of Health or local health department?)

Preliminary Considerations:

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

During Presentations:

- □ I can and will remain in the room during the guest presentation.
- □ If the presentation deviates from the agreed-upon content, I thank the speaker for coming and end the presentation.

Presentation Design:

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

HIV/AIDS Prevention Education (AIDS Omnibus Act Compliance)

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

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

- □ Content is medically and scientifically accurate.
- □ Content is age-appropriate.
- □ Content is appropriate for students regardless of gender, race, disability status, or sexual orientation.
- □ Neither abstinence nor contraception/condoms are presented as the only acceptable or effective method of prevention.
- □ Materials are consistent with the 2005 Guidelines for Sexual Health Information and Disease Prevention, per the Healthy Youth Act.

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