

Great Lakes PUBLIC SCHOOLS
Sex Education Advisory Board Membership Application

Name _____

Telephone _____

Address _____

City _____

Email _____

Please check all categories that apply: **Note: To serve in the role of parent on the SEAB you must have a child attending a school operated by the district.*

Parent:	Other Roles:
Select all that apply:	<ul style="list-style-type: none"> ● Clergy; Congregation you serve: _____
<ul style="list-style-type: none"> ● Elementary Parent 	<ul style="list-style-type: none"> ● Community Health Professional; Name of Employer: _____
<ul style="list-style-type: none"> ● Middle School Parent 	<ul style="list-style-type: none"> ● Educator: Grade level (s) taught: _____
<ul style="list-style-type: none"> ● High School Parent 	<ul style="list-style-type: none"> ● Student in the district; Current grade: _____
<p><i>For Parent Applicants:</i></p> <p>School student(s) attend: _____</p> <p>Grade of student(s): _____</p>	

1. What is your interest in serving on the District Sex Ed Advisory Board?

2. This district definition of sex education will be the guide for the committee in making recommendations to the school board, do you have any concerns about the definition? If so, please explain. *"Sexuality education provides knowledge and skills which empower students to make responsible decisions regarding the mental, emotional, social, physical, legal, and financial aspects of human sexuality."* **This definition excludes sexual harassment and child sexual abuse prevention which are taught as safety issues. (Outlines of grade-level appropriate curriculum will provide additional details to parents.)*

3. What areas of sex education are important to you or do you believe the District could work on to improve the sex education instruction students currently receive?

4. Can you commit to [enter number of district meetings here i.e., four, 90 minute meetings a school year]?

Yes No Maybe

Comments:

Participant Commitment

The Sex Education Advisory Board has been charged with the following responsibilities:

1. Establishing program goals and objectives for pupil knowledge and skills that are likely to reduce the rates of sex, pregnancy, and STDs.
2. Reviewing and recommending materials and methods, including guest speakers, to the local school board, taking into consideration the district's needs, demographics, and trends including, but not limited to, teenage pregnancy rates, STD rates, and incidents of sexual violence and harassment. Make recommendations to the Board of Education for needed changes, ensuring that Sex Education is age-appropriate, not medically inaccurate and follows all of the mandates of Michigan Law.
3. Evaluating, measuring, and reporting the attainment of program goals and objectives and making the resulting report available to parents in the district at least once every two years.
4. Working closely with the school administration in the implementation of this program.
5. Reviewing policy and/or state guidelines.
7. Performing other duties as suggested by the Sex Education Supervisor, Board of Education, or the Superintendent of Schools.

A reasonable effort shall be made to ensure that the advisory board shall consist of members representing a cross-section of community viewpoints.

I agree to commit the the above responsibilities of the District Sex Education Advisory Board and committ to attend and participate in the advisory board meetings.

By signing below, you understand that if you serve on the Sex Education Advisory Board your name and participation on the board may be made available to the public. Student names will not be shared.

Signature	Printed Name	Date
<i>For student participants:</i> I understand my student is participating on the district Sex Ed Advisory Board.		
Parent/Guardian Signature	Parent/Guardian Printed Name	Date

Thank you for your interest. When there is an appropriate vacancy on the Sex Education Advisory Board, you will be contacted.

Please return your completed form to: (Contact Person) (Address/Email)