

CLERK OF THE SCHOOL COMMITTEE
WORCESTER PUBLIC SCHOOLS
20 IRVING STREET
WORCESTER, MASSACHUSETTS 01609

AGENDA #1

The School Committee will hold a regular meeting:

on: Thursday, January 17, 2019
at: 6:00 p.m. – Executive Session
7:00 p.m. – Regular Session
in: Esther Howland South Chamber, City Hall

ORDER OF BUSINESS

ACTION

I. CALL TO ORDER

INVOCATION – Pastor Kris Casey
Adams Square Baptist Church

PLEDGE OF ALLEGIANCE

NATIONAL ANTHEM -

II. ROLL CALL

III. APPROVAL OF RECORDS

aor #9-1 - Clerk
(January 8, 2019)

To consider approval of the Minutes of the School Committee Meeting
of Thursday, December 20, 2018.

IV. MOTION FOR RECONSIDERATION - NONE

The Worcester Public Schools is an Equal Opportunity/Affirmative Action Employer/Educational Institution and does not discriminate regardless of race, color, gender, age, religion, national origin, gender identity, marital status, sexual orientation, disability or homelessness. The Worcester Public Schools provides equal access to employment and the full range of general, occupational and vocational education programs. For more information relating to Equal Opportunity/Affirmative Action contact the Human Resource Manager, 20 Irving Street, Worcester, MA 01609, 508-799-3020.

V. IMMEDIATE ACTION

ACTION

gb #8-355.1 -Miss McCullough/Miss Biancheria/Mr. Monfredo/
Mr. O'Connell/Mayor Petty/Mr. Comparetto/Mr. Foley
(January 8, 2019)

To recognize the following North High School JROTC members for their heroism by saving the lives of children and adults during a recent fire in the City of Worcester:

- Jordan Parker
- Abderrahman Sebbai
- Raesean Goodney
- Marquis Bell

gb #9-1 - Administration
(January 8, 2019)

To consider input from the School Committee's student representatives.

VI. REPORT OF THE SUPERINTENDENT

ROS #9-1 - Administration
(January 8, 2019)

MICHIGAN'S UPDATED COMPREHENSIVE HEALTH EDUCATION CURRICULUM

VII. COMMUNICATION AND PETITION - NONE

VIII. REPORT OF THE STANDING COMMITTEE - NONE

IX. PERSONNELACTION

- 9-1 The Superintendent has APPROVED the APPOINTMENT of the persons named below:

Biron, Heidi, Teacher, English as a Second Language, Woodland Academy, MA, Step 1, \$53,048 effective January 2, 2019. License pending: English as a Second Language Prek-8. *

Burke, Brian, Teacher, Physical Education, Systemwide, MA, Step 8, \$75,218 effective January 2, 2019. Licensed: Physical Education Prek-8. *

Gaumond, Deanna, Teacher, Elementary, Grafton Street, MA, Step 1, \$53,048 effective January 2, 2019. Licensed: Elementary 1-6. *

Gleason, Bridget, Teacher, English as a Second Language, Woodland Academy, BA, Step 1, \$46,894 effective January 2, 2019. License pending: English as a Second Language Prek-8. *

Polak, Vanessa, Teacher, English as a Second Language, Systemwide, MA, Step 3, \$59,300 effective January 2, 2019. Licensed: English as a Second Language Prek-6. *

Ryan, Crystal, Teacher, Special Education, North, MA, Step 8, \$75,218 effective January 2, 2019. Licensed: Moderate Disabilities 5-12. *

Vriesema, Jonathan, Teacher, Physical Education, Systemwide, MA, Step 1, \$53,048 effective January 2, 2019. Licensed: Physical Education Prek-8. *

**prorated*

- 9-2 The Superintendent has ACCEPTED the RESIGNATION of the persons named below:

Smith, Jesse, Teacher, Enrichment, Systemwide, effective December 17, 2018.

Weeks, Megan, Teacher, Focused Instructional Coach, South, effective January 3, 2019.

- 9-3 The Superintendent has ACCEPTED the RESIGNATION for Purposes of RETIREMENT of the persons named below:

Fain, Howard, Teacher, Science, Worcester East, effective December 31, 2018.

Lane, Sean, Teacher, Special Education, Systemwide, effective December 29, 2018.

Lunney, John, Teacher, Physical Education, Vernon Hill, effective December 31, 2018.

Poti, Deborah, Teacher, Special Education, Jacob Hiatt, effective December 31, 2018.

PERSONNEL (continued)ACTION

- 9-4 The Superintendent has APPOINTED the person named below to the position of Cafeteria Substitute Helper, permanent/intermittent at a salary of \$13.73 per hour, from Civil Service List #318-058, effective as shown:

Sevuvor, Felix 12/12/18

- 9-5 The Superintendent has APPOINTED the person named below to the position of Aide to the Physically Handicapped, permanent/fulltime at a salary of \$16.38 (minimum) to \$20.18 (maximum) per hour, from Civil Service List #318-053, effective as follows:

Romniou, Dimitra 12/17/18

- 9-6 The Superintendent has APPOINTED the person named below to the position of School Bus Attendant, permanent at a salary of \$15.60 minimum per hour to \$17.38 maximum per hour, from Civil Service List #318-066, effective as follows:

Ford, William 1/8/19

- 9-7 The Superintendent has APPOINTED the person named below to the position of Driver Full Size School Bus, permanent/fulltime at a salary of \$22.00 per hour, from Civil Service List #318-065, effective as follows:

Beauge, Isaac 1/2/19

X. GENERAL BUSINESSACTION

gb #8-57.1 - Administration/Mr. Comparetto/Mr. O'Connell/
Mr. Monfredo/Mr. Foley/Mayor Petty
(January 4, 2019)

Response of the Administration to the requests to:

- provide a report as to the openings for principal positions, the timeline for filling them, and the involvement of the community in the selection process.
- provide a report on the policy for hiring new principals to include positions that are open at this time.

gb #8-78.1 - Administration/Mr. O'Connell/Mr. Monfredo/
Miss Biancheria/Miss McCullough
(January 9, 2019)

Response of the Administration to the request to encourage the Worcester Public Schools to participate in the Ticket to Read.net Program, originated and sponsored by the Worcester Bravehearts and the Worcester Railers.

gb #8-102.1 - Administration/ Mr. Monfredo/Miss Biancheria/
Mr. Comparetto/Miss McCullough/Mr. O'Connell
(January 9, 2019)

Response of the Administration to the request to inform the public and the schools about Worcester: the City that Reads, the 13th Annual Book Drive to support children in pre-k to grade 8.

gb #8-123.8 - Administration/Miss Biancheria/Mr. Foley/
Mr. O'Connell
(January 3, 2019)

Response of the Administration to the motion from the FY19 Budget to provide a report on the benefits, accomplishments and the number of students in the Recreation Worcester program.

gb #8-234.1 - Administration/Miss Biancheria/Miss McCullough/
Mr. Monfredo/Mr. O'Connell
(December 12, 2018)

Response of the Administration to the request to provide an update on the Facilities Master Plan Report, prepared by Symmes, Maine & McKee Association, Inc.

X. GENERAL BUSINESS (continued)ACTION

gb #8-235.1 - Administration/Miss Biancheria/Mr. Monfredo/
Mr. O'Connell/Miss McCullough
(December 12, 2018)

Response of the Administration to the request to provide an update on the 2018 Accelerated Repair Projects and include recommendations for 2018-19.

gb #8-236.1 - Administration/Miss Biancheria/Miss McCullough/
Mr. Monfredo/Mr. O'Connell
(December 12, 2018)

Response of the Administration to the request to provide the SchoolDude's recommendations for 2018-19 and include the 2018 requests for issues and concerns at school sites.

gb #8-261.1 - Administration/Miss Biancheria
(December 18, 2018)

Response of the Administration to the request to provide a report on the timeframe and plans regarding the building of the new South High Community School.

gb #8-349.1 - Administration/Mr. O'Connell//Miss Biancheria/
Mr. Monfredo/Mr. Comparetto/Miss McCullough/
Mr. Foley
(December 12, 2018)

Response of the Administration to the request to develop and maintain a list of e-mail addresses of parents/guardians, who are willing to furnish them to the Worcester Public Schools, and to utilize the list to disseminate school newsletters and other pertinent information to them.

gb #9-2 - Administration
(December 14, 2018)

To approve an increase in the mileage reimbursement rate from \$0.545 per mile to \$0.58 per mile, effective January 1, 2019 for all represented and non-represented personnel in accordance with the 2019 standard mileage rate established by the Internal Revenue Service.

gb #9-3 - Administration
(December 17, 2018)

To approve a prior fiscal year payment to Kids OT, Inc. in the amount of \$156.48 for services rendered in FY18.

X. GENERAL BUSINESS (continued)ACTION

gb #9-4 - Mr. Monfredo/Miss Biancheria/Miss McCullough/
Mr. O'Connell
(December 19, 2018)

Request that the Administration encourage elementary students to participate in the annual Valentine's Day Contest, sponsored by the Worcester Historical Museum.

gb #9-5 - Mr. Monfredo/Miss Biancheria/Miss McCullough/
Mr. O'Connell/Mayor Petty
(December 19, 2018)

To forward letters of congratulations to the following individuals at South High Community School for an outstanding Winter Concert and Art Exhibit:

- Johnetta Smith, Band Director
- Angela Poirier, Chorus Director
- Benjamin Adwetewa-Badu, Teacher
- Mary Abbott, Teacher
- Katherine Rice, Teacher

gb #9-6 - Mr. Monfredo/Miss Biancheria/Miss McCullough/
Mr. O'Connell/Mayor Petty
(December 19, 2018)

To forward letters of congratulations to Colleen Kelly, History and Social Science/Library liaison and the following advisers of the Model UN for coaching their students to participate in the UN Debate Club held at Clark University:

- | | |
|------------------|---------------------------------|
| -Justine Thanas | Burncoat Middle School |
| -Scott Freniere | Burncoat High School |
| -Patricia Peters | Doherty Memorial High School |
| -Justin Newman | Worcester Technical High School |
| -David Crompton | Sullivan Middle School |
| -Brian Cormier | South High Community School |
| -Daniel Makela | Worcester East Middle School |

X. GENERAL BUSINESS (continued)ACTION

gb #9-7 - Mr. O'Connell/Miss Biancheria/Mr. Foley/
Miss McCullough/Mr. Monfredo
(January 2, 2019)

To report to the School Committee, promptly upon occurrence, "any case of tort including assaults on teachers and principals, in connection with their employment," pursuant to the requirements of Article XX (A) ("Teacher Protection") of the agreement between the Worcester School Committee and the Educational Association of Worcester, September 1, 2017 – August 31, 2020 (Page 68).

gb #9-8 - Administration
(January 2, 2019)

To select a Vice-Chairman for the School Committee for 2019.

gb #9-9 - Administration
(January 2, 2019)

To review the October 1, 2018 Enrollment Report.

gb #9-10 - Administration
(January 2, 2019)

To review the annual audit and agreed upon procedures report on compliance and internal controls for the City of Worcester, including the Worcester Public Schools, from the Certified Public Accounting Firm of CliftonLarsenAllen, LLP for the year that ended on June 30, 2018 which included the Government Accountability Office (GAO) and the Office of Management and Budget (OMB) A-133 Reports and the Management Letter.

gb #9-11 - Administration
(January 2, 2019)

To review the annual audit and agreed upon procedures on the Independent Accountant's Report on Applying Agreed Upon Procedures for Student Activity Fund Testing for fiscal years 2016, 2017, and 2018 prepared by CliftonLarsenAllen, LLP.

gb #9-12 - Administration
(January 2, 2019)

To review the annual audit and agreed upon procedures on the Independent Accountants' Report on Applying Agreed Upon Procedures for the Department of Elementary and Secondary Education End of Year Financial Report for fiscal year 2017-18, prepared by Robert C. Alario, CPA, P.C.

X. GENERAL BUSINESS (continued)ACTION

gb #9-13 - Mr. Monfredo/Miss Biancheria/Miss McCullough/
Mr. O'Connell/Mayor Petty
(January 3, 2019)

To forward a letter of congratulations to the Burncoat High School Quadrivium directed by David Twiss for its outstanding performance at the Inauguration of members of the Massachusetts House of Representatives.

gb #9-14 - Administration
(January 4, 2019)

To approve a prior fiscal year payment in the amount of \$5,489.78 to Zonar Systems for student transportation GPS service charges.

gb #9-15 - Administration
(January 2, 2019)

To approve a prior fiscal year payment in the amount of \$1,682.00 to be made payable to the CollegeBoard.

gb #9-16 - Administration
(January 2, 2019)

To accept the Parent-Child Home Program Grant in the amount of \$25,000.00.

gb #9-17 - Administration
(January 2, 2019)

To accept the Barr Grant in the amount of \$150,000.00.

gb #9-18 - Administration
(January 2, 2019)

To accept the ArtREACH Visiting Artist Program Grant in the amount of \$3,920.00.

gb #9-19 - Mr. Monfredo/Miss McCullough/Mr. O'Connell
(January 7, 2019)

Request that the Administration consider raising the pay of substitute teachers for the next school year and consider giving those retired teachers who worked in the Worcester Public Schools additional compensation as an incentive to come back as a substitute.

X. GENERAL BUSINESS (continued)ACTION

gb #9-20 - Miss McCullough/Miss Biancheria/Mr. Foley/
Mr. Monfredo/Mr. O'Connell
(January 8, 2019)

Request that the Administration provide a report on the Advanced Placement course offerings and include student/parent feedback, guidelines and costs for the exams.

gb #9-21 - Administration
(January 8, 2019)

To approve a prior fiscal year payment in the amount of \$430.50 to CliftonLarsonAllen LLP for the 2016 Student Activity Account Agreed Upon Procedures Review.

gb #9-22 - Administration
(January 8, 2019)

To authorize the Administration to resubmit a Statement of Interest to the Massachusetts School Building Authority for Burncoat High School (district priority project).

gb #9-23 - Administration
(January 8, 2019)

To accept donations in the amount of \$2,500 from the family of Elizabeth Reidy for the creation of a scholarship for North High School Students.

gb #9-24 - Administration
(January 9, 2019)

To approve a prior fiscal year payment in the amount of \$11,167.82 to be made payable to SEEM Collaborative for services rendered.

gb #9-25 - Administration
(January 9, 2019)

To set a date to recognize Benjamin Robinson, a student from Burncoat High School, for his brave and selfless action in helping to save eight people from potential peril at a recent fire in the City of Worcester.

X. GENERAL BUSINESS (continued)

ACTION

gb #9-26 - Administration
(January 9, 2019)

To consider approval of the following donations:

- \$3,086 from Worcester Technical High School's Tech Pride Club to the ALS Association MA Chapter in honor of teacher James Scanlon
- \$500 from the Forest Grove Middle School's National Junior Honor Society to the Ava Roy Fund
- \$1,000 from Harvard Pilgrim Health Care to Chandler Magnet School to replenish non-perishable items for the food pantry
- \$1,000 from the Special Olympics (The Yawkey Sports Training Center) to the Unified Sports Program at Worcester Technical High School
- \$15,000 from the Journey Community Church to Belmont Street Community School for Chromebooks
- \$4,700 from WEDF/CSX Grant to Grafton Street School
- \$1,495.27 from Mixed Bag Designs to Lake View School
- \$500 from WEDF for Opera Meets Lake View School
- \$4,250 from various donors at UMASS to Lake View School

gb #9-27 - Executive Session (Administration)
(November 28, 2018)

To discuss strategy with respect to collective bargaining or litigation if an open meeting may have a detrimental effect on the bargaining or litigating position of the governmental body, to conduct strategy sessions in preparation for negotiations with nonunion personnel, to conduct collective bargaining sessions or contract negotiations with nonunion personnel.

XI. ADJOURNMENT

Helen A. Friel, Ed.D.
Clerk of the School Committee

IN SCHOOL COMMITTEE
Worcester, Massachusetts
Thursday, December 20, 2018
Agenda #26

The School Committee of the Worcester Public Schools met in Open Session at 6:07 p.m. in the Council Chamber at City Hall on Thursday, December 20, 2018.

There were present at the Call to Order:

Miss Binienda, Mr. Comparetto, Mr. Foley,
Miss McCullough, Mr. Monfredo and Mayor Petty

Mr. O’Connell arrived at 6:15 p.m.

It was moved to recess to Executive Session:

- 1. gb #8-374 - Executive Session (Administration) Executive Session
(December 12, 2018)

To discuss strategy with respect to collective bargaining and to conduct collective bargaining regarding Grievance #17/18-27.

To discuss strategy with respect to collective bargaining for Plumbers and Steamfitters - IUPE, if an open meeting may have a detrimental effect on the collective bargaining position of the School Committee and the chair so declares.

To discuss strategy with respect to collective bargaining for Tradesmen - IUPE, if an open meeting may have a detrimental effect on the collective bargaining position of the School Committee and the chair so declares.

To discuss strategy with respect to litigation – Personnel Matter.

On a roll call, the vote was as follows:

For the motion: Miss Biancheria, Mr. Comparetto, Mr. Foley, Miss McCullough, Mr. Monfredo, Mayor Petty	6
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Absent:, Mr. O’Connell	1
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Against the motion:	$\frac{0}{7}$
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The motion carried.

The School Committee recessed to Executive Session from 6:07 p.m. to 7:10 p.m.

The School Committee reconvened in Open Session at 7:15 p.m.

The invocation was given by Pastor Mark Nilson from Salem Covenant Church.

The Pledge of Allegiance was offered and Worcester Arts Magnet School Special Chorus sang the National Anthem.

2. Pursuant to action taken in Executive Session, it was moved to deny Grievance #17/18-27.

APPROVAL OF RECORDS

Minutes/
approval of

3. aor #8-23 - Clerk
(November 26, 2018)

To consider approval of the Minutes of the School Committee Meeting of Thursday, December 6, 2018.

It was moved and voice voted to approve the Minutes of the School Committee Meeting of Thursday, December 6, 2018.

IMMEDIATE ACTION

Recognition/
Christine Foley

4. qb #8-336.1 - Administration/Mr. Monfredo/
Miss Biancheria/Mr. O'Connell/
Mayor Petty/Miss McCullough
(December 20, 2018)

To recognize Christine Foley, Coordinator of Andy's Attic at South High Community School, for her role in assisting those in need within the community.

Mayor Petty, and Superintendent Binienda presented a certificate to Christine Foley Coordinator of Andy's Attic at South High Community School, for her role in assisting those in need within the community.

It was moved to suspend rule to take the following item out of order:

- 5. gb #8-369 - Mr. Comparetto/Mr. Foley/
Mr. Monfredo
(December 12, 2018) Health Education
Unit

Request that the Administration provide an update of the Sex Education unit in the Health Education curriculum.

Mayor Petty stated that Superintendent Binienda will be presenting her recommendation for the Sex Education unit for the Health Education Curriculum on Thursday, January 17, 2019 followed by a public meeting, either at subcommittee or the full School Committee. In addition, the Mayor stated that Matilde Castiel, Commissioner of Health and Human Services will speak to that topic at the January 17th School Committee meeting.

Chantel Bethea, Reverend Aaron Payson, Mary Mullaney, Gaal Aden and Jaquelyn Morales spoke to the item.

IMMEDIATE ACTION

- 6. gb #8-359 - Administration
(December 12, 2018) Student
Representative/
academic and
character awards
- Kwaku Nyarko (December 4, 2018)

To consider the feasibility of presenting more yearly academic and character awards, at the individual school level, to recognize students from each grade who excel in and out of school.

Mr. Monfredo requested that the Administration provide a report in January 2019 with ideas for implementing yearly academic and character awards.

It was moved and voice voted to refer the item to the Administration.

Report of the Superintendent/
End-of-Cycle Summative Evaluation for Superintendent Binienda

REPORT OF THE SUPERINTENDENT

- 7. ROS #8-15 - Administration
(December 12, 2018)

END-OF-CYCLE SUMMATIVE EVALUATION
REPORT OF THE SUPERINTENDENT

Mayor Petty provided the Superintendent’s final End-of-Cycle Summative Evaluation Report in the form of a PowerPoint as follows:

The Educator Evaluation System is based on ratings for six SMART (Specific, Measurable, Attainable, Relevant and Timely) goals.

1. Professional Practice Goal

By June 2018, Mrs. Binienda will continue to develop skills in instructional leadership by completing all requirements of the second year of the New Superintendent’s Induction Program.

On this goal, you will note that there were three Exceeded and four Met.

Joseph Petty	Exceeded
Dianna Biancheria	Exceeded
Dante Comparetto	Met
Jack Foley	Met
Molly McCullough	Met
John Monfredo	Exceeded
Brian O’Connell	Met

2. Student Learning Goal

By November 2018, Mrs. Binienda will provide high quality learning opportunities and resources to all students through the development and implementation of a comprehensive curriculum.

On this goal, you will note that there were two Exceeded and five Met.

Joseph Petty	Met
Dianna Biancheria	Exceeded
Dante Comparetto	Met
Jack Foley	Met
Molly McCullough	Met
John Monfredo	Exceeded
Brian O'Connell	Met

District Improvement Goal 3

By November 2018, Mrs. Binienda will develop a district technology plan that prioritizes and supports student learning and achievement through increasing the digital literacy skills of students, staff and district administration.

On goal 3, you will note that there was one Exceeded and six Met.

Joseph Petty	Met
Dianna Biancheria	Exceeded
Dante Comparetto	Met
Jack Foley	Met
Molly McCullough	Met
John Monfredo	Met
Brian O'Connell	Met

District Improvement Goal 4

By November 2018, Mrs. Binienda will strengthen educator and administrator capacity by providing effective professional development, monitoring of practice and use of the MA DESE evaluation system.

On goal 4, you will note that there were two Exceeded, four Met and one Significant Progress.

Joseph Petty	Met
Dianna Biancheria	Exceeded
Dante Comparetto	Met
Jack Foley	Met
Molly McCullough	Significant Progress
John Monfredo	Exceeded
Brian O'Connell	Met

Other Goal 5

Through November 2018, Mrs. Binienda will continually analyze district data to increase rigorous learning opportunities for all students through advanced and specialized courses, implementation of career pathways and supportive interventions..

On goal 5, you will note that there were two Exceeded and five Met.

Joseph Petty	Met
Dianna Biancheria	Exceeded
Dante Comparetto	Met
Jack Foley	Met
Molly McCullough	Met
John Monfredo	Exceeded
Brian O'Connell	Met

Other Goal 6

"Through November 2018, Mrs. Binienda will continually support the development of a positive school climate in all schools by monitoring intensified research tiered interventions of social and emotional learning and by consistent enforcement of appropriate disciplinary rules and procedures."

On goal 6, you will note that there were one Exceeded, five Met and one Significant Progress.

Joseph Petty	Met
Dianna Biancheria	Met
Dante Comparetto	Met
Jack Foley	Met
Molly McCullough	Significant Progress
John Monfredo	Exceeded
Brian O'Connell	Met

The composite individual ratings for the six SMART Goals were:

Exceeded	11
Met	29
Significant Progress	2
Some Progress	0
Did Not Meet	0

The following are the individual ratings and the composite for the assessment of progress toward the Goals.

	Professional Practice	Student Learning	District Improvement
Joseph Petty	Exceeded	Met	Met
Dianna Biancheria	Exceeded	Exceeded	Met
Dante Comparetto	Met	Met	Met
Jack Foley	Met	Met	Met
Molly McCullough	Met	Met	Met
John Monfredo	Exceeded	Exceeded	Met
Brian O'Connell	Met	Met	Met

You will note that, for the assessment of progress toward the goals, the composite scores were:

Exceeded	5
Met	16
Significant Progress	0
Some Progress	0
Did Not Meet	0

There are 4 Standards of effective Professional Practice which are rated at four levels of performance: Unsatisfactory, Needs Improvement, Proficient and Exemplary as shown below:

Standard I: Instructional Leadership

The following chart indicates the individual ratings.

	I-A Curriculum	I-B Instruction	I-C Assessment	I-D Evaluation	I-E Data- Informed Decision Making
Joseph Petty	Proficient	Proficient	Proficient	Proficient	Exemplary
Dianna Biancheria	Proficient	Exemplary	Exemplary	Exemplary	Exemplary
Dante Comparetto	Proficient	Proficient	Proficient	Proficient	Proficient
Jack Foley	Proficient	Exemplary	Proficient	Proficient	Proficient
Molly McCullough	Proficient	Proficient	Needs Improvement	Proficient	Exemplary
John Monfredo	Proficient	Proficient	Exemplary	Exemplary	Exemplary
Brian O'Connell	Proficient	Proficient	Proficient	Proficient	Proficient

The composite ratings for Standard I were:

Exemplary	10
Proficient	24
Needs Improvement	1
Unsatisfactory	0

Commendations

- “Superintendent Binienda has met or exceeded most of her performance goals and has made certain that principals make use of effective strategies to improve their educational practices.”

-Mayor Petty
- “Under Superintendent Binienda’s leadership, the team was successful in helping educators to improve instructional high quality learning practices for all students.”

-Dianna Biancheria
- “Progress is being made on early literacy and improving elementary schools.”

-Dante Comparetto
- “Superintendent Binienda has addressed poor performance at the elementary level and has taken action to bring new leadership and improved professional practices to the classroom, often with grant support from the state.”

-John Foley

- "Superintendent Binienda does an excellent job utilizing data and creating responses based on it."
-Molly McCullough
- "There has been a great deal of high quality professional development and also accountability to determine what the best practices are for the district."
-John Monfredo
- "Superintendent Binienda's effort to develop and attain meaningful, actionable and measurable professional practices, student learning and school improvement goals, are particularly commendable."
-Brian O'Connell

Recommendations for Improvement

- "The system needs a comprehensive reproductive health education unit for middle and high school students."
-Mayor Petty
- "The system needs to have more fully functioning school site councils."
-Dante Comparetto
- "I do see the need to develop that next generation of principals across all grade levels who can create and sustain a culture of learning and high expectations in their schools."
-John Foley
- "I have concerns regarding pulling DAB Administration out of their roles to fill in for failing principals rather than using Assistant Principals or other certified staff members."
-Molly McCullough

Standard II: Management and Operations

The following chart indicates the individual ratings.

	II-A Environment	II-B Human Resources Management and Development	II-C Scheduling and Management Information Systems	II-D Law, Ethics, and Policies	II-E Fiscal Systems
Joseph Petty	Proficient	Exemplary	Proficient	Exemplary	Exemplary
Dianna Biancheria	Exemplary	Exemplary	Exemplary	Exemplary	Proficient
Dante Comparetto	Proficient	Proficient	Proficient	Proficient	Proficient
Jack Foley	Proficient	Exemplary	Proficient	Exemplary	Exemplary
Molly McCullough	Proficient	Proficient	Proficient	Proficient	Proficient
John Monfredo	Exemplary	Exemplary	Exemplary	Exemplary	Exemplary
Brian O'Connell	Proficient	Proficient	Proficient	Proficient	Proficient

The composite ratings for Standard II were:

Exemplary	15
Proficient	20
Needs Improvement	0
Unsatisfactory	0

Commendations

- "Superintendent Binienda allocated and managed expenditures well in the Budget that reflected her goals for the system."
-Mayor Petty
- "Superintendent Binienda succeeded in empowering administrators by providing them with adequate resources and support to address the academic, health, emotional and social needs of all students."
-Dianna Biancheria
- "I am pleased with the increase in student supports, clinicians and wraparound services."
-Dante Comparetto

- "Superintendent Binienda and her staff continue to manage the operations of the district at a very high level despite being severely limited by resources."
-John Foley
- "I feel the system falls in the middle regarding this Standard."
-Molly McCullough
- "Superintendent Binienda has been a strong advocate in leading the way to increase state-wide funding for the Gateway districts and she has continued to look for grant funding to assist in areas where there is a lack of resources."
-John Monfredo
- "Training of principals in the maintenance of an orderly and efficient school environment has been extensive and Superintendent Binienda has stressed the ability of principals in this area in her hiring decisions."
-Brian O'Connell

Recommendation for Improvement

- "The system should work harder to cultivate, recruit and hire more teachers of color to reflect the composition of the school district."
-John Foley
- "The system needs to work harder on hiring quality people for appropriate positions."
-Molly McCullough
- "The system should implement a more transparent, community-oriented budget preparation approach, with community input BEFORE the Administration has developed its own draft budget."
-Brian O'Connell

Standard III: Family and Community Engagement

The following chart indicates the individual ratings.

	III-A Engagement	III-B Sharing Responsibility	III-C Communication	III-D Family Concerns
Joseph Petty	Exemplary	Exemplary	Exemplary	Exemplary
Dianna Biancheria	Exemplary	Exemplary	Exemplary	Exemplary
Dante Comparetto	Proficient	Proficient	Proficient	Proficient
Jack Foley	Needs Improvement	Needs Improvement	Needs Improvement	Proficient
Molly McCullough	Proficient	Proficient	Proficient	Proficient
John Monfredo	Exemplary	Exemplary	Exemplary	Proficient
Brian O'Connell	Proficient	Exemplary	Exemplary	Exemplary

The composite ratings for Standard III were:

Exemplary	14
Proficient	11
Needs Improvement	3
Unsatisfactory	0

Commendations

- "The growth of the business/community partnerships is truly becoming one of the hallmarks of Superintendent Binienda's leadership and her community engagement is truly incredibly high as evidenced by the fact that she is always visible and accessible."
-Mayor Petty
- "Superintendent Binienda has succeeded in working collaboratively with various community leaders and stakeholders to establish a meaningful Strategic Plan that will enhance the education for all students."
-Dianna Biancheria

- "Strides have been made in community and family involvement."
-Molly McCullough
- "Superintendent Binienda has continued that strong quality of communicator in addressing family needs and has advocated for more community services within our schools to teach students the importance of giving back to their community."
-John Monfredo
- "I commend Superintendent Binienda for her outreach to the community, for her presence at a wide range of school programs and activities, for her willingness and ability to listen to staff, students, family and community concerns and her interest in addressing their concerns to the degree feasible."
-Brian O'Connell

Recommendation for Improvement

- "The system needs to do a better job communicating to parents in their native languages. The Administration needs to be looking at best practices from other school districts with similar demographics."
-Dante Comparetto
- "The system needs to find new avenues for genuine conversations and to listen more to what our families and our communities have to offer in support of the schools."
-John Foley
- "The system needs to continue to ensure that family and community voices are heard and that it act on them in an effective/efficient manner."
-Molly McCullough

- “The system needs to focus on having all schools represented on the Citywide Parent Planning Advisory Council, and on School Site Councils which often have limited parent and community involvement. These meetings occur at hours that make participation by many working parents effectively impossible.”

-Brian O’Connell

Standard IV: Professional Culture
The following chart indicates the individual ratings.

	IV-A Commitment to High Standards	IV-B Cultural Proficiency	IV-C Communication	IV-D Continuous Learning	IV-E Shared Vision	IV-F Managing Conflict
Joseph Petty	Exemplary	Proficient	Exemplary	Exemplary	Proficient	Exemplary
Dianna Blancheria	Exemplary	Exemplary	Exemplary	Proficient	Exemplary	Exemplary
Dante Comparetto	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Jack Foley	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Molly McCullough	Exemplary	Proficient	Proficient	Proficient	Proficient	Proficient
John Monfredo	Exemplary	Proficient	Exemplary	Proficient	Exemplary	Proficient
Brian O’Connell	Proficient	Proficient	Exemplary	Exemplary	Proficient	Proficient

The composite ratings for Standard IV were:

Exemplary	15
Proficient	27
Needs Improvement	0
Unsatisfactory	0

Commendations

- “Superintendent Binienda helps administrators to become good decision makers by developing strong core values.”
- Mayor Petty

- "Superintendent Binienda has succeeded, with the help of her team, to set a very positive tone prior to the first day of school for all staff which involved an inspirational speaker who succeeded in motivating all in attendance to improve their teaching practices."

-Dianna Biancheria

- "Overall, there has been a strong professional culture created with high expectations for teachers and a shared vision for student success."

-John Foley

- "Superintendent Binienda has high expectations for the district."

-Molly McCullough

- "Superintendent Binienda is a strong believer in promoting high standards across the district by her actions and by initiating change within our district."

-John Monfredo

- "Superintendent Binienda has made excellent progress in her effort to establish and maintain a professional culture in the Worcester Public Schools which reflects an openness and commitment to learning."

-Brian O'Connell

Standard IV- Professional Culture Recommendations for Improvement

- "I would like to see continued leadership development for Assistant Principals and for those teachers who want to move into leadership positions."

-Mayor Petty

- "In order to achieve success, the system needs to utilize appropriate staff who can successfully support Superintendent Binienda's initiatives so that she has time to focus on overall district needs."

-Molly McCullough

OVERALL ASSESSMENT OF THE PERFORMANCE ON
THE STANDARDS

The following chart indicates the overall rating of each School Committee member on the standards.

	Standard I Instructional Leadership	Standard II Management and Operations	Standard III Family and Community Engagement	Standard IV Professional Culture
Joseph Petty	Proficient	Exemplary	Exemplary	Exemplary
Dianna Blancheria	Exemplary	Exemplary	Exemplary	Exemplary
Dante Comparetto	Proficient	Proficient	Proficient	Proficient
Jack Foley	Proficient	Exemplary	Needs Improvement	Proficient
Molly McCullough	Proficient	Proficient	Proficient	Proficient
John Monfredo	Proficient	Exemplary	Exemplary	Proficient
Brian O'Connell	Proficient	Proficient	Exemplary	Proficient

The composite ratings for Standards I, II, III and IV were:

Exemplary	11
Proficient	16
Needs Improvement	1
Unsatisfactory	0

Overall Summative Evaluation on the Goals and Standards

	Summative
Joseph Petty	Exemplary
Dianna Biancheria	Exemplary
Dante Comparetto	Proficient
Jack Foley	Proficient
Molly McCullough	Proficient
John Monfredo	Exemplary
Brian O'Connell	Exemplary

The composite ratings for the Overall Summative Evaluation on the Goals and Standards were:

Exemplary	3
Proficient	4
Needs Improvement	0
Unsatisfactory	0

EVALUATOR COMMENTS

- "Superintendent Binienda has proven to be very capable as Superintendent. What has impressed me the most has been her ability to turn around a failing school. Working with school leadership and teachers, she has shown that her hands-on approach can change school culture for the better."

-Mayor Petty.

- "Superintendent Binienda epitomizes all that a model Superintendent should be, one who brings the best out of her staff which results in good outcomes for all students in the Worcester Public Schools."

-Dianna Biancheria

- "We all recognize the importance of showing more significant academic improvements for students of all ages, but also understand the limitations the district faces with the lack of revenues and the inappropriate levels of funding with the Foundation Budget Formula."
-John Foley
- "I am very happy to see progress made to date with Superintendent Binienda who appears to be aligning her practices with the professional practice goal, the student learning goal, and the district improvement goals."
-Dante Comparetto
- "I believe that we need to continue to work on the quality of our administrators and not only the quantity but quality of our advanced placement and rigorous learning opportunities."
-Molly McCullough
- "The final outcomes of several of Superintendent Binienda's goals have not yet been reached primarily due to resource constraints across the district."
-John Foley
- "I remain concerned that we still do not challenge some of our students to achieve academically at the maximum level of which they are capable - i.e., to work well ahead of their "comfort level," and to derive from this experience the confidence, self-discipline and satisfaction which will encourage and support superlative achievement throughout their lives."
-Brian O'Connell
- "I believe that Superintendent Binienda has worked toward setting goals that are appropriate for herself, students and the district which have a high impact on student learning."
-Molly McCullough

- "Superintendent Binienda has done an outstanding job in restructuring her administrative team to focus on improving teaching practices at the school level and supporting staff in their work. This has resulted in building morale within the teaching force and an over-all positive feeling about our schools in the community."

-John Monfredo

- "I am particularly pleased with the increase in the number of Model United Nations Clubs and robotics programs, with expansion of the dual language program at Burncoat Middle, with the new Chapter 74 programs, with the varied and expansive initiatives in both digital literacy and the visual and performing arts, and with the formulation of a language proficiency rubric for world language writing."

-Brian O'Connell

The final step in this evaluation process is a rating on the impact on Student Learning. This chart indicates 4 high and 3 moderate.

	Summative
Joseph Petty	Moderate
Dianna Biancheria	High
Dante Comparetto	Moderate
Jack Foley	Moderate
Molly McCullough	High
John Monfredo	High
Brian O'Connell	High

High	4
Moderate	3
Low	0

I, on behalf of the School Committee, would like to thank Superintendent Binienda for her tremendous personal commitment to the success of our schools. I look forward to working with her, her management team and my colleagues as we seek to make the Worcester Public Schools one of the best urban school districts in the country.

Congratulations Superintendent Binienda on a job well done!

Superintendent Binienda received a very positive End of Cycle Summative Evaluation by Miss Biancheria, Mr. Comparetto, Mr. Foley, Miss McCullough, Mr. Monfredo, Mr. O'Connell and Mayor Petty.

It was moved and voice voted to accept and file the item.

Miss Biancheria made the following motion:

Request that the School Committee commence negotiations between the Mayor and Superintendent Binienda for a 3 year contract for the Superintendent.

On a voice vote the motion was approved

8. **REPORT OF THE STANDING COMMITTEE ON FINANCE AND OPERATIONS**

gb #8-233 -Administration (July 18, 2018)

FY19 Budget/first
quarter report

To review the status of the FY19 Budget and make appropriate transfers as required.

Mr. Allen provided an update on the First Quarter Report for the FY19 Budget.

It was moved to approve the following transfers:

Amount	From Account	Account Title	To Account	Account Title
\$90,000	500122-92000	Athletics OM	500103-97201	Transportation Salaries
\$400,000	500-91111	Teacher Salaries	500130-92000	Personal Services
\$250,746	500-91111	Teacher Salaries	500136-92000	Miscellaneous OM
\$9,254	500-91111	Teacher Salaries	540136-92000	Miscellaneous OM
\$300,000	500-91111	Teacher Salaries	500129-92000	Workers Compensation
\$300,000	500-91111	Teacher Salaries	500132-92000	Special Education Tuition
\$130,000	500-91111	Teacher Salaries	500152-92000	Facilities Ordinary Maintenance
\$20,000	500-91111	Teacher Salaries	500-92204	Instructional Supplies
\$100,000	500-91111	Teacher Salaries	500-91110	Administration

On a roll call of 2-0-1 (absent Miss McCullough), the motion was approved.

Snow Removal
Equipment

qb #8-291.1 - Miss Biancheria/Mr. Comparetto/Miss McCullough/Mr. Monfredo/Mr. O'Connell (September 26, 2018)

Request that the Administration provide a report on the availability of snow removal equipment for individual school sites or available for school use to include snow blowers and plow trucks.

Hold.

SCHOOL COMMITTEE ACTION

The School Committee approved the action of the Standing Committee on Finance and Operations as amended.

gb #8-233

It was moved to approve the following transfers:

Amount	From Account	Account Title	To Account	Account Title
\$90,000	500122-92000	Athletics OM	500103-97201	Transportation Salaries
\$400,000	500-91111	Teacher Salaries	500130-92000	Personal Services
\$250,746	500-91111	Teacher Salaries	500136-92000	Miscellaneous OM
\$9,254	500-91111	Teacher Salaries	540136-92000	Miscellaneous OM
\$300,000	500-91111	Teacher Salaries	500129-92000	Workers Compensation
\$300,000	500-91111	Teacher Salaries	500132-92000	Special Education Tuition
\$130,000	500-91111	Teacher Salaries	500152-92000	Facilities Ordinary Maintenance
\$20,000	500-91111	Teacher Salaries	500-92204	Instructional Supplies
\$100,000	500-91111	Teacher Salaries	500-91110	Administration

On a roll call of 7-0, the item was approved.

9. PERSONNEL

8-56 The Superintendent has APPROVED the APPOINTMENT of the persons named below:

Appointments

Elsayyad, Hossam, Teacher, English as a Second Language, Elm Park, DOC, Step 2, \$67,081 effective November 26, 2018. License pending: English as a Second Language Prek-6. *

Freeman, Michael, Assistant Director of Transportation, Bus Yard, \$90,000 effective November 26, 2018. *

Kelly, Kerri, Teacher, Elementary, Burncoat Prep, MA, Step 7, \$69,547 effective November 29, 2018. Licensed: Early Childhood Prek-2.*

Loewen, Kelly, Teacher, English as a Second Language, Grafton Street, BA, Step 1, \$46,894 effective November 30, 2018. Licensed: English as a Second Language Prek-6. *

Mascetta, Jordan, Teacher, Special Education, Jacob Hiatt, MA, Step 1, \$53,048 effective December 10, 2018. Licensed: Moderate Disabilities Prek-8. *

Souza, Taryn, Teacher, Music, Sullivan – Goddard Scholars, MA, Step 8, \$75,218 effective November 29, 2018. Licensed: Music – All levels.

*

**prorated*

- Resignations 8-57 The Superintendent has ACCEPTED the RESIGNATION of the persons named below:
- Holden, Seth, Teacher, Enrichment, Systemwide, effective December 7, 2018.
Isaac, Elizabeth, Teacher, English as a Second Language, Claremont, effective November 20, 2018.
- Retirements 8-58 The Superintendent has ACCEPTED the RESIGNATION for Purposes of RETIREMENT of the persons named below:
- Borges, Carmelo, Teacher, Elementary, Vernon Hill, effective December 3, 2018.
Daley, Deborah, Assistant Principal, Nelson Place, effective December 9, 2018.
Keating, Shawn, Teacher, Special Education, North, effective December 3, 2018.
Tangney, Ann, Teacher, Elementary, Burncoat Prep, effective December 3, 2018.
- Appointments 8-59 The Superintendent has APPOINTED the persons named below to the position of Cafeteria Substitute Helper, permanent/intermittent at a salary of \$13.73 per hour, from Civil Service List #318-058, effective as shown:
- | | |
|--------------------|----------|
| Michelle DiRoberto | 11/27/18 |
| Mildred Graham | 11/26/18 |
| Annah Killebrew | 11/28/18 |
| Laura Laloi-Joseph | 11/28/18 |
| Heather Landry | 11/28/18 |
| Savannah Madera | 11/14/18 |
| Oscar Rodriguez | 11/27/18 |
| Peter Salas | 11/14/18 |
| Felix Sevuvor | 12/12/18 |

GENERAL BUSINESS

10. gb #7-94.1 - Administration/Miss Biancheria/
Mr. O'Connell/Ms. Colorio/
Mr. Monfredo
(December 12, 2018)
- Grant/Career and
Technical Education
Partnership/
progress report

Response of the Administration to the request to provide a progress report on the Career and Technical Education Partnership Implementation Grant which provides students opportunities to participate in manufacturing and other career pathways at Worcester Technical High School.

It was moved and voice voted to accept and file the item.

11. gb #7-143.1 - Administration/Miss Biancheria/
Ms. Colorio/Mr. O'Connell/
Mr. Monfredo
(December 12, 2018)
- Bullying Prevention
and Education
Conference

Response of the Administration to the request to provide a report on the 2017 Annual Bullying Prevention and Education Conference to include explanations regarding:

- the six rules in reference to the awareness of bullying and
- the activities and solutions that will be implemented during the 2017-18 school year

Miss Biancheria requested that a presentation be made at a School Committee meeting regarding the six rules of Bullying Prevention in the Worcester Public Schools.

It was moved and voice voted to accept and file the item.

School Funding
Lawsuit

12. gb #8-56.1 - Administration/Mr. O'Connell/
Miss Biancheria
(December 12, 2018)

Response of the Administration to the requests to receive an update from the Brockton Public Schools regarding the School Funding Lawsuit and a statement as to the Superintendent's position regarding the lawsuit.

It was moved and voice voted to accept and file the item.

Recruitment
Initiatives

13. gb #8-58.2 - Administration/Mr. O'Connell/
Miss Biancheria
(December 10, 2018)

Response of the Administration to the requests to:

- provide a report as to recruitment initiatives outside of Worcester and
- seek information from other school districts as to how they recruit new teachers.

It was moved and voice voted to accept and file the item.

Massachusetts
Supreme Judicial
Court decision/
SJC-12331

14. gb #8-89.1 - Administration/Mr. O'Connell
(December 10, 2018)

Response of the Administration to the request to review the Massachusetts Supreme Judicial Court decision in Public Employee Retirement Administration Commission v. Contributory Retirement Appeal Board (SJC-12331), and make its own modifications, if any are required, to its own practices in order to be in full compliance with the decision.

It was moved and voice voted to accept and file the item.

15. gb #8-123.7 - Administration/Miss Biancheria/
Mr. Foley/Mr. O'Connell
(December 12, 2018) FY19 Budget

Responses of the Administration to the motions from the FY19 Budget to provide:

- a Report of the Superintendent on Instructional Technology
- a listing of the expenditures from the Out of State Travel account
- a report on the Unemployment Compensation Account regarding funding
- a report on an outside assessment of the current telephone lines

It was moved and voice voted to accept and file the responses to the motions.

16. gb #8-128.1 - Administration/Mayor Petty/
Miss Biancheria/Mr. Comparetto/
Mr. Foley/Miss McCullough/
Mr. Monfredo/Mr. O'Connell
(December 12, 2018) Public Safety
Events/
organizational
chart

Response of the Administration to the request to work with the City Manager's office to develop an organizational chart and communication procedures for any public safety events in the Worcester Public Schools.

It was moved and voice voted to accept and file the item.

17. gb #8-151.1 - Administration/Miss McCullough/
Miss Biancheria/Mr. Comparetto/
Mr. Foley/Mr. Monfredo/
Mr. O'Connell
(December 12, 2018) Vocational-
Technical
Opportunities

Response of the Administration to the request to provide a progress report regarding additional vocational/technical opportunities for students not admitted to Worcester Technical High School.

It was moved and voice voted to accept and file the item.

Budget/allocation of funds after the House and Senate approve the Budget

18. gb #8-214.1 - Administration/Mr. Monfredo
(December 12, 2018)

Response of the Administration to the request to provide a report on the allocation of funds after the House and Senate approve the Budget.

It was moved and voice voted to accept and file the item.

Facilities Master Plan/Symmes, Maine & McKee Association, Inc.

19. gb #8-234.1 - Administration/Miss Biancheria/
Miss McCullough/Mr. Monfredo/
Mr. O'Connell
(December 12, 2018)

Response of the Administration to the request to provide an update on the Facilities Master Plan Report, prepared by Symmes, Maine & McKee Association, Inc.

Hold for the meeting on Thursday, January 17, 2019.

2018 Accelerated Repairs Projects

20. gb #8-235.1 - Administration/Miss Biancheria/
Mr. Monfredo/Mr. O'Connell/
Miss McCullough
(December 12, 2018)

Response of the Administration to the request to provide an update on the 2018 Accelerated Repair Projects and include recommendations for 2018-19.

Hold for the meeting on Thursday, January 17, 2019.

21. gb #8-236.1 - Administration/Miss Biancheria/
Miss McCullough/Mr. Monfredo/
Mr. O'Connell
(December 12, 2018) SchoolDude/
requests and
concerns
- Response of the Administration to the request to provide the SchoolDude's recommendations for 2018-19 and include the 2018 requests for issues and concerns at school sites.
- Hold for the meeting on Thursday, January 17, 2019
22. gb #8-271.1 - Administration/Mr. Foley
(December 12, 2018) Opening of Schools
Event
- Response of the Administration to the request to consider changing the date of the Opening of Schools Event in order to give the teachers time to prepare their classrooms for the opening of school.
- It was moved and voice voted to accept and file the item.
23. gb #8-289.1 - Administration/Miss Biancheria/
Mr. Comparetto/Miss McCullough/
Mr. Monfredo/Mr. O'Connell
(December 12, 2018) Transportation
Operations/
Fremont Street
facility
- Response of the Administration to the request to provide a report on all transportation operations that were transferred to the Fremont St. facility and include all administrative vacancies that were advertised along with new or additional bus routes that were added.
- Hold for the meeting on Thursday, January 17, 2019.
24. gb #8-290.1 - Administration/ Miss Biancheria/
Mr. Comparetto/Miss McCullough/
Mr. Monfredo/Mr. O'Connell
(November 28, 2018) Bus
Transportation/
report
- Response of the Administration to the request to provide a report on the Worcester Public Schools' bus transportation system and include information relative to the ten new buses operated by the Worcester Public Schools and indicate the routes of said buses.
- Hold for the meeting on Thursday, January 17, 2019.

Bus Stops/
changes in

25. gb #8-341.1 - Administration/Miss Biancheria/
Mr. Monfredo/Mr. O'Connell
(November 12, 2018)

Response of the Administration to the request to review the process by school for requesting changes or additions to bus stops.

(These items were considered together.)

Hold for the meeting on Thursday, January 17, 2019.

Public Employees/
State's guidelines
political
fundraising efforts

26. gb #8-309.1 - Administration/Mr. Comparetto/
Mr. Foley/Miss McCullough/
Mr. Monfredo/Mr. O'Connell
(December 12, 2018)

Response of the Administration to the request to interact with the City Manager and City Solicitor to make certain that all City of Worcester employees are fully informed about the State's guidelines regarding appointed and public employees' public participation in political fundraising efforts and endorsements.

It was moved and voice voted to accept and file the item.

Recognition/
forward letters

27. gb #8-360 - Mr. Monfredo/Miss Biancheria/
Mr. Comparetto/Mr. Foley/
Miss McCullough/Mr. O'Connell/
Mayor Petty
(November 30, 2018)

To forward letters of congratulations to the following individuals who were honored by Friendly House for their outstanding community participation as part of its Galaxy of Stars event:

Thomas Toney, Assistant Principal at Grafton Street School
Terry Wallis, Coach at Doherty Memorial High School
Charles Payson, Honor Student/star athlete at Doherty Memorial High School
Christine Foley, teacher at South High Community School

It was moved and voice voted to forward letters of congratulations.

28. gb #8-361 - Miss McCullough/Miss Biancheria/
Mr. Comparetto/Mr. Foley/
Mr. Monfredo/Mr. O'Connell
(November 30, 2018) Flags/condition of

To check on the condition of all the flags in the Worcester Public Schools and make certain they are well maintained to be flown daily.

It was moved and voice voted to file the item.

29. gb #8-362 - Mr. Monfredo/Miss Biancheria/
Mr. Comparetto/Mr. Foley/
Miss McCullough/Mr. O'Connell/
Mayor Petty
(December 6, 2018) Recognition/
forward letter

To forward a letter of congratulations to Andrea Cook, a Music teacher at Burncoat Middle School, for having an article published in the Massachusetts Educator's Quarterly Journal regarding innovative approaches to the teaching of music at the middle school level.

It was moved and voice voted to forward letters of congratulations.

30. gb #8-363 - Miss McCullough/Miss Biancheria/
Mr. Comparetto/Mr. Foley/
Mr. Monfredo/Mr. O'Connell/
Mayor Petty
(December 6, 2018) Recognition/
forward letter

To forward a letter to Ellie Marhefka, a Data Accountability Specialist, for her years of dedicated service to the Worcester Public Schools.

It was moved and voice voted to forward letters of congratulations.

Prior Fiscal Year
Payment/
CollegeBoard

31. gb #8-364 - Administration
(December 6, 2018)

To approve a prior fiscal year payment in the amount of \$56,497 to be made payable to the CollegeBoard.

On a roll call, the vote was as follows:

For the motion: Mr. Comparetto, Mr. Foley,
Miss McCullough, Mr. Monfredo,
Mr. O'Connell, Mayor Petty 6

Against the motion: 0
Absent: Miss Biancheria $\frac{1}{7}$

The motion carried.

Donations

32. gb #8-365 - Administration
(December 8, 2018)

To consider approval of the following donations:

- \$250.00 from CMMB Inc./Kathleen Fitzgerald Fund to support the Exhilarate Worcester Initiative at Woodland Academy
- \$250.00 from Webster Five Cents Savings Bank to support the Exhilarate Worcester Initiative at Woodland Academy
- \$3,286.85 from Eventbrite to support the Exhilarate Worcester Initiative at Woodland Academy
- \$7,789.50 from the Worcester Arts Magnet Parent Group to Worcester Arts Magnet to help fund the purchase of Chromebooks and Chromebook cart
- \$500.00 from the Aaron & Gertrude Weiss Donor Advised Fund to Goddard Scholars Academy
- \$1,000.00 from the Pappas Scholarship Fund to be used for scholarships at Worcester Technical High School
- \$3,000.00 from the Pappas Scholarship Fund to be used for scholarships at South High Community School
- A donation of a Grab-and-Go Serving Cart valued at approximately \$10,000.00 to be used at South High Community School from the generosity of the PepsiCo Foundation in partnership with the National Dairy Council, New England Dairy Council and NFL Fuel Up to Play 60.

On a roll call, the vote was as follows:

For the motion: Miss Biancheria, Mr. Comparetto,
Mr. Foley, Miss McCullough,
Mr. Monfredo, Mr. O'Connell,
Mayor Petty 7

Against the motion: $\frac{0}{7}$

The motion carried.

33. gb #8-366 - Mr. Monfredo/Miss Biancheria/
Mr. Comparetto/Mr. Foley/
Mr. O'Connell
(December 10, 2018) Parent
Conferences/
consider for grades
K-3

Request that the Administration consider having parent conferences for K-3 parents during a Professional Development Day in October.

It was moved and voice voted to refer the item to the Standing Committee on Teaching, Learning and Student Support for a report in February 2019.

34. gb #8-367 - Mr. Monfredo/Miss Biancheria/
Mr. Comparetto/
Mr. Foley/Miss McCullough/
Mr. O'Connell/Mayor Petty
(December 10, 2018) Recognition/
forward letter

To forward a letter to Robert Pezzella, Director of School Safety, for coordinating the Youth and Drug Conference, sponsored by the Worcester Public Schools, which was held at North High School for agencies in Central Massachusetts. and select personnel.

It was moved and voice vote to forward a letter of recognition.

Miss Biancheria stated that she would have like to have seen more adjustment councilors at the meeting and suggested that school staff have access to review the taped program.

Superintendent Binienda stated that a speaker from the conference will be presenting information to the Principals at one of their meetings.

U.S. Department
of Agriculture/
rules on school
meal flexibilities

35. gb #8-368 - Mr. O'Connell/ Miss Biancheria/
Mr. Comparetto/Mr. Foley/
Miss McCullough/Mr. Monfredo
(December 10, 2018)

To review the United States Department of Agriculture Press Release No. 0263.18. announcing a "final rule on school meal flexibilities," and to ask the administration to determine whether the rule, which "is designed to make meals more appetizing to students, and to reduce food waste," warrants any modification in the meals offered to students and staff in the Worcester Public Schools.

It was moved and voice voted to refer the item to the Administration.

Superintendent Binienda stated that a Report of the Superintendent will be provided regarding nutrition in the schools.

Discipline Policy/
marijuana use

36. gb #8-370 - Mr. Comparetto/Mr. Foley/
Mr. Monfredo
(December 12, 2018)

Request that the Administration review and make necessary changes to discipline policies, if needed, regarding marijuana use.

It was moved and voice voted to refer the item to the Administration.

Statements of
Interest

37. gb #8-371 - Administration
(December 12, 2018)

To authorize the Administration to submit Statements of Interest to the Massachusetts School Building Authority for the following Accelerated Repair Projects for 2019:

Burncoat Preparatory School
Roof Replacement
Lincoln Street School
Boiler Replacement
Tatnuck Magnet School
Roof Replacement
Worcester East Middle School
Roof Replacement

It was moved and voice voted to amend the item to include a roof replacement for Vernon Hill School and to add window/door to Worcester East Middle School.

On a roll call of 7-0, the item was approved as amended.

For the motion: Miss Biancheria, Mr. Comparetto,
Mr. Foley, Miss McCullough,
Mr. Monfredo, Mr. O'Connell,
Mayor Petty 7

Against the motion: 0
7

The motion carried.

38. qb #8-372 Administration FY19 Budget/
(December 12, 2018) increase

To approve an increase in the FY19 Budget in the amount of \$3,417,794 in the following accounts reflecting the final state budget amounts for Chapter 70 State Aid and other adjustments and adopt the general fund budget in the amount of \$345,058,676.

Account	Account Name & Description	Amount
500-91110	Administration Salaries (C. School Based Supervision)	\$90,500
500-91111	Teacher Salaries	\$2,400,794
500-91123	Non-Instructional Support (C. District Support)	\$65,500
500-91134	Educational Support (E. Tutors - Literacy)	\$500,000
500123-96000	Health Insurance	\$361,000

On a roll call, the vote as was as follows:

For the motion: Miss Biancheria, Mr. Comparetto,
Mr. Foley, Miss McCullough,
Mr. Monfredo, Mr. O'Connell,
Mayor Petty 7

Against the motion: 0
7

The motion carried.

Attendance Policy/
alignment of

39. qb #8-373 - Administration
(December 13, 2018)

To align the Attendance Policy from the Student Handbook to the Policy Manual.

In Section JH –Student Absences and Excuses , delete the 2nd and 3rd paragraphs and insert Numbers 1-5 from page 54 of the Student Handbook. (Annexes A & B)

Insert the first two paragraphs from page 55 of the Student Handbook after paragraph six into Section JH of the Policy Manual. (Annex C)

It was moved and voice voted to approve the item to be forwarded to the MASC.

School Committee
Meeting/
cancellation

40. Mayor Petty announced that the School Committee Meeting on Thursday, January 3, 2019 would be cancelled and, if needed, a meeting could be scheduled for Thursday, January 10, 2019.

The meeting adjourned at 9-20 p.m.

Helen A. Friel, Ed.D.
Clerk of the School Committee

Michigan Model for Health™

Growing Up and Staying Healthy: Understanding HIV and Other STIs

A Module for Grades 7-8



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Why Teach About the Prevention of HIV and Other Sexually Transmitted Infections?

The Centers for Disease Control and Prevention (CDC) has identified six categories of behaviors that cause the most adverse health and social outcomes for youth and adults. They monitor these priority health-risk behaviors among youth and young adults at the national, state, and local levels by administering the Youth Risk Behavior Survey every two years. These are the risk behavior categories:

- Unhealthy dietary behaviors
- Physical inactivity
- Tobacco use
- Alcohol and other drug use
- Behaviors that contribute to unintentional injuries and violence, including suicide
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection

If we could improve the health behaviors of individuals in these six categories, the health of children, youth, and adults across the nation would dramatically improve. One of these six critical behaviors is sexual behavior that results in negative outcomes. An unintended pregnancy or infection with sexually transmitted diseases, including HIV, can alter the course of a young person's life, or even shorten it. *Growing Up and Staying Healthy: Understanding HIV and Other STIs* teaches students the knowledge and skills they need to avoid sexual behaviors that can damage their health and prevent them from reaching their full potential.

Sexually Transmitted Infections, Including HIV

According to the CDC, young people ages 15 to 24 account for almost half of the 19 million new cases of sexually transmitted infections that occur each year. (CDC, 2009) Being infected with an STI that results in open sores, such as herpes or syphilis, increases a person's risk of becoming infected with HIV by two to 23 times. (National Alliance of State and Territorial AIDS Directors and National Coalition of STD Directors, 2002). In 2006, 34 percent of new HIV infections among adults and adolescents occurred in people under age 29. (CDC, 2007)



Because sexually transmitted infections (STIs) are transmitted almost exclusively by behavior that individuals can modify, educational programs to influence relevant behavior can be effective in preventing the spread of HIV and other STIs. CDC's Division of Adolescent and School Health (DASH) developed "Guidelines for Effective School Health Education to Prevent the Spread of AIDS." These guidelines recommend HIV prevention education that addresses the needs of three groups of young people as outlined below:

The principal purpose of education about AIDS is to prevent HIV infection. The content of AIDS education should be developed with the active involvement of parents and should address the broad range of behavior exhibited by young people. Educational programs should assure that young people acquire the knowledge and skills they will need to adopt and maintain types of behavior that virtually eliminate their risk of becoming infected.

School systems should make programs available that will enable and encourage young people who have not engaged in sexual intercourse and who have not used illicit drugs to continue to

- Abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage.
- Refrain from using or injecting illicit drugs.

For young people who have engaged in sexual intercourse or who have injected illicit drugs, school programs should enable and encourage them to

- Stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage.
- To stop using or injecting illicit drugs.

Despite all efforts, some young people may remain unwilling to adopt behavior that would virtually eliminate their risk of becoming infected. Therefore, school systems, in consultation with parents and health officials, should provide AIDS education programs that address preventive types of behavior that should be practiced by persons with an increased risk of acquiring HIV infection. These include the following:

- Avoiding sexual intercourse with anyone who is known to be infected, who is at risk of being infected, or whose HIV infection status is not known;
- Using a latex condom if they engage in sexual intercourse;
- Seeking treatment if addicted to illicit drugs;
- Not sharing needles or other injection equipment;

- Seeking HIV counseling and testing if HIV infection is suspected. (CDC, 2004)

Federal Government and National Organizations Support HIV and Other STI Prevention Education

CDC's Division of Adolescent and School Health (DASH) supports the development and implementation of effective health promotion policies and programs that address priority health risks among youth, including sexual behaviors that can result in HIV and other STIs, and pregnancy. For a list of the states and communities funded to prevent HIV, visit <http://www.cdc.gov/HealthyYouth/partners/funded/HIV.htm>.

In Healthy People 2010, the U.S. Department of Health and Human Services has identified ten leading health indicators that are intended to motivate citizens and communities to take actions to improve the health of individuals, families, communities and the Nation. Responsible sexual behavior is one of the ten.

The objectives selected to measure progress among adolescents and adults for this Leading Health Indicator are presented below. These are only indicators and do not represent all the responsible sexual behavior objectives in Healthy People 2010.

25-11. Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active.

13-6a. Increase the proportion of sexually active persons who use condoms (Healthy People, 2010).

The Joint Committee on National Health Education Standards developed health education standards for schools to achieve. The National Health Education Standards (NHES) are written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health. The standards provide a framework for curriculum development and selection, instruction, and student assessment in health education, including HIV and other STIs prevention.

The National School Board Association¹ supports health education and programming for schools. Their School Health Department offers many supportive articles to support schools in implementing policies and programs that reduce infection with HIV and STIs. The *American School Board Journal*² also offers resources.

The National Association of State Boards of Education (NASBE)³ urges schools to take on issues related to sexual behaviors that result in disease and pregnancy because of their public health, economic, and academic impacts. NASBE maintains a database of state policies on "HIV, STD, and Pregnancy Prevention Education."⁴ They also published *The Impact of Adolescent*

1 Visit the National School Board Association website at www.nsba.org.

2 Visit the *American School Board Journal* website at www.asbj.com.

3 Visit the National Association of State Boards of Education website at <http://nasbe.org/>.

4 View NASBE's policy database at http://www.nasbe.org/healthy_schools/hs/bytopics.php?topicid=1140&catExpand=acdnbtm_catA.



Pregnancy & Parenthood on Educational Achievement in 2000 and *Someone at School Has AIDS: A Complete Guide to Education Policies Concerning HIV Infection* in 2001 to assist schools in addressing these issues.

Action for Healthy Kids (AFHK)⁵ is a national nongovernmental organization that has organized teams in every state to develop and implement state action plans for improving school policies and programs in nutrition and physical activity. AFHK offers a variety of helpful tools, including fact sheets, slide presentations, and an online searchable resource database.

School Policies Can Offer Support for HIV and Other STI Prevention Education

According to the CDC, the majority of state education agencies equip local districts and schools with policies and/or standards to prevent HIV infection.⁶

Michigan's State Board of Education adopted a policy designed to encourage schools to implement sexuality education programs that prevent HIV, STIs, and unintended pregnancy. The "Policy to Promote Health and Prevent Disease and Pregnancy"⁷ provides guidance to schools in developing an effective program. Other states also have policies that can be used to develop local school board policies in support of evidence-based HIV and STI prevention programs. Michigan has adopted state health education standards and grade level expectations addressing HIV and other STIs education.

Legal Requirements

Most states have laws that affect the provision of HIV and other STIs prevention education in public schools. For example, Michigan law requires HIV prevention be taught in public schools. It is important to be familiar with the legal requirements and any limitations that influence what may and may not be taught, who may teach, and how HIV education instruction must be delivered.

Appendix A, "A-K Criteria Addressed in *Growing Up and Staying Healthy: Understanding HIV and Other STIs* identifies how the legal requirements for curriculum are addressed in this module.

What Works to Prevent Sexually Transmitted Infections

Characteristics of Effective Programs

Many strategies and approaches have been implemented to try to prevent teen pregnancy and infection with HIV and other STIs. Some have worked and some have not. Especially with a topic as sensitive as the sexual behavior of adolescents, well-meaning people hold a variety of views about what should be done to solve the problem. However, in this arena, as in any other educational or public health program, it is important to rely on data to discover what is effective.

5 Visit the Action for Healthy Kids website at www.actionforhealthykids.org.

6 http://www.cdc.gov/HealthyYouth/evaluation/indicators/pdf/factsheets/2008/fy08_hivsea_factsheet.pdf

7 http://www.michigan.gov/documents/mde/SBE_Sex_Ed_Policy_and_Resources_249446_7.pdf

Dr. Douglas Kirby has conducted a meta-analysis of dozens of research projects that have measured the effectiveness of sex education and HIV/AIDS prevention programs to determine what factors impacted the sexual behavior of youth under age 24. In *Emerging Answers 2007*, he defined effective programs as those that did one or more of the following:

- Delay the initiation of sexual intercourse
- Increase condom use
- Increase contraceptive use
- Reduce frequency of intercourse
- Reduce the number of sex partners
- Reduce the pregnancy rate (Kirby, 2007)

This research disclosed the following characteristics of effective curriculum-based programs⁸:

One set of characteristics is found in the process of developing the curriculum:

1. Involved multiple people with expertise in theory, research, and sex and STD/HIV education to develop the curriculum.
2. Assess relevant needs and assets of the target group.
3. Used a logic model approach to identify health goals, behaviors affecting those goals, risk and protective factors related to the behavior, and activities to change the risk and protective factors.
4. Designed activities consistent with community values and available resources, such as staff time and skills, facility space, and supplies.
5. Pilot-tested the program.

The second set of characteristics pertains to the contents of the curriculum:

6. Focused on clear health goals: prevention of HIV/STD, pregnancy, or both.
7. Focused on specific behaviors leading to these health goals, gave clear messages about the behaviors, and addressed situations that might lead to them and how to avoid them.
8. Addressed sexual psychosocial risk and protective factors that affect sexual behavior and changed them.
9. Created a safe social environment for young people to participate.
10. Included multiple activities to change each of the targeted risk and protective factors.
11. Used instructionally sound teaching methods to actively involve participants, help them personalize the information, and change targeted risk and protective factors.
12. Used activities, instructional methods, and behavioral messages that were appropriate for culture, developmental age, and sexual experience.
13. Covered topics in a logical sequence.

The last set of characteristics addresses the process of implementing the curriculum:

14. Secured at least minimal support from authorities.
15. Selected educators with desired characteristics, trained them, and provided monitoring, support, and supervision.

⁸ For a one-page handout on these characteristics, visit <http://www.thenationalcampaign.org/EA2007/>. The National Campaign to Prevent Teen and Unplanned Pregnancy, 1776 Massachusetts Ave. NW, Suite 200, Washington, DC 20036



16. Implemented activities to recruit and retain participants and overcame barriers to their participation as needed.
17. Implemented virtually all activities with reasonable fidelity. (Kirby, 2007)

Risk and Protective Factors for Sexual Behaviors

Additional research has identified specific risk factors that predict an increased likelihood that young people will engage in sexual intercourse at an earlier age than peers who do not have these risk factors. Conversely, young people who possess specific protective factors are less likely to engage in sexual intercourse than peers who lack protective factors. Whenever possible, sex education programs must seek to reduce the risk factors and increase the protective factors in teens' lives in order to encourage a delay in the onset of sexual activity. Refer to the National Campaign to Prevent Teen and Unplanned Pregnancy⁹ for extensive information on risk and protective factors for adolescent sexual behavior. Additional information about protective factors and those that can be affected by STI prevention programs is found in "Sexual Risk and Protective Factors: Factors Affecting Teen Sexual Behavior, Pregnancy, Childbearing, and Sexually Transmitted Disease: Which Are Important? Which Can You Change? Full Report."¹⁰

CDC's "Guidelines for Effective School Health Education to Prevent the Spread of AIDS"¹¹

The CDC has developed recommendations for schools to prevent the spread of HIV:

- Schools should allocate sufficient personnel time and resources to assure that policies and programs are developed and implemented with appropriate community involvement.
- Curricula must be well-planned and sequential.
- Teachers need to be well-trained.
- Up-to-date teaching methods and materials about AIDS must be available.
- Sufficient classroom time must be provided at each grade level to assure that students acquire essential knowledge appropriate for that grade level, and have time to ask questions and discuss issues raised by the information presented.

The criteria recommended in the "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" are summarized in the following nine assessment criteria. Local school boards and administrators can assess the extent to which their programs are consistent with these guidelines by determining the extent to which their programs meet each point shown below:

1. To what extent are parents, teachers, students, and appropriate community representatives involved in developing, implementing, and assessing AIDS education policies and programs?

⁹ <http://www.thenationalcampaign.org/EA2007/>

¹⁰ http://www.thenationalcampaign.org/EA2007/protective_factors_FULL.pdf

¹¹ <http://www.cdc.gov/HealthyYouth/sexualbehaviors/guidelines/guidelines.htm>

2. To what extent is the program included as an important part of a more comprehensive school health education program?
3. To what extent is the program taught by regular classroom teachers in elementary grades and by qualified health education teachers or other similarly trained personnel in secondary grades?
4. To what extent is the program designed to help students acquire essential knowledge to prevent HIV infection at each appropriate grade?
5. To what extent does the program describe the benefits of abstinence for young people and mutually monogamous relationships within the context of marriage for adults?
6. To what extent is the program designed to help teenage students avoid specific types of behavior that increase the risk of becoming infected with HIV?
7. To what extent is adequate training about AIDS provided for school administrators, teachers, nurses, and counselors—especially those who teach about AIDS?
8. To what extent are sufficient program development time, classroom time, and educational materials provided for education about AIDS?
9. To what extent are the processes and outcomes of AIDS education being monitored and periodically assessed?

Why This Module Was Developed

Model Health Curriculum

Michigan is the only state that has a model health curriculum for kindergarten through twelfth grade students. The curriculum addresses the national and state standards and grade level content expectations for health education. It also addresses the six risk behaviors the CDC has identified as being most likely to result in negative outcomes for youth. This module addresses HIV and other STI prevention at the middle school level. Michigan schools can meet their legal requirement for providing HIV education in middle school by adopting this module.

For more information on the legal requirements in Michigan, review the last section of this General Information tab.

Program Flexibility

While many HIV and STI prevention curricula are available, none were found to have the flexibility and proper balance of abstinence and risk reduction messages to meet the needs of the variety of Michigan schools.

Growing Up and Staying Healthy: Understanding HIV and Other STIs provides two options for implementation: abstinence-based or abstinence-only. Local school districts are encouraged to determine which type of HIV and other STI prevention curriculum best meets their needs and select from the following versions:

- abstinence-only, focusing exclusively on abstinence
- abstinence-based, including abstinence and condom information



For more information on these two approaches, review the Implementation section, "Terminology Used in the Module."

Meet Needs of All Students

Both versions of *Growing Up and Staying Healthy: Understanding HIV and Other STIs* focus on abstinence as the safest and healthiest choice for school-aged youth. The abstinence-based version also teaches about risk reduction strategies for youth when they eventually become sexually active. Given that 46% of high school students in the U.S. (CDC, 2010) and 46% of high school students in Michigan (Michigan Department of Education, 2010) report that they have had sexual intercourse, this two-pronged approach provides schools with a curriculum that is relevant to the needs and situations of all students.

A majority of parents also support an abstinence-based approach to HIV and STI prevention. Parent responses on an EPIC-MRA survey indicate that 70% of parents believe students should be taught about both abstinence and how to use condoms and other forms of contraception. (EPIC-MRA, 2004) In partnership with parents, approximately 80% of local education agencies that offer sex education have opted to take an abstinence-based approach. (Michigan Department of Education, 2006) Finally, research indicates that some abstinence-based sex education programs have delayed the onset of sex, reduced the frequency of sex, or reduced the number of sexual partners. (Kirby, 2007)

Health Education Standards

Our nation's educational leaders and educational leaders from many states have established standards for learning in various content areas. These standards guide the development and implementation of curriculum within local school districts. These standards are often used as measuring tools to determine how well our schools are teaching and our young people learning.

Growing Up and Staying Healthy: Understanding HIV and Other STIs addresses the 2007 National Health Education Standards. The Michigan Health Education Standards mirror these standards.

National Health Education Standards	Michigan Health Education Standards
Core Concepts (CC)	
Students will comprehend concepts related to health promotion and disease prevention to enhance health.	Students will apply health promotion and disease prevention concepts and principles to personal, family, and community health issues.
Analyzing Influences (INF)	
Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.	Students will analyze the influence of cultural beliefs, media, and technology on health.
Accessing Information (AI)	
Students will demonstrate the ability to access valid information and products and services to enhance health.	Students will access valid health information and appropriate health promoting products and services.
Interpersonal Communication (IC)	Social Skills (SS)
Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	Students will demonstrate effective interpersonal communication and other social skills which enhance health.
Decision Making (DM)	Decision Making and Goal Setting (DM/GS)
Students will demonstrate the ability to use decision-making skills to enhance health.	Students will use goal-setting and decision-making skills to enhance health.
Goal Setting (GS)	
Students will demonstrate the ability to use goal setting skills to enhance health.	
Self Management (SM)	Health Behaviors (HB)
Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce risks.	Students will practice health enhancing behaviors and reduce health risks.
Advocacy (AV)	
Students will demonstrate the ability to advocate for personal, family, and community health.	Students will demonstrate advocacy skills for enhanced personal, family, and community health.

Check the Michigan Model for Health Clearinghouse website for any changes or updates on the National or Michigan Health Education Standards:
www.mmhclearinghouse.org.

Appendix B, "National Health Education Standards Addressed Within *Growing Up and Staying Healthy: Understanding HIV and Other STIs*, identifies which standards are addressed within each lesson.

Health Education Grade Level Content Expectations for Grades 7 & 8

Building on the Health Education Standards, the Grade Level Content Expectations (GLCEs) for Grades 7 & 8 represent a vision for a relevant health education curriculum that addresses critical health knowledge and skills for successfully maintaining a healthy lifestyle during middle school and beyond. Students whose work is guided by these standards and guidelines will be prepared for responsible and healthful living, at school, at home, and in the workplace.

Growing Up and Staying Healthy: Understanding HIV and Other STIs addresses all of Michigan's Health Education GLCEs for Strand 6, HIV Prevention, and all but one of the recommended guidelines for Strand 7, Sex Education. The GLCEs are available online at the Michigan Department of Education's Health Education website at <http://www.michigan.gov/mde/>. Click on "K-12 Curriculum," then "Curriculum Subjects," then "Health Education" to find them. Or go to http://www.michigan.gov/documents/mde/07-8_Health_10v2_178902_7.pdf.

Appendix C, "Health Education Grade Level Content Expectations Addressed Within *Growing Up and Staying Healthy: Understanding HIV and Other STIs*," identifies which GLCEs are addressed.

State Board of Education Policy

The Boards of Education in many states have adopted policies related to health education and services. For example, the Michigan State Board of Education has adopted the following HIV and STI prevention-related policies:

- "Policy to Promote Health and Prevent Disease and Pregnancy." (Michigan Department of Education, 2003b) *Growing Up and Staying Healthy: Understanding HIV and Other STIs* is consistent with this policy's recommendation that sex education should address the needs of all students, including those at greatest risk for HIV and STIs.
- "Policy on Michigan School Health Programs to Support Academic Achievement" (Michigan Department of Education, 2003a)
- "Policy on Comprehensive School Health Education" (Michigan Department of Education, 2004)

National Relevance

Although this module was developed for Michigan's schools, it is adaptable and relevant for all schools. The *Michigan Model*[™] curriculum for kindergarten through twelfth grades has been implemented in many states across the nation.

Themes of This Module

The following themes are woven throughout *Growing Up and Staying Healthy: Understanding HIV and Other STIs*:

- HIV and STIs are fully preventable conditions.
- Sexual behaviors have consequences. Before engaging in sex or other high risk behaviors, each individual should know the possible consequences, how to eliminate or reduce negative consequences, and how to make the best decision for his or her situation.
- Each individual is responsible for his or her own behavior and health.
- Young people have the power to control their personal behavior. When they are equipped with the knowledge and skills they need, they are better able to make informed decisions.
- Abstinence is the safest and healthiest choice for young people; therefore, it is the primary emphasis. Since studies show that young people are engaging in sexual risk behaviors at earlier ages, information on risk reduction is also included.
- Parents and families are the first and primary sexuality educators of their children. Every family's values and behaviors are powerful models and motivators for their children's sexual decisions and behaviors. Encouraging and equipping parents and families to wield their influence will result in healthier behaviors among young people.
- Families and schools working together are more effective than either working in isolation.

Assumptions

Growing Up and Staying Healthy: Understanding HIV and Other STIs was developed based on the following assumptions:

- Schools believe that health and learning are inextricably linked. They recognize that healthy students make better learners.
- Schools are working with a diverse student population and want to meet the educational needs of all students in a safe, supportive, and inclusive environment.
- Students have already received sex education that addresses foundational information, such as puberty, reproductive health, and reproductive anatomy and physiology.
- Students have received or will receive instruction on healthy relationships, and prevention of relationship violence and drug abuse.
- Sexuality is lifelong; it is a facet of every individual's makeup.
- Schools want to work in partnership with parents and communities.
- This curriculum should be taught in the context of a comprehensive health education program.

Legal Requirements and Limitations for Teaching HIV and STI Prevention

Most states have laws that affect HIV and STI prevention education in public schools. Prior to implementing this module, it is important to be familiar with the legal requirements and any limitations that influence what may and may not be taught, who may teach, and how sex education instruction must be delivered.

Michigan's HIV Prevention Education Laws

Michigan law requires HIV prevention be taught in public schools. Local school board approval is required for any HIV education in Michigan public schools. Teachers who will teach HIV education must complete approved professional development to receive their HIV certification.

Michigan law allows sex education to be taught in public schools. If schools teach sex education in addition to HIV prevention, they are required to form a sex education advisory group to make recommendations to the local school board as to what sex education is appropriate for the local school district. Then, the local school board must approve all sex education programming. This approval only needs to be secured once, unless the programming changes; then, it must receive school board approval on any changes. Michigan law specifies several topics that must be included in a sex education program and prohibits other topics. Teachers who will teach sex education must have a "health education" or "all subjects" endorsement on their teaching certificate.

Refer to Appendix D, "HIV/STI and Sex Education in Michigan Public Schools: A Summary of Legal Obligations and Best Practices," for a summary of Michigan's sex education laws. Appendix E, "Resources for Complying With Michigan's Sex Education Laws," lists teaching resources to assist public schools in addressing some of the topics required by Michigan law. Appendix A, "A-K Criteria Addressed in *Growing Up and Staying Healthy: Understanding HIV and Other STIs* identifies how the legal requirements for curriculum are addressed in this module.

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Implementation Details and Options



This section of the teacher's manual will provide you with information on the conditions needed for effective implementation and an overview of the instructional and assessment strategies utilized in the module.

Legal Requirements

Most states have laws that affect HIV and other STI education in public schools. Prior to implementing this module, it is important to be familiar with the legal requirements and any limitations that influence what may and may not be taught, who may teach, and how instruction must be delivered.

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Professional Development

Professional development is recommended prior to implementing *Growing Up and Staying Healthy: Understanding HIV and Other STIs*. Curriculum training equips teachers to implement the lessons with fidelity, thereby increasing the effectiveness of the program in preventing the negative consequences of early sexual activity. Given the sensitive nature of many of the topics addressed in HIV and STI prevention, teacher training should increase teachers' comfort and confidence in their ability to teach this subject. Teachers will also learn how to avoid potential pitfalls and controversies that might arise.

Michigan law states that teachers who will teach HIV education must complete approved professional development to receive their HIV certification.

Contact your Regional Comprehensive School Health Coordinator, district's Staff Development Department, or your state's Department of Education health consultant for information on staff development opportunities. To locate a list of the Michigan Regional Comprehensive School Health Coordinators, visit http://www.michigan.gov/documents/Coordinators-2pg_Revised_Sept_2005_135691_7.pdf.

Increasing and Maintaining Positive Health Behaviors

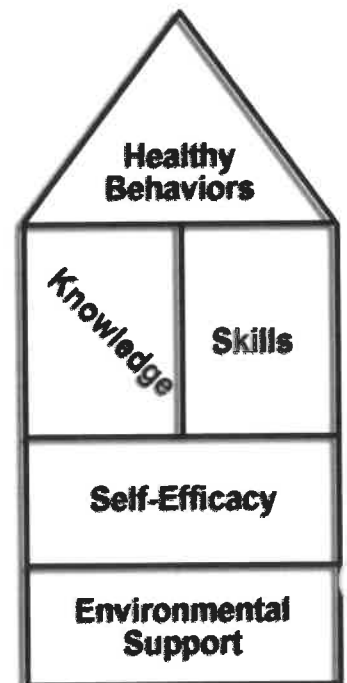
Many theories of behavior change exist, such as the Social Cognitive Theory, Social Influence Theory, and Social Behavioral Theory. The *Michigan Model for Health™* has merged several of these theories into an Adapted Health Belief Model consisting of four factors that contribute to behavior change: knowledge, skills, self-efficacy, and environmental support.

Adapted Health Belief Model

Behavior change is more likely to occur if these four factors are included in a health education program:

- **Knowledge:** A person must have information about health topics. Facts, related problems, and potential personal risks will influence a person's actions.
- **Skills:** A person must understand, practice, and be able to use skills that will promote health.
- **Self-efficacy:** A person must believe he or she has the ability to change behavior and impact health. Accurate knowledge and effective skills are both needed to impact a person's self-confidence and belief in his or her abilities.
- **Environmental Support:** The social environment, such as peer group, school, home, and community, must support and encourage the newly changed behaviors in order for a person to be able to use the knowledge and skills in daily living.

Omitting any of these four factors will lower the chances of reaching the goal of healthy behaviors.



Skills-Based Instruction

Educators are well versed in achieving knowledge gains. Mastery of health skills takes the willingness of the educator to set aside time for implementing the following four skills-based instructional steps:

Explain the Skill

- Name the skill
- State the purpose for using the skill
- Describe the parts and characteristics of each element of the skill
- Check for understanding

Model the Skill

- Choose one or more ways to model the skill:
 - Use a prepared example, such as a skit
 - Guide the students through an example
 - Provide opportunities to observe use of the skill
- Discuss the use of the skill and its personal benefits
- Check for understanding

Guided Practice

- Involve individuals or small groups in completing an example, such as a role play or case study
- Discuss in small and/or large group:
 - What was easy or hard about using the skill?
 - What was one thing you did well as you practiced the skill?
- Provide opportunities for self-assessment and any needed feedback and correction

Personalize the Use of the Skills

- Discuss, write, draw, or synthesize in another manner plans for application of the skill:
 - How will using the skill help you?
 - What is one skill you will use in the next day or week?
 - Where will you practice this skill in the next 24 hours?

Imagine teaching a child to ride a bicycle by explaining and modeling the skill, but omitting the practice portion of skill development. Some children would be able to ride; some would never master the skill; and others would not try. The same is true for the health skills that are so essential for positive health behaviors. Each of the four skills-based instructional steps are essential.

Qualities of Teachers Who Teach This Module

To be successful implementing the lessons in *Growing Up and Staying Healthy: Understanding HIV and Other STIs*, teachers should possess or develop the following characteristics and skills:

- Consider yourself a “guide on the side,” rather than a “sage on the stage.”
- Facilitate students’ acquisition of functional knowledge, rather than memorization of content.
- Facilitate skill development, cooperative learning, and student-led learning.



- Be comfortable with helping students process information, rather than giving right and wrong answers.
- Guide student discussions that lead to an educational goal.
- Exude passion for teaching lessons designed to promote healthy sexuality and prevent HIV and other STIs.
- Respect a diversity of perspectives, life situations, and experiences.
- Be willing to partner with parents in promoting healthy student behaviors.
- Locate and access relevant Internet and community resources for young people.

Parent and Family Involvement

A sample parent and family letter introducing *Growing Up and Staying Healthy: Understanding HIV and Other STIs* is included for your use. A copy is provided in Appendix F, or you can download the document from the flash drive that is included with this manual. This letter may be personalized and placed on school letterhead, then sent to the parents and families of your students. Attach the outline of the lessons that will be implemented in your classroom so that families will be informed about the content of your program. Be sure to provide contact information for family members who have questions about the curriculum and how it will be implemented. School websites can be useful in communicating with parents about this curriculum.

For Michigan and other states that have a legal requirement to notify parents prior to any HIV prevention instruction, this letter can meet that requirement. Even if your state law doesn't require you to inform parents, keeping parents informed increases community support for the program and increases the effectiveness of the instruction.

Family Homework Assignments

Growing Up and Staying Healthy: Understanding HIV and Other STIs includes six opportunities for involving parents and family members through the use of family worksheets and other homework assignments. Students are asked to review and discuss information with a parent, adult family member, or another trusted adult. Upon completion of the review, the parent or adult signs the sign-off slip at the bottom of the sheet to indicate their participation. To maintain family privacy, the student does not turn in any notes from the parent-child assignment, only the sign-off slip.

It is important that you encourage students to identify a parent, an adult family member, or another trusted adult with whom to review the family worksheets and homework assignments. For students who do not have an available parent or family member, guide them in thinking about other adults who could participate with them: school counselors, youth workers, coaches, religious leaders, neighbors, or teachers. Young people who have connections with caring adults are less likely to engage in risky behaviors than those who do not have the support of adults. These assignments encourage students to forge these supportive relationships.

To encourage students to participate in the family homework assignments, provide an incentive, such as bonus points toward their grade. Allow students extra time to complete the assignment in case their parents aren't available every night, or their schedules don't allow them to complete the assignment until the weekend.

Teacher Resources

For lessons that require the teacher to have additional background information in order to implement the lesson, the information is provided as teacher references following the lesson.

Additional teacher information that is useful for implementing the module, but is not specific to a lesson's activities, is found as appendices at the back of this teacher manual. Appendices are listed in the Materials List in the "Introduction" section of this manual, after the "Appendices" tab, and in the lessons to which they correspond.

Michigan teachers will find the following Michigan-specific appendices helpful:

- Appendix A: A-K Correlation With *Growing Up and Staying Healthy: Understanding HIV and Other STIs*
- Appendix C: Health Education Grade Level Content Expectations Addressed Within *Growing Up and Staying Healthy: Understanding HIV and Other STIs*
- Appendix D: HIV/STI and Sex Education in Michigan Public Schools
- Appendix E: Resources for Complying With Michigan's Sex Education Laws
- Appendix M: Michigan Web-Based Resources
- Appendix O: Consent for Care and Confidential Health Information
- Appendix P: Overview of Laws Related to Minors in Michigan
- Appendix Q: Requirements of Michigan Law: Resources and Information for Michigan Teachers Who Teach HIV Prevention or Sex Education

Teaching Technique Tips

The lessons in *Growing Up and Staying Healthy: Understanding HIV and Other STIs* include clear, complete instructions. In addition to the lesson instructions, the following information will be helpful as you implement the curriculum:

- This module assumes that students have **already received lessons on puberty**, reproductive health, and reproductive anatomy and physiology. If students have not received this foundation, or they need a refresher, you will need to teach this content prior to implementing this module. Use your school's approved curriculum. If your school doesn't have an approved curriculum, you might access free or low-cost lessons at the Teaching Sexual Health web site at <http://www.teachingsexualhealth.ca/> or the Michigan Model for Health Clearinghouse at www.mmhclearinghouse.org. Any lessons taught must be approved according to the laws of your state prior to use.



- A **small minority of parents might choose to exclude** their children from HIV and other STI instruction. For students who are not to participate in part or all of *Growing Up and Staying Healthy: Understanding HIV and Other STIs*, ask their parents what alternative activities they would like for their students. One option is to have students write a paper about their goals for the future and how their choices and behavior could impact reaching their goals.
- The lessons are designed to be **taught sequentially**. The lessons build upon previous lessons, and skills taught in earlier lessons are reinforced in later lessons. If you change the order of the lessons, you will need to alter the introduction and closure for the lessons. You will also need to ensure that the skills needed to complete the lessons have been taught.
- Some lessons include **optional activities**. These activities do not have to be taught, but will be helpful if your students need additional instruction or reinforcement in a topic or skill that was not learned prior to this module.
- *Growing Up and Staying Healthy: Understanding HIV and Other STIs* **defines sexual intercourse**, or sex, as oral, anal, and vaginal sex because all three behaviors can transmit HIV and other STIs. Students have many slang terms for sexual intercourse. As terminology changes over time or with community norms, please use appropriate terms that are relevant to your students. Define students' slang words and encourage students to replace slang with terms that do not degrade or minimize the serious nature of the issues.
- Discussing sexual behaviors, HIV, and other STIs can be uncomfortable for some middle school students. It may be a topic they are not accustomed to talking about with adults and peers. They may be more willing to participate in discussions and other class activities if they have agreed to a set of **guidelines for behavior**. You may want to spend a few minutes prior to beginning this module establishing a code of conduct with the class. Working with students to create the guidelines will increase their ownership. Post the guidelines, and review and enforce them as needed. Here are typical guidelines:
 - Listen to and respect the ideas and opinions of others.
 - Use "I messages" when you share your opinions and ideas.
 - Avoid making fun of the ideas and opinions of others in and out of class because it is disrespectful.
 - Leave out any names or identifying information if you suggest examples or situations you have heard about or have experienced. This will help to prevent the sharing of personal information which should be kept private.
 - Share the information and skills with others outside the classroom if you think it will be helpful to you or others. However, do not share information if you think it will embarrass or hurt someone in the class. This includes sharing information that uses names or other identifying information. In other words, no gossiping. All personal information must remain in the classroom.
- Many lessons involve the students in **cooperative learning groups**. Rather than explaining how to set up cooperative learning groups each time they are used, the lessons assume that the teacher has experience in forming small groups; forming groups of mixed gender and ability; and assigning small group roles, such as leader, spokesperson, recorder, motivator, and materials handler. Read the "How to Use This Manual" section if you would like additional information on cooperative learning groups.

- Students may have questions about relationships, sexual behaviors, and transmission of HIV and other STIs. **Genuine questions** indicate a curiosity about the topic and reflect an open, accepting classroom environment. Take time to thoughtfully answer each question being sure to follow your district policies regarding what can and cannot be included in a classroom discussion. If a question is asked that you are not allowed to answer, encourage the student to talk with his or her parents or trusted adult family members. If a question is asked and you do not know the answer, demonstrate how to find a reliable source of information to respond to the question.
- **Names** used in the practice scenarios were carefully chosen to represent the diversity in a typical classroom: ethnicity, gender, sexual orientation.
- **Lesson 3 includes three alternate methods** for conducting the application portion of the lesson. These options allow teachers to modify the activity depending on the technology available for classroom use.
- Lesson 8 includes an activity in which students learn the importance of **reducing risks when they have sex**, including the steps for using a condom. It is important that students learn this potentially life-saving skill in order to reduce the human error that reduces the effectiveness of condoms.
- Eight of the lessons in *Growing Up and Staying Healthy: Understanding HIV and Other STIs* include **embedded assessments**. These assessments allow you to assess student learning during lesson activities using rubrics and checklists. The assessments are optional.
- Many **websites** offer HIV and other STI information. Some are reputable and some are not. Some reflect an abstinence-only philosophy; others reflect a more comprehensive philosophy. The following three sites are reputable and reflect the latest research and best practice on HIV and other STI prevention:
 - American Social Health Association, <http://www.ashastd.org/>
 - Centers for Disease Control and Prevention, <http://www.cdc.gov>
 - National Campaign to Prevent Teen Pregnancy, <http://www.teenpregnancy.org/>

Encourage students to confirm statistics cited in the curriculum by visiting the CDC website for the YRBS data at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.

Websites are often revised. If you are having trouble with these addresses, try going to the organization's home page and searching for words in the title of an article or a word or words that capture the concept you are looking for. You might also check the Michigan Model for Health Clearinghouse website to see if an Internet link has been placed at the site as a service to you.

Michigan Model for Health Clearinghouse: www.mmhclearinghouse.org

Terminology Used in the Module

Every effort has been made to communicate clearly and concretely so that teachers, students, and parents will understand the messages and skills being taught in *Growing Up and Staying Healthy: Understanding HIV and Other STIs*. However, words have multiple meanings that may vary from person to person and community to community. Some terms have been the object of much discussion and need to be defined as they will be used in this module:



- “Abstinence” is defined as not engaging in oral, anal, or vaginal sex.
- “Abstinence-only version” refers to lessons that do not discuss or promote any form of risk reduction, such as condoms. The abstinence-only lessons promote abstinence from sexual intercourse as the only option for young people. Even among abstinence-only proponents, there exists a wide spectrum of definitions, from “abstinence from genitally stimulating behavior” to “abstinence until marriage” to “abstinence from behaviors that can result in infections or pregnancy.”
- “Abstinence-based version” refers to lessons that promote abstinence as the safest and healthiest choice for young people, but also teach students strategies to reduce their risk of infections and pregnancy when they decide to have sex. Condom use is included in the abstinence-based lessons.
- “Sexual intercourse,” or “sex,” is defined as oral, anal, and vaginal sex because all three behaviors can transmit HIV and other STIs. Students have many slang terms for sexual intercourse and sex. As terminology changes over time or with community norms, please use appropriate terms that are relevant to your students.
- “Sexually transmitted infections” or “STIs” are infections that can be transmitted sexually. Whenever the term STI is used, it includes HIV as one of the infections. STIs are also called sexually transmitted diseases or STDs.
- The terms “boyfriend” and “girlfriend” are used to describe romantic relationships between young people. Students may have different terms they prefer, so please use the terms that are relevant for your students.
- The terms “abstain” and “postpone” have both been used to encourage young people to avoid sexual intercourse, at least until they are of legal age and are prepared to handle the possible consequences of sex, or until they are in a long-term, committed relationship, for example, marriage.

Assessment

Assessment has many purposes:

- A teacher can use assessment to determine what students know and are able to do. Then, he or she can use the information to adjust the curriculum accordingly. Assessment may indicate the necessity for re-teaching. The results of assessment may also indicate the need to revise curriculum and instructional methods to increase student achievement of knowledge and skills.
- A student can use assessment tools to measure his or her own achievement of knowledge and skills. Assessment can identify weak areas of student achievement that need extra effort to attain the student’s highest potential.
- Assessment is often linked with scoring of student work and reporting student progress through grades assigned to student work.
- Assessment results can also contribute to program improvement. If curriculum and instruction is planned district wide, the assessment results can be an indicator of what is working and what needs improvement. The results can be an important component of reporting to school audiences interested in the progress of student achievement and the effectiveness of health education.

Two types of assessment are used in *Growing Up and Staying Healthy: Understanding HIV and Other STIs*. One type, curriculum-embedded assessments, was developed specifically for the instructional activities in the module. The second type of assessment utilizes selected items from the State Collaborative on Assessment and Student Standards – Health Education Assessment Project (SCASS-HEAP), sponsored by the Council of Chief State School Officers (CCSSO).

Curriculum-Embedded Assessment

Two forms of embedded assessments are available in *Growing Up and Staying Healthy: Understanding HIV and Other STIs*.

- Rubrics are provided for scoring instructional activities in the lessons. Rubrics define the criteria for scoring student work at various skill levels. They can be used by teachers for determining to what degree the student has mastered the objective or standard. They can also be used for grading. They can be used by students for self-assessment. If a lesson contains an embedded rubric, a **holistic** rubric will be located at the end of the lesson. To access an **analytic** rubric for the same assignment or a **generic, holistic** rubric that can be used for any assignment, check the resources on the flash drive that came with your manual.
- Checklists are provided for skills taught in the module. The checklists can be used by teachers to monitor individual student progress or by students for the purpose of self-assessment or peer assessment. The checklists are constructed to allow teachers to add a numeric value to the levels of achievement for each of the elements of the skill in the checklist. It is then possible to use the tool as an analytic rubric for scoring student work or scoring demonstration of a skill.

Consider these tips when deciding how to assess your students:

- Choose when to assess based on your students' needs and response to lessons. You do not need to use all of the assessment tools.
- Have students use the tools for self-assessment. Promote the concept of personal evaluation and goal setting for future improvement.
- Have students assess one another. Helping others by sharing perceptions and helpful ideas is an important relationship skill and can be practiced during assessment.
- Provide the assessment tool to students before they complete the task and explain the criteria for scoring.
- Explain the assessment tool and have the students, individually or as a group, score themselves in pencil. Then, you score the individual or group using a pen on the same sheet so that students can compare perceptions and ask questions if needed.
- Use the assessment rubrics and checklists provided in the manual and on the flash drive as a beginning sample. Create the assessment tool with your students. Their motivation to do well will increase.



State Collaborative on Assessment and Student Standards – Health Education Assessment Project (SCASS-HEAP)

The State Collaborative on Assessment and Student Standards — Health Education Assessment Project (SCASS-HEAP) developed several types of assessment items to allow educators to select items based on the depth of instruction and the type of information they want to gain from assessing student work.

Modes of Assessment			
	Selected Response	Constructed Response	Performance Tasks
Assessment task to be performed by the student	Selected answers, such as multiple choice or true/false items	Prompt that students respond to by creating an answer	Prompt that students respond to by creating a complex product
Time required to complete the assessment task	1 class period	1 class period	1 or more class periods
Scoring	Right/wrong	Content and skill; usually scored by rubric or checklist	Content and skill; usually scored by rubric or checklist
Characteristics of the assessment	Broad coverage; less depth; objective	Some coverage; some depth; subjective	Less coverage; greater depth; subjective
Generally revealed results of the assessment	What students do not know	What students know and are able to do	What students know and are able to do

The SCASS-HEAP items that correlate with the lessons in this *Michigan Model for Health™* module are referenced in the Assessment Tab of this manual. These items are available to educators in all member states of the State Collaborative on Assessment of Student Standards, Health Education Assessment Project (SCASS-HEAP), sponsored by the Council of Chief State School Officers (CCSSO). To access the assessment items, educators must agree to sign a security agreement that describes the commitment to use the items in member states only and to not share the items outside of the state where the items were provided. As this is a valuable assessment resource, we expect that teachers will honor the restrictions of use addressed in the security agreement.

In the Assessment Tab, the *Michigan Model™* and the SCASS-HEAP Alignment of Assessment Items identifies assessment item identification numbers, but does not provide the actual assessment items in print form.

Because Michigan has been a member of the state collaborative that developed these items, the items are now available to Michigan teachers through their Michigan School Health Coordinators or the Michigan Department of Education. Once received, the items may be stored in the curriculum, behind the Assessment Tab. As you access items, be sure to select the version of the curriculum you are using, abstinence-based or abstinence-only.

If you are using the *Michigan Model* in another state, you may want to contact the consultant responsible for K-12 health education at the state department of education. Inquire about the state's status as a member of SCASS and the necessary steps to take to access the assessment items.

A pre-test and post-test for this module is being developed. This instrument will help you assess the change in knowledge, skills, and attitudes as a result of teaching this curriculum. Contact your Michigan School Health Coordinator regarding the availability of the pre-post test instrument. You can also visit the Michigan Model for Health Clearinghouse website to find out when this document has been completed and is ready for distribution. www.mmhclearinghouse.org

Abstinence-Based and Abstinence-Only Prevention Strategies

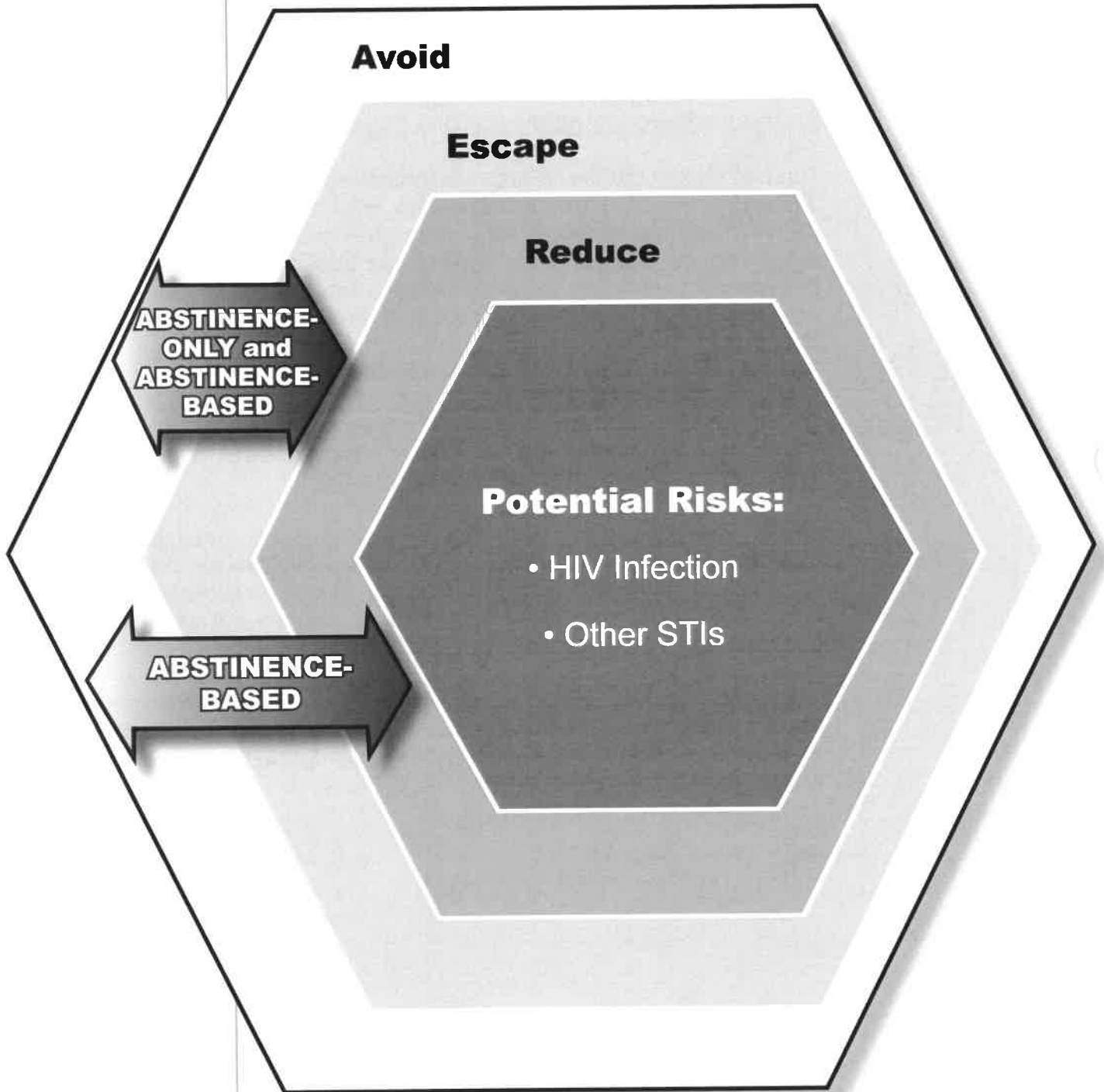
Growing Up and Staying Healthy: Understanding HIV and Other STIs teaches several HIV and STI prevention strategies. All of the strategies are abstinence-based. Most of the strategies are abstinence-only. Teachers must implement the lessons that have been approved by your local school board as required by state law. In Michigan, individual teachers may not decide what HIV and STI prevention education to teach and not to teach in their classrooms.

The diagram titled "Strategies for Risky Situations" illustrates how the strategies build upon each other. Beginning with avoiding risky sexual situations, then escaping risky sexual situations, students learn how to avoid sexual behaviors that could result in HIV or other STIs. All of these strategies may be taught in an abstinence-only or an abstinence-based program.

Finally, when students decide to have sexual intercourse, preferably within a long-term, committed relationship, risk reduction strategies are taught so that they will know how to minimize the possibility of negative consequences. These lessons may be taught in an abstinence-based program, but not an abstinence-only program.

The chart titled "Two Options for Implementing *Growing Up and Staying Healthy: Understanding HIV and Other STIs*" outlines which lessons are appropriate for abstinence-only programs and which are appropriate for abstinence-based programs.

Strategies for Risky Situations



Two Versions for Implementing *Growing Up and Staying Healthy: Understanding HIV and Other STIs*

Lesson	Abstinence-Based With Condoms	Abstinence-Only No Condoms
Lesson 1	Alternate wording*	Alternate wording*
Lesson 2	Alternate wording	Alternate wording
Lesson 3	Alternate wording	Alternate wording
Lesson 4	Alternate wording	Alternate wording
Lesson 5	Alternate wording	Alternate wording
Lesson 6		
Lesson 7		
Lesson 8		Omit entire lesson
Lesson 9	Alternate wording	Alternate wording
Lesson 10	Alternate wording	Alternate wording

*Alternate wording is provided to make these lessons appropriate for either the abstinence-based or abstinence-only version.

Shading indicates the lesson that should be omitted if the abstinence-only version is selected.



How to Use the Manual



This section of the teacher's manual will provide you with information on how the lessons are organized and written. Helpful tips suggested by educators who have used the *Michigan Model for Health™* have been included.

Module Overview

The "General Information" includes helpful background information that will assist you in reaching the goals of this module. Some of the information will be useful to share with your Health Education Advisory committees and school board. You will find the following in this section:

- Why teach about the prevention of HIV and other sexually transmitted infections (STIs)
- What works to prevent sexually transmitted infections
- Why this module was developed
- Themes of this module
- Assumptions
- Legal requirements and limitations for teaching HIV and STI prevention

The "Implementation Details and Options" section includes the following:

- Legal requirements
- Professional development
- Foundation for making positive behavior change
- Desired teacher qualities
- Ways to involve families
- Teacher resources and techniques
- Explanation of terminology
- Assessment information
- Strategies for risky situations
- Two versions for implementing *Growing Up and Staying Healthy: Understanding HIV and Other STIs*

The "How to Use the Manual" section provides the following information:

- Description of what each tab includes
- Explanation of what a lesson includes
- Explanation of the flash drive
- Format details for the lessons
- Where to get additional information
- Use of cooperative learning groups
- Tips for using assessment
- Form to provide curricular feedback
- Copying permission memo



The “Introduction” section provides information the teacher needs prior to implementing the lessons:

- List of module goals
- Tasks to complete before beginning the lessons
- Assessment possibilities
- How families and communities are involved
- List of student learning objectives and national health education standards addressed
- List of materials needed for the module

The “Lessons” tab includes the ten lessons in this module.

The “Assessment” tab provides you with a correlation between the SCASS-HEAP item numbers and the lessons. It also explains how to access the assessment items if you wish.

The “Appendix” tab includes a series of teacher references that provide background information for implementing this module.

Lessons

All of the lessons are formatted in a similar manner to make it easy for you to find what you are looking for. You will find the following as you look through each lesson:

- Number and title of the lesson
- Student learning objectives correlated with national health education standards
- Lesson synopsis: A brief overview of what is in the lesson
- Time and materials chart: Chart providing the time and materials needed for each of the four steps of the lesson
- Preparation: Tasks that need to be done before teaching the lesson
- Lesson Procedure:
 - Introduction
 - Input
 - Application
 - Closure
- Student worksheets and/or handouts
- Teacher keys
- Teacher references
- Slide masters
- Teacher masters
- Family worksheets and resource sheets
- Assessment rubrics and/or checklists

The lessons within *Growing Up and Staying Healthy: Understanding HIV and Other STIs* are sequenced. If you choose to change the order, you will need to modify the introductions and closures to the lessons.

Time and Materials Chart

The time and materials chart at the beginning of each lesson lists the materials you will need for the lesson. The materials are divided into three types:

- Health Education Resources: Materials obtained from your Regional Health Coordinator, or ordered from the vendor*
- Teacher Manual Resources: Materials found in the manual, such as student worksheets, teacher references, and so on
- Supplied by the Teacher: Materials typically found in the classroom or school, such as pencils, writing paper, art supplies, and so on

* If you have questions about any of the materials used in the *Michigan Model for Health™* or how to obtain them, phone the Michigan Model for Health Clearinghouse. They will help you locate what you need.

Phone: 888-517-6195

This chart also provides a guideline to help you understand how time is used in a lesson. The time estimated for each step of the lesson will vary according to your teaching style and the composition of each classroom. Use the time suggested as a guide. As a general rule, limit the discussion during the Input step so that there will be plenty of time for the Application step.

Electronic Files on Flash Drive

Included with each *Growing Up and Staying Healthy: Understanding HIV and Other STIs* teacher manual is a flash drive which can be found mounted inside the front cover. This flash drive includes electronic files in one of three formats:

- PDF (portable document file)
- Microsoft Word
- PowerPoint

All student worksheets, handouts, teacher masters, and family worksheets and resource sheets are presented as PDF documents and can be printed directly from a computer. Hard copies of all these documents are also included in the teacher manual.

Documents that need to be personalized, such as the family letter, are offered on the flash drive as open Microsoft Word files. This will allow you to customize these documents as you desire. You can also customize the assessment rubrics and checklists on the flash drive to better suit your students and their learning.

Slides, for use in the classroom, may either be projected directly from the PowerPoint slides provided on the flash drive using an LCD projector or printed to transparency material and projected using an overhead projector. In the lessons, the word “slide” refers to a transparency or one PowerPoint slide. The word “projector” refers to either an LCD projector or overhead projector depending on your choice of method to display the information. Slide masters are also found in hard copy in the teacher’s manual.

The student worksheets, student handouts, and family worksheets and resource sheets can and should be copied for use with the curriculum. While all pages include a statement of copyright, **you are permitted to reproduce these specific documents**. You will find a copyright release statement at the end of this section of the manual for your district’s copying resource.

Lesson Procedure

The four steps in the lesson procedure are presented in a two-column format.

- Left-hand column: an abbreviated outline of the lesson
- Right-hand column: a suggested script and more procedural details for teachers who want more information or who may be unfamiliar with the lessons

Instructional Steps

Script and Detailed Directions

Use of Icons or Symbols

Various icons or symbols have been used to connote different aspects of the lessons or manual. As you get familiar with the icons, you will quickly know what is meant by a comment or what icon to look for if searching for something. The following icons are used in the lessons to assist teachers in locating resources used in the lessons:



Suggestions for the teacher to make the lesson run smoothly or provide optional ideas



Ideas to extend the learning or reinforce what was taught



Teacher reference with background information teachers need for the lesson



Teacher master to duplicate that provides resources for student use



Family worksheet or resource sheet to provide students' family involvement assignment



Student worksheet master and student handout master to provide student assignments and information



Teacher key that provides answers for student worksheets



Slide master to prepare a transparency or PowerPoint slide



Teacher assessment and/or student self-assessment or peer assessment masters provide options for teacher assessment or to allow students to assess their progress toward achieving the health standards

Websites

Due to easy access to the Internet and reliable websites, we have included a number of resources from websites. At times, the organization sponsoring the website will change the site or its organization. This may make a listed website difficult to find. Where possible, we have provided directions for navigating a site or a specific website address. However, if you are having trouble, try going to the organization's home page and searching for words in the title of an article or a word or words that capture the concept you are looking for. You might also check the Michigan Model for Health Clearinghouse website to see if an Internet link has been placed at the site as a service to you.

Michigan Model for Health Clearinghouse: www.mmhclearinghouse.org

Addenda

This curriculum is a living document. Because health information changes rapidly, the module will be updated as needed, and addenda will be published on the publisher's website to keep this teacher manual current. To access addenda, visit the Michigan Model for Health Clearinghouse website at www.mmhclearinghouse.org

Use of Cooperative Learning Groups

A well-established instructional method is the use of small cooperative learning groups. The benefits for students and their learning are well documented. Consider the following tips to increase the likelihood for successful small group work:

- Keep the size of the groups small if your students are unaccustomed to working in small groups or if the composition of your class makes this instructional strategy a challenge.
- Establish the groups and assign the group roles before explaining the task.
- Assign students group roles and responsibilities within each group. The lessons will suggest specific roles that may be helpful for the activity.
 - Leader: Keeps the small group on task.
 - Time Keeper: Monitors time and gives time warnings.
 - Spokesperson: Shares with the class the work of the small group.
 - Recorder: Takes notes.
 - Motivator or Encourager: Encourages everyone to participate.
 - Materials Handler or Collector: Gets and returns worksheets, art supplies, or other materials.
 - Dealer: Supplies each member with items needed.
- Assign the small groups a task and method for being accountable for completing the task.
- Provide clear directions, in writing if needed, for the small group work.
- Create your own method for dividing students into groups ahead of time:
 - Decide if random grouping will work for the activity and your students.
 - Decide if you need to balance your groups with respect to gender and abilities.
 - Be aware of students who may need special placement in a group due to special needs or social groups.
 - Use variety in your method of forming groups. Finding interesting ways can add spice to a lesson. Here are some examples:
 - * Find a partner who has a different shoe size.
 - * Form a group of three. Each of you must be a different height.
 - * Line up by height and count off.



Assessment

Two types of assessment are used in *Growing Up and Staying Healthy: Understanding HIV and Other STIs*. One type, curriculum-embedded assessments, was developed specifically for the instructional activities in the module. The second type of assessment utilizes selected items from the State Collaborative on Assessment and Student Standards – Health Education Assessment Project (SCASS-HEAP), sponsored by the Council of Chief State School Officers (CCSSO).

Read the “Implementation” section if you would like additional information on assessment tools offered with this manual.

Your Ideas and Feedback

You are the classroom experts! We welcome your ideas and feedback on the lessons, materials, and teacher’s manual. You can provide us with your ideas in two ways: online or written. If you want to tell us online, go to www.mmhclearinghouse.org and fill out the survey. If you wish, leave a contact number and time when it is best to reach you. If something is unclear, we would love the opportunity to talk with you about it. The second way is to send your ideas to us. Take a moment to copy the form at the end of this section, complete it, and send it to:

Michigan Model for Health Clearinghouse
4641 Willoughby Road
Holt, MI 48842

Feedback Form

Send Us Your Feedback on *Growing Up and Staying Healthy: Understanding HIV and Other STIs*

We appreciate your feedback! Please provide us with your comments and/or suggestions by completing the survey form below. If you prefer to submit your feedback on-line, please visit www.mmhclearinghouse.org and complete the web-based form. Thank you for helping to make our great curriculum even better!

I wish to offer comments of:

Suggestion Praise Problem Complaint Other _____

I wish to comment on:

Lessons
 Materials
 Teacher's Manual
 General
 Other _____

Please enter your comments in the space provided below. Feel free to use the back of the page if needed.

Note: Your contact information is for the purpose of follow-up regarding your comments and/or suggestions and will not be shared with, or sold to, other parties.

Name _____

School _____

City/State _____

Daytime Phone (_____) _____

Best Time to Call _____

Email _____

Mail this form to:
Michigan Model for Health
Clearinghouse
4641 Willoughby Road
Holt, MI 48842

Or Fax to 517-699-2376

Please add me to your email list for updates as they become available

Please do not contact me.





MEMO

To: Copy Centers, Printers and other Reproduction Entities

From: State of Michigan

RE: **Reproduction of Copy Masters in *Michigan Model for Health*[™]**

Please be advised that while the *Michigan Model for Health*[™] curricular units are copyrighted to the State of Michigan each manual and/or module contains masters intended for reproduction for classroom distribution. These pages are restricted to the following:

- Student Worksheets
- Student Handouts
- Family Resource Sheets and Family Worksheets
- Teacher Masters
- Assessment Rubrics and Checklists

In the "Preparation" section of the lesson, teachers are instructed to make enough copies of these materials to provide one per student, one per small group, one per pair of students, etc. If there is any doubt as to whether a page may be reproduced, this section of the lesson will dictate what needs to, and therefore may be, reproduced in quantity for classroom use. These masters may not be reproduced for commercial purposes.

If you have any questions, please feel free to contact the Michigan Model for Health Clearinghouse at 888-517-6195.





This section of the teacher's manual will provide you with the module goals, what needs to be done to get ready to teach the lessons, and how families are involved and assessment conducted. There is a list of lesson titles and objectives as well as a master list of materials used in each lesson.

Goals and National Health Education Standards

Module Goals	National Health Education Standards
Students will comprehend how HIV is and is not transmitted.	Core Concepts
Students will comprehend the benefits of staying within behavioral limits and remaining abstinent, and ways to reduce risks.	Core Concepts
Students will demonstrate the ability to analyze situations to determine risk, set boundaries on personal behavior, and use skills to avoid and escape situations that might involve transmission of HIV and other STIs.	Self Management
Students will demonstrate communication skills to express personal boundaries and respect the boundaries of others.	Interpersonal Communication
Students will analyze the influence of parents, other trusted adults, and alcohol and other drug use on sexual decisions.	Analyzing Influences
Students will locate and assess sources of information and assistance and determine when getting help is important.	Accessing Information
Students will demonstrate the ability to set personal goals to stay within behavioral boundaries and reduce the risks of having sexual intercourse in the future.	Goal Setting
Students will demonstrate the ability to advocate for healthy behavioral choices among peers.	Advocacy



Teacher Preparation for *Growing Up and Staying Healthy: Understanding HIV and Other STIs*

1. Be sure you meet the legal requirements for teaching this module. In Michigan, the legal requirements are as follows:
 - Parents must be notified of the content of the lessons, provided an opportunity to preview the materials in the lessons, and be given the opportunity to observe the instruction and to excuse their child from the lessons. This notification must be done in writing. A sample family letter is provided in appendix F.
 - The module must be approved by your local Board of Education. Your school board must hold two public hearings prior to adopting these lessons.
 - You must be certified to instruct students about HIV and AIDS by the Michigan Department of Education.
2. This module includes an abstinence-based version and an abstinence-only version. Check to be sure you know which version was approved by your Board of Education and follow the specific instructions for each version in the lessons.
 - Abstinence-based means abstinence is emphasized as the healthiest choice for young people. Risk reduction, such as condom use, is also taught.
 - Abstinence-only means abstinence is taught exclusively as the healthiest choice for young people. Risk reduction is not taught.
3. Lesson 1 uses a video that is available in two versions, one for abstinence-based and one for abstinence-only classrooms. Be sure to use the approved version for your class.
4. This module includes ten lessons. Lesson 8 teaches correct condom use and is not taught in the abstinence-only version.
5. Review the lessons and materials needed for this module. The appendices are a good source of background information to review prior to teaching the lessons.
6. Read the “General Information,” “Implementation,” and “How to Use the Manual” sections of this module. They provide background information and instruction that is useful in accomplishing the goals of this module.
7. It is suggested that students compile their HIV and STI information and worksheets in a folder. Decide how you will manage the students’ folders. In some teaching situations, it is best to collect them at the end of each lesson. Other teachers want students to take responsibility for having their folders available for each class.
8. Gather or compile a list of national, state, and local sources of reliable information and assistance about HIV and STIs to share with students during the teaching of Lesson 3. Check the appendices for national and state information.

9. Decide what method you will use to present Lesson 3. The three methods are described below. Due to the increasing popularity of the Internet as a source of information and the importance of incorporating technology in education, we recommend Methods 1 or 2. It is more effective for students to explore sources of information on the website, either demonstrated by you or in a computer lab where they can explore the site directly.

- **Method #1 – Computer Lab:** Provide computers with Internet access or take your students to a computer lab with Internet access.
- **Method #2 – Teacher Demonstration:** Project your computer screen, using an LCD projector and the Internet, to demonstrate how to evaluate websites for reliability.
- **Method #3 – Phone Books:** This method does not require a computer or Internet access.

If you plan to use Method 1 or 2, try to access the Internet sites you plan to use to be sure your school will allow access.

10. Lessons 1, 2, 3, 4, 5, and 8 include homework assignments that ask students to review student worksheets and handouts or complete a family worksheet with a parent or other trusted adult. We strongly recommend that you make these homework assignments a requirement for the course. Our goal is to encourage young people to talk with parents and other trusted adults about sexual issues in order to find accurate information and establish healthy limits on sexual behavior.

Students are encouraged to have their parents or other trusted adults sign the homework assignments to indicate that it has been completed. Some worksheets have a special location for signatures. We recommend that the sign-off be the only portion of the homework that is brought back to class.

The teachers who piloted similar curriculum experienced difficulty in getting students to complete the shared homework. However, those students who did complete it benefited. Therefore, the teachers did not recommend omitting the shared homework assignments. They offered the following suggestions:

- Given the varied schedules of today's families, be as flexible as possible regarding the due dates for assignments. Ask for student input regarding when the homework should be due. For example, you might ask, "When is it reasonable for you to complete this assignment?"
- Indicate that all of the homework assignments must be completed and turned in prior to the end of the module. Give credit for completed assignments. For example, students might earn an "A" if completed and "E" if incomplete, or they could earn extra points toward a final grade if completed.
- Display the family and student worksheets and handouts at parent conferences. Encourage parents or other adults to take them home.
- Send a letter to families indicating that one major goal of the curriculum is to encourage communication between students and trusted adults. Indicate that the shared homework assignments are one way to achieve this goal.



- Send or mail the family and student worksheets and handouts home to the parent(s) with a letter.
- Complete other coursework for one or two days if the family assignment is part of the subsequent lesson.
- If you notice one or more students who consistently do not turn in these assignments, talk with them individually. If you discover that access to a parent or other trusted adult is not possible at this time, brainstorm with the student a list of possible adults with whom he or she could talk such as, neighbors, clergy, school counselors, school principal, and other school support staff. Offer to be the adult with whom he or she can interact in order to complete the assignment.
- Inform your administrator about the family homework component.

11. Plan how you would like to assess student learning for this module. Curriculum-embedded assessments are available in the following lessons:

Lesson	Teacher Rubric	Student Self-Assessment Rubric	Student Self-Assessment Checklist	Peer Assessment Checklist
3: Finding Help and Information	X (2)	X (2)		
4: Create a Plan to Stay Within the Boundaries	X	X		
5: Communicating Our Boundaries	X	X	X	X
6: Identifying and Refusing Trouble Situations	X	X	X	X
7: Avoiding and Escaping Risk Situations	X	X	X	X
8: Someday, But Not Now	X	X		
9/10: Sharing Our Expertise and Spreading the Word	X	X		

12. A glossary of terms is provided in appendix H. Some of these terms may be used as vocabulary words as appropriate.

How Growing Up and Staying Healthy: Understanding HIV and Other STIs Involves Families and Communities

This module encourages the involvement of families and community members in the following ways:

Assignments to Be Completed With Parents or Other Trusted Adults

- Lesson 1 includes a student handout on HIV facts. Students are encouraged to share the handout with parents and other trusted adults.
- Lesson 2 asks students to interview their parents or other trusted adults to gather their ideas on sexual behavior.
- Lesson 3 involves students and adults discussing a student worksheet on reliable sources of information.
- Lesson 4 asks students to share their student worksheet on goal setting and to ask for additional ideas and suggestions to improve their plan for reaching their goal.
- Lesson 5 encourages students to review a student worksheet on communication with two adults, one parent and another adult who is not a parent.
- Lesson 8 asks students to discuss their student worksheet on reducing the risk for transmission of HIV and other STIs with a parent or another trusted adult.

Miscellaneous Information to Be Sent Home

- Throughout the module, the students will be compiling a folder of their student worksheets and handouts. This folder can be sent home following the module.

Community Involvement

- A list of national, state, and local sources of reliable information and assistance about HIV and STIs will be distributed during Lesson 3.

Student Learning Objectives

Lesson Titles, Student Learning Objectives, and National Health Education Standards

Lessons	
Student Learning Objectives	National Health Education Standards
Lesson 1: The 4-1-1 on HIV and AIDS	
Explain how HIV is and is not transmitted.	Core Concepts
Distinguish between facts and myths regarding HIV infection and AIDS.	Core Concepts
Lesson 2: HIV and Other STIs—Evaluating the Risks	
Analyze behaviors and situations that may result in increased risk for HIV and other sexually transmitted infections (STIs).	Self Management
Summarize the benefits of staying within behavioral limits and remaining abstinent.	Core Concepts
Examine viewpoints of parents and other trusted adults regarding teen relationships, abstinence, and sexual decisions.	Analyzing Influences
Evaluate the impact of alcohol and other drug use on decisions regarding sexual behavior.	Analyzing Influences
Lesson 3: Finding Help and Information	
Explain when it is important to get adult, medical, and/or counseling help.	Accessing Information
Locate sources of accurate information and assistance in one's community.	Accessing Information
Describe sources of accurate information and assistance in one's community.	Accessing Information
Lesson 4: Create a Plan to Stay Within the Boundaries	
Set personal boundaries and limits related to physical intimacy and sexual behavior.	Self Management
Create a plan to stay within behavioral limits which protect one from HIV and STIs.	Goal Setting
Lesson 5: Communicating Our Boundaries	
Analyze behaviors and situations that may result in increased risk for HIV and other sexually transmitted infections (STIs).	Self Management
Demonstrate the ability to communicate one's behavioral limits or boundaries and to show respect for the limits or boundaries of others related to physical intimacy and sexual behavior.	Interpersonal Communication

Lesson 6: Identifying and Refusing Trouble Situations	
Analyze behaviors and situations that may result in increased risk for HIV and other sexually transmitted infections (STIs).	Self Management
Analyze situations where assertive communication and refusal skills can be used to avoid and escape risky situations.	Self Management
Demonstrate the ability to use verbal and non-verbal ways to refuse participation in sexual behavior.	Interpersonal Communication
Lesson 7: Avoiding and Escaping Risk Situations	
Analyze situations where assertive communication and refusal skills can be used to avoid and escape risky situations.	Self Management
Demonstrate skills to avoid and escape risky situations.	Self Management
Demonstrate the ability to use verbal and non-verbal ways to refuse participation in sexual behavior.	Interpersonal Communication
Lesson 8: Someday, But Not Now	
Describe the potential negative consequences of having sexual intercourse and ways to reduce risks, including abstinence and condom use.	Core Concepts
Create a plan to reduce the risks of having sex in the future.	Goal Setting
Lesson 9: Sharing Our Expertise	
Demonstrate the ability to be positive peer role models in the school and community.	Advocacy
Lesson 10: Spreading the Word	
Demonstrate the ability to be positive peer role models in the school and community.	Advocacy

Correlation of Lessons With National Health Education Standards

Lesson #	Core Concepts	Analyzing Influences	Accessing Information	Interpersonal Communication	Decision Making	Goal Setting	Self Management	Advocacy
Lesson 1: The 4-1-1 on HIV and AIDS	X							
Lesson 2: HIV and Other STIs—Evaluating the Risks	X	X					X	
Lesson 3: Finding Help and Information			X					
Lesson 4: Create a Plan to Stay Within the Boundaries						X	X	
Lesson 5: Communicating Our Boundaries				X			X	
Lesson 6: Identifying and Refusing Trouble Situations				X			X	
Lesson 7: Avoiding and Escaping Risk Situations				X			X	
Lesson 8: Someday, But Not Now	X					X		
Lesson 9: Sharing Our Expertise								X
Lesson 10: Spreading the Word								X

Teaching Resources

The materials used in the *Michigan Model™* are divided into three types:

- **Health Education Resources:** Materials obtained from your Regional Health Coordinator, regional materials center, or ordered from the vendor*
- **Teacher Manual Resources:** Materials found in the manual, such as student worksheets, teacher references, and so on
- **Supplied by the Teacher:** Materials typically found in the classroom or school, such as pencils, writing paper, art supplies, and so on

* If you have questions about any of the materials used in the *Michigan Model for Health™* or how to obtain them, phone the Michigan Model for Health Clearinghouse. They will help you locate what you need.

Phone: 888-517-6195

Following each item listed, the number of the lesson(s) where the item is used is indicated for your reference.

RESOURCES	LESSON NUMBERS									
	1	2	3	4	5	6	7	8	9	10
Health Education Resources										
• Video [DVD] (two versions): <i>Understanding HIV and AIDS</i> , (abstinence-based version), Human Relations Media (18 minutes) OR <i>Understanding HIV and AIDS</i> , (abstinence-only version), Human Relations Media (17 minutes)	X									
• Poster: "Setting Goals for Health," Michigan Model for Health Clearinghouse				X				X		
• Poster: "Now You Know," Michigan Model for Health Clearinghouse							X			
• Video: "Sex Has Consequences" PSAs, National Campaign to Prevent Teen and Unplanned Pregnancy (optional)								X		
• Poster: "Advocating for Health," Michigan Model for Health Clearinghouse									X	
Teacher Manual Resources										
Student Worksheets, Handouts, Teacher Keys, and Teacher Masters										
• Student Handout: "HIV Facts" (two versions: abstinence-based and abstinence-only)	X									
• Student Worksheet: "Vital STI Facts"		X								
• Teacher Key: "Vital STI Facts"		X								
• Student Handout: "Chlamydia Fact Sheet" (two versions: abstinence-based and abstinence-only)		X								
• Student Handout: "Herpes Fact Sheet" (two versions: abstinence-based and abstinence-only)		X								
• Student Handout: "Human Papillomavirus Fact Sheet" (two versions: abstinence-based and abstinence-only)		X								
• Student Handout: "Gonorrhea Fact Sheet" (two versions: abstinence-based and abstinence-only)		X								

RESOURCES	LESSON NUMBERS									
	1	2	3	4	5	6	7	8	9	10
• Student Handout: "Syphilis Fact Sheet" (two versions: abstinence-based and abstinence-only)		X								
• Student Worksheet: "Is It Risky?"		X								
• Student Worksheet: "Getting Help If You Need It"			X							
• Teacher Key: "Getting Help If You Need It"			X							
• Teacher Master: "Healthy or Not?"			X							
• Student Worksheet: "Finding Reliable Sources of Information or Assistance on the Internet" (Methods 1 & 2)			X							
• Student Worksheet: "Finding Reliable Sources of Information or Assistance in the Phone Book" (Method 3)			X							
• Student Worksheet: "Setting My Goal, Building My Fence"				X						
• Student Handout: "A Method for Goal Setting"				X				X		
• Student Worksheet: "Communicating Boundaries"					X					
• Teacher Key: "Communicating Boundaries"					X					
• Teacher Master: "Using Skills to Avoid a Risky Situation"							X			
• Teacher Master: "Using Skills to Escape a Risky Situation"							X			
• Student Worksheet: "Cut!"							X			
• Teacher Key: "Cut!"							X			
• Teacher Master: "Lifelong Friends"							X			
• Teacher Master: "Practice Scripts"							X			
• Student Worksheet: "Condoms: Use Correctly and Consistently"								X		
• Teacher Key: "Condoms: Use Correctly and Consistently"								X		
• Student Worksheet: "Setting My Goal, Reducing My Risks" (abstinence-based version only)								X	X	
• Student Handout: "Keys for a Future Free of HIV and STIs: Abstinence and Condom Use"								X		
• Student Worksheet: "Helping Others Protect Themselves"									X	
• Student Handout: "Advocacy Project Possibilities"									X	
Family Worksheets										
• Family Worksheet: "What Do You Think?"		X		X						
Slide Masters										
• Slide Master: "Fact or Myth?"	X									
• Set of Slide Masters: "Know the Facts" (two versions: abstinence-based and abstinence-only)	X									
• Slide Master: "STI Presentations"		X								
• Slide Master: "STIs and Youth"		X								
• Slide Master: "STI Information: Chlamydia"		X								
• Slide Master: "STI Information: Herpes"		X								
• Slide Master: "STI Information: Human Papillomavirus (HPV)"		X								
• Slide Master: "STI Information: Syphilis"		X								
• Slide Master: "STI Information: Gonorrhea"		X								
• Slide Master: "STI Summary"		X								
• Slide Master: "What Makes It Risky for HIV"		X								

RESOURCES	LESSON NUMBERS									
	1	2	3	4	5	6	7	8	9	10
• Slide Master: "Is It Risky for HIV & STIs?"		X								
• Slide Master: "Is It Risky for HIV?"		X								
• Slide Master: "Agree or Disagree?"		X								
• Slide Master: "Healthy or Not? Directions"			X							
• Slide Master: "Common Symptoms of HIV"			X							
• Slide Master: "Common Symptoms of Other STIs"			X							
• Slide Master: "Be a Skeptic—Think and Question"			X							
• Slide Master: "Fences"				X						
• Slide Master: "Boundaries"				X						
• Set of Slide Masters: "Reasons to Plan How to Stay Within Boundaries"				X						
• Slide Master: "A Clear Goal Is SMART"				X						
• Slide Master: "My Long-Term Goal"				X						
• Slide Master: "My Short-Term Goal"				X						
• Set of Slide Masters: "My Tasks"				X						
• Slide Master: "My Progress"				X						
• Slide Master: "Did I Reach My Goal?"				X						
• Slide Master: "Behaviors Taylor Will Choose to Stay Within the Boundaries" (two versions: abstinence-based and abstinence-only)				X						
• Slide Master: "Behaviors Carla Will Choose to Stay Within the Boundaries" (two versions: abstinence-based and abstinence-only)				X						
• Slide Master: "What to Communicate"					X	X				
• Slide Master: "How to Communicate"					X	X				
• Slide Master: "Time to Communicate"					X					
• Slide Master: "Identifying Trouble"						X				
• Slide Master: "Effective Refusal Skills"						X				
• Set of Slide Masters: "Potentially Risky Situations" (optional)						X	X			
• Set of Slide Masters: "Come On Over: Part 1, Part 2, and Part 3"						X				
• Set of Slide Masters: "Getting to Know You: Part 1, Part 2, and Part 3"						X				
• Set of Slide Masters: "See You Tomorrow: Part 1, Part 2, and Part 3"						X				
• Slide Master: "Now You Know" (optional)							X			
• Slide Master: "Reality Check"								X		
• Slide Master: "Before Condom Use"								X		
• Slide Master: "Correct Condom Use"								X		
• Slide Master: "After Condom Use"								X		
• Slide Master: "Before Tooth Brushing"								X		
• Slide Master: "Correct Tooth Brushing"								X		
• Slide Master: "After Tooth Brushing"								X		
• Slide Master: "Steps for Goal Setting"								X		
• Set of Slide Masters: "In Summary..."									X	
• Slide Master: "One More Thing" (abstinence-based version only)									X	
• Slide Master: "Advocating for Health"									X	

RESOURCES	LESSON NUMBERS									
	1	2	3	4	5	6	7	8	9	10
Student Self-Assessments and Peer Assessments										
• Student Self-Assessment Rubric: “Getting Help If You Need It”			X							
• Student Self-Assessment Rubric: “Finding Reliable Sources of Information or Assistance on the Internet” (Methods 1 & 2)			X							
• Student Self-Assessment Rubric: “Finding Reliable Sources of Information or Assistance in the Phone Book” (Method 3)			X							
• Student Self-Assessment Rubric: “Setting My Goal, Building My Fence”				X						
• Student Self-Assessment Rubric: “Communicating Boundaries”					X					
• Student Self-Assessment Checklist: “Communicating Boundaries”					X					
• Peer Assessment Checklist: “Communicating Boundaries”					X					
• Student Self-Assessment Rubric: “Come On Over”						X				
• Student Self-Assessment Checklist: “Getting to Know You or See You Tomorrow”						X				
• Peer Assessment Checklist: “Getting to Know You or See You Tomorrow”						X				
• Student Self-Assessment Rubric: “CUT!”							X			
• Student Self-Assessment Checklist: “Practice Scripts–Getting to Know You or See You Tomorrow”							X			
• Peer Assessment Checklist: “Practice Scripts–Getting to Know You or See You Tomorrow”							X			
• Student Self-Assessment Rubric: “Setting My Goal, Reducing My Risks”								X		
• Student Self-Assessment Rubric: “Helping Others Protect Themselves”									X	X
Teacher References										
• Teacher Reference–Assessment: “Assessment Rubric: Getting Help If You Need It”			X							
• Teacher Reference: “Discussion Notes for ‘Be a Skeptic–Think and Question’”			X							
• Teacher Reference–Assessment: “Assessment Rubric: Finding Reliable Sources of Information or Assistance on the Internet” (Methods 1 & 2)			X							
• Teacher Reference–Assessment: “Assessment Rubric: Finding Reliable Sources of Information or Assistance in the Phone Book” (Method 3)			X							
• Teacher Reference–Assessment: “Assessment Rubric: Setting My Goal, Building My Fence”				X						
• Teacher Reference–Assessment: “Assessment Rubric: Communicating Boundaries”					X					
• Teacher Reference: “Refusal Skill Review”						X				
• Teacher Reference–Assessment: “Assessment Rubric: Come On Over”						X				
• Teacher Reference–Assessment: “Assessment Rubric: CUT!”							X			
• Teacher Reference: “Things to Consider”								X		
• Teacher Reference: “Reducing the Risk With Correct Condom Use”								X		
• Teacher Reference–Assessment: “Assessment Rubric: Setting My Goal, Reducing My Risks”								X		
• Teacher Reference–Assessment: “Assessment Rubric: Helping Others Protect Themselves”									X	X

RESOURCES	LESSON NUMBERS									
	1	2	3	4	5	6	7	8	9	10
Appendices										
• Appendix A: "A-K Correlation With <i>Growing Up and Staying Healthy: Understanding HIV and Other STIs</i> "	X	X	X	X	X	X	X	X	X	X
• Appendix B: "National Health Education Standards Addressed Within <i>Growing Up and Staying Healthy: Understanding HIV and Other STIs</i> "	X	X	X	X	X	X	X	X	X	X
• Appendix C: "Health Education Grade Level Content Expectations Addressed Within <i>Growing Up and Staying Healthy: Understanding HIV and Other STIs</i> "	X	X	X	X	X	X	X	X	X	X
• Appendix D: "HIV/STI and Sex Education in Michigan Public Schools"	X									
• Appendix G: "Human Immunodeficiency Virus (HIV)" (Suggestion)	X									
• Appendix H: "Glossary of STI Terms"		X								
• Appendix I: "Human Papillomavirus (HPV) and HPV Vaccine"		X								
• Appendix J: "Hepatitis B and C Fact Sheets"		X								
• Appendix K: "Rubber Dams"		X						X		
• Appendix L: "Condoms and STDs: Fact Sheet for Public Health Personnel"		X						X		
• Appendix M: "Michigan Web-Based Resources"			X							
• Appendix N: "National Resources"			X							
• Appendix O: "Consent for Care and Confidential Health Information"			X							
• Appendix P: "Overview of Laws Related to Minors in Michigan"			X					X		
• Appendix Q: "Requirements of Michigan Law: Resources and Information for Michigan Teachers Who Teach HIV Prevention or Sex Education"			X	X				X		
• Appendix R: "Laws Regarding Sexual Harassment"				X						
• Appendix S: "School Personnel Guide for Reporting Suspected Child Abuse and Neglect: You Are a Mandated Reporter"					X					
Supplied by the Teacher										
Equipment										
• Projector	X	X	X	X	X	X	X	X	X	X
• AV equipment	X							X		
• Computers with Internet access (Methods 1 & 2)			X							
• LCD projector (Method 2)			X							
Miscellaneous										
• Pens or pencils	X	X	X	X	X	X	X	X	X	X
• Slides	X	X	X	X	X	X	X	X	X	
• Index cards	X									
• Writing paper	X			X	X	X	X	X	X	X
• Chart paper	X					X		X	X	
• Markers	X					X		X	X	
• Tape or thumbtacks	X							X	X	
• Folders, one per student	X	X	X	X	X	X	X	X	X	X
• Highlighters		X								
• Nonpermanent marker (if using transparencies)		X								

RESOURCES	LESSON NUMBERS									
	1	2	3	4	5	6	7	8	9	10
• Phone books, for each small group (Method 3)			X							
• Index cards, two per student				X						
• Chart titled "Potentially Risky Situations," generated by students (from Lesson 6)							X			
• Hat (optional)							X			
• Charts with facts and myths generated by students (from Lesson 1)									X	
• Feedback on the student worksheet, "Helping Others Protect Themselves" (from Lesson 9)										X
• Student folders with worksheets and handouts from previous lessons									X	X
• Materials needed for the advocacy projects designed by the students										X



LESSON 1

The 4-1-1 on HIV and AIDS

Student Learning Objectives:	National Health Education Standards:
<ul style="list-style-type: none"> Explain how HIV is and is not transmitted. 	<ul style="list-style-type: none"> Core Concepts
<ul style="list-style-type: none"> Distinguish between facts and myths regarding HIV infection and AIDS. 	<ul style="list-style-type: none"> Core Concepts

Lesson Synopsis

Compose statements students have heard about HIV infection and AIDS and identify the statements as facts or myths. Learn the facts about HIV and AIDS by watching a video. Revisit statements regarding HIV infection and AIDS and categorize them as facts or myths. Summarize the facts they have learned, emphasizing ways to prevent HIV infection.



Activity	Time	Materials Needed		
Introduction	8 minutes	Teacher Manual Resources <ul style="list-style-type: none"> Slide Master: "Fact or Myth?" Supplied by the Teacher <ul style="list-style-type: none"> Index cards Pens or pencils Projector Slide 		
Input	20 minutes	Health Education Resources <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <u>Abstinence-Based Version:</u> <ul style="list-style-type: none"> Video [DVD]: <i>Understanding HIV and AIDS, abstinence-based</i> (18 minutes) </td> <td style="vertical-align: top;"> <u>Abstinence-Only Version:</u> <ul style="list-style-type: none"> Video [DVD]: <i>Understanding HIV and AIDS, abstinence-only</i> (17 minutes) </td> </tr> </table> Teacher Manual Resources <ul style="list-style-type: none"> Appendix D: "HIV/STI and Sex Education in Michigan Public Schools" Supplied by the Teacher <ul style="list-style-type: none"> Pens or pencils AV equipment Index cards 	<u>Abstinence-Based Version:</u> <ul style="list-style-type: none"> Video [DVD]: <i>Understanding HIV and AIDS, abstinence-based</i> (18 minutes) 	<u>Abstinence-Only Version:</u> <ul style="list-style-type: none"> Video [DVD]: <i>Understanding HIV and AIDS, abstinence-only</i> (17 minutes)
<u>Abstinence-Based Version:</u> <ul style="list-style-type: none"> Video [DVD]: <i>Understanding HIV and AIDS, abstinence-based</i> (18 minutes) 	<u>Abstinence-Only Version:</u> <ul style="list-style-type: none"> Video [DVD]: <i>Understanding HIV and AIDS, abstinence-only</i> (17 minutes) 			
Application	15 minutes	Teacher Manual Resources <ul style="list-style-type: none"> Appendix G: "Human Immunodeficiency Virus (HIV)" (Suggestion) <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <u>Abstinence-Based Version:</u> <ul style="list-style-type: none"> Set of Slide Masters: "Know the Facts" </td> <td style="vertical-align: top;"> <u>Abstinence-Only Version:</u> <ul style="list-style-type: none"> Set of Slide Masters: "Know the Facts" </td> </tr> </table> Supplied by the Teacher <ul style="list-style-type: none"> Projector Slides Writing paper Pens or pencils Chart paper, one piece per group Markers Tape or thumbtacks 	<u>Abstinence-Based Version:</u> <ul style="list-style-type: none"> Set of Slide Masters: "Know the Facts" 	<u>Abstinence-Only Version:</u> <ul style="list-style-type: none"> Set of Slide Masters: "Know the Facts"
<u>Abstinence-Based Version:</u> <ul style="list-style-type: none"> Set of Slide Masters: "Know the Facts" 	<u>Abstinence-Only Version:</u> <ul style="list-style-type: none"> Set of Slide Masters: "Know the Facts" 			

Closure	2 minutes	Teacher Manual Resources <u>Abstinence-Based Version:</u> • Student Handout: "HIV Facts" Supplied by the Teacher • Folders, one per student	<u>Abstinence-Only Version:</u> • Student Handout: "HIV Facts"
TOTAL	45 minutes		



Preparation


- Prior to the Lesson**
- **Ensure** legal requirements are met prior to implementing this module. For example, in Michigan, the following criteria must be met before implementing HIV and other STIs education:
 - Teachers must be trained before instructing students about HIV/AIDS.
 - Parents must be given written notification about the content of the lesson, provided an opportunity to preview the materials in the lesson, and given the opportunity to observe the instruction and to excuse their child from the lesson.
 - Your local school board must hold two public hearings prior to adopting these lessons, and then formally approve them.
 - **Determine** which version of the lesson has been approved by your Board of Education to be taught in your class, abstinence-based or abstinence-only. Abstinence-based means abstinence is emphasized as the healthiest choice for young people and risk reduction, such as condom use, is also taught. Abstinence-only means abstinence is taught exclusively as the healthiest choice for young people and risk reduction is not taught.
 - **Check to be sure** that the video you will show is the version approved for your district.
 - **Read** appendices D, "HIV/STI and Sex Education in Michigan Public Schools," and G, "Human Immunodeficiency Virus (HIV)."
 - **Acquire folders** for students to use for storing their handouts and worksheets throughout this unit.
-
- For Introduction**
- **Decide** how you will divide your class into small groups of five or six students.
 - **Prepare a slide** of the slide master, "Fact or Myth?"
-
- For Input**
- **None**
-
- For Application**
- **Prepare** a chart for each small group. Divide each piece of chart paper in half by drawing a line down the center. Write "facts" at the top of the left-hand side and "myths" on the right-hand side.
 - **Prepare slides** of the slide master set, "Know the Facts."
-
- For Closure**
- **Duplicate** the student worksheet, "HIV Facts," for each student.

LESSON PROCEDURE

Introduction: Compose statements regarding HIV infection and AIDS and identify them as facts or myths.

8 minutes

Instructional Steps	Script and Detailed Directions
<p>Discuss myths.</p>	<p><i>In a moment, I will ask you some questions. If your answer is yes, give me a thumbs up sign. If your answer is no, give me a thumbs down.</i></p> <p><i>Have you ever heard that you can get warts from holding a frog or toad?</i></p> <p><i>Have you heard the saying, “If you step on a crack, you’ll break your mother’s back”?</i></p> <p>Pause to allow students to indicate whether or not they have heard these myths, then continue:</p> <p><i>Each of us has heard information, stated as fact, that later turned out to be myths. However, it is often difficult to tell what information is accurate and true and what isn’t. Today, many people still think they can get warts if they hold a toad. Probably some of us in this room believe this statement. Do you ever find yourself stepping over a crack, just in case that silly rhyme is true? Many myths continue to circulate.</i></p>
<p>Introduce this module on HIV, AIDS, and other STIs.</p>	<p><i>Our lesson today will be the first in a series of lessons on sexually transmitted infections, or STIs, including Human Immunodeficiency Virus, or HIV, the virus that causes Acquired Immune Deficiency Syndrome, or AIDS.</i></p> <div style="text-align: center;">  </div> <p>Sexually transmitted infections are also called sexually transmitted diseases (STDs). This module uses the newer term, STIs, because sexually transmitted viruses and bacteria will cause infections, but may or may not progress to causing diseases which have clear signs and symptoms of illness.</p> <p><i>You might think you have already heard all you need to know about HIV and AIDS but there are still plenty of myths floating around; there is still a lot of misunderstanding about how sexually transmitted infections, including HIV, are spread. When the subject is something as serious, and potentially life changing, as HIV and other STIs, you can’t afford not to know the facts.</i></p>
<p>Form small groups and generate statements about HIV and AIDS using the slide, “Fact or Myth?”</p> <div style="text-align: center;">  </div>	<p>Form small groups of five or six students. Assign someone to be a leader in each group and a second person to be the spokesperson.</p> <p>Distribute a few index cards to each student. Ask the students to take out a pen or pencil.</p> <p>Display the slide, “Fact or Myth?”</p> <p><i>Individually write one statement you know or have heard about HIV or AIDS on each of your cards. You will have three minutes to do this.</i></p>

	After three minutes, ask the students to pass their cards to the leader of their group. Ask leaders to trade cards with a group that is sitting near them, making sure each group has a new set of cards. Once the leaders have a new set of cards, ask them to give one or two cards to each member of their group. Be sure each member gets at least one card.
Categorize the statements about HIV and AIDS as fact or myth.	<p>Now you have one or more new cards with someone else's statement on each. One at a time, read the cards to your small group and decide if each statement is a fact or myth. If it's a fact, write the word "fact" on it. If it's a myth, write the word "myth." You will have five minutes to do this.</p> <p>After five minutes, ask the leaders to collect the index cards. They will be used again in the Application section of this lesson.</p>
Introduce this lesson.	<p>Every 9 1/2 minutes, someone in the U.S. becomes infected with HIV.¹ During our first lesson, we will learn the facts about HIV and AIDS...and in the time we spend doing this lesson, five more people will get HIV infection.</p>  <p>Set a timer to go off every 9 1/2 minutes throughout the class. This will remind students how often a new person is infected with HIV.</p>

Input: Learn the facts about HIV and AIDS by watching a video.




20 minutes

Instructional Steps	Script and Detailed Directions
Introduce the video that has been approved for your use with this curriculum. Generate additional statements and questions about HIV and AIDS.	Let's check our facts by watching a video about HIV and AIDS. It is called "Understanding HIV and AIDS." As you watch, listen carefully to hear if your group categorized your statements correctly as facts or myths. Also, record any new statements you hear or questions you have about HIV or AIDS on blank index cards. After the video, I will ask you to share the main points made by the video and the questions you wrote on your cards.
Show the video.	<p><u>Abstinence-Based Version:</u> Show the approved video: <i>Understanding HIV and AIDS</i>, abstinence-based version.</p> <p><u>Abstinence-Only Version:</u> Show the approved video: <i>Understanding HIV and AIDS</i>, abstinence-only version.</p>
Discuss the video.	<p>What were the main points made in the video?</p> <p>Call on students to share their ideas.</p> <p><i>Bow Wow and the other HIV educators in the video emphasized the importance of making smart, healthy choices to keep yourself safe. Abstinence is one of the smart choices mentioned in the video. Abstinence means choosing not to do something. Education is key, so let's make sure we have the facts straight.</i></p>

¹ CDC, 2009, <http://www.cdc.gov/hiv/>

Application: Categorize statements regarding HIV infection and AIDS as facts or myths. Summarize the facts.

15 minutes

Instructional Steps	Script and Detailed Directions
<p>Categorize statements about HIV and AIDS as facts or myths.</p>	<p>Distribute one of the prepared charts and a marker to each group.</p> <p><i>Leaders, trade your group's index cards with statements and questions on them with a group sitting nearby. Choose a different group than you traded with before.</i></p> <p><i>Now, each group has a new group of statement cards. Some of them have been marked as fact or myth by the previous group before the video. Other statements were written during the video and have not been marked. Your job is to categorize the statements as facts or myths. Tape each statement card on the chart under the correct heading.</i></p> <p><i>You will have ten minutes.</i></p>
<p>Share facts and myths with the large group and reach consensus.</p>	<p>After ten minutes, have each small group post their chart.</p> <p>Call on each spokesperson to share their group's statements with the large group. As each spokesperson reports, ask the other groups if there are any statements that they think should be categorized differently.</p> <p></p> <p>If you prefer, have students walk around the room and read the charts with facts and myths categorized. Then, discuss them with the students.</p> <p>Refer to the lists of facts and myths that are posted on the walls. Discuss the placement of various statements. Correct any misinformation and clarify any confusing information. Ask if there are any questions written on cards that need answers.</p> <p></p> <p>Refer to appendix G, "Human Immunodeficiency Virus (HIV)," for more information. If the students raise issues or questions that you are unsure about, inform the students that you don't know if the statement is a fact or a myth, but you will find an answer. You or an assigned student can get information by calling CDC Info at (800) 232-4636.</p>
<p>Summarize the facts and myths about HIV and AIDS using the slide set, "Know the Facts."</p> 	<p>Display the slides from the slide set, "Know the Facts."</p> <p><i>Scientists have learned a lot about HIV and AIDS in the past decades. Let's check our facts.</i></p> <p>Discuss any of the following points if not mentioned by the students:</p> <ul style="list-style-type: none"> • Human Immunodeficiency Virus causes HIV infection, which may have no symptoms at first, and can eventually lead to symptoms of illness and AIDS. AIDS is the advanced stage of the HIV disease process. • The majority of people who are infected with HIV became infected through sexual intercourse. • People from all backgrounds have and can contract HIV. HIV doesn't care about age, race, gender, religion, class, ability, status, or sexual orientation. If you are participating in risky behaviors, you can contract HIV.

- The second major cause of HIV infection is needle sharing. This can happen when needles or “works” are shared during drug injections, body piercing, or tattooing. The word “works” means drug injecting equipment, such as needles, syringes, spoons, mixing dishes, filters, water, and citric acid.
- Avoid contact with blood or other body fluids that contain blood cells: semen, vaginal fluids, breast milk. While it is possible for people to become infected from broken skin contact with blood, reports of this type of exposure are rare.
- HIV is not transmitted by casual contact, such as shaking hands, breathing on someone, drinking out of the same glass, or sitting on a toilet seat.
- The only way to know if you have HIV is to get tested and get your results.
- People who have HIV can feel and look healthy. Most of the time, you won’t even know they have it unless they tell you.
- Medications are available to help people living with HIV stay as healthy as possible for as long as possible. Even with medication, it is very hard to live with HIV.
- A person with HIV or AIDS can live a long time.
- All people, whether living with HIV or not, deserve to be treated with dignity and respect.
- Abstinence is the only sure way to prevent sexual transmission of HIV.

Abstinence-Based Addition:

Using latex or polyurethane condoms consistently and correctly can reduce the risk, but not eliminate it.


Explain that HIV is one of many sexually transmitted infections (STIs).

HIV is considered a sexually transmitted infection or STI. It is considered an STI because one of the ways the virus is transmitted is through sexual intercourse. As we progress through this unit, we will learn about HIV and other STIs and will talk about transmission by sexual intercourse. Sexual intercourse, or sex, is the term we will use to include oral, anal, and vaginal sex.

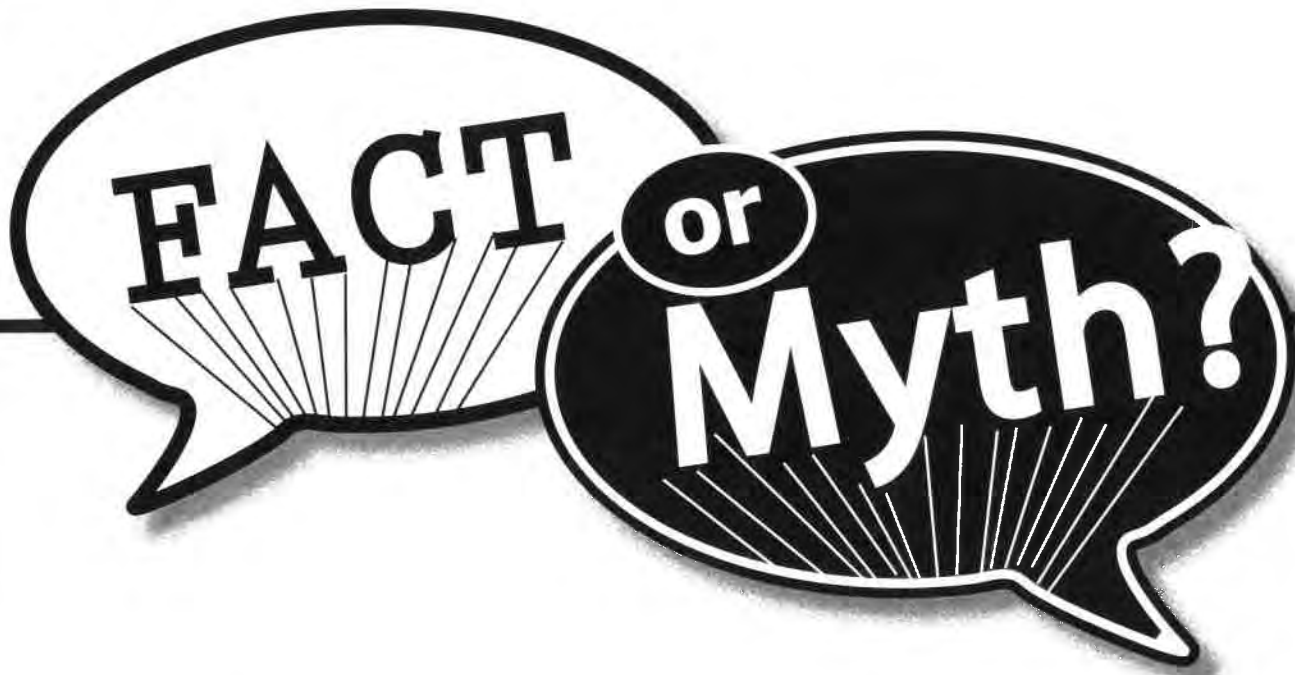


The above explanation will help students clarify the meaning of the term “sexual intercourse.” It will be used throughout this curriculum rather than repeating “oral, anal, and vaginal sex.” Define these terms:

- Oral sex is when a person’s mouth is in contact with another person’s genitals.
- Anal sex is when the penis is inserted into the anus.
- Vaginal sex is when the penis is inserted into the vagina.

Instructional Steps	Script and Detailed Directions
<p>Summarize the lesson, emphasizing ways to prevent HIV infection.</p>	<p>Discuss the following questions:</p> <p><i>For those who weren't born with HIV, what is the only way to be sure you will not get HIV?</i></p> <p>Answer: Abstinence from sexual intercourse and from needle sharing will prevent infection with HIV. Of course, contact with other people's blood should also be avoided.</p> <p><i>What does abstinence mean?</i></p> <p>Answer: Abstinence means choosing not to do something.</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p><u>Abstinence-Based Addition:</u> <i>When people are sexually active, what should they do to reduce their risk of becoming infected with HIV?</i></p> <p>Answer: Use a latex or polyurethane condom correctly every time they have sex.</p> </div>
<p>Assign homework, using the student handout, "HIV Facts."</p> 	<p>Distribute the student handout, "HIV Facts," and a folder to each student.</p> <p><i>For your homework, take this handout home, read it, and circle two things that interest you most. Discuss them with a parent or other trusted adult. You may earn extra credit if you get that person's signature on the handout and return it. Use this folder to store your handouts and your work throughout this unit on HIV and other STIs.</i></p> <p>Collect the posted lists of facts and myths for use in Lesson 9.</p>
<p>Introduce the next lesson on STIs.</p>	<p><i>In our next health lesson, we will learn about other sexually transmitted infections and about behaviors that place a person at risk for getting HIV or another STI.</i></p>





- 1. Write one statement about HIV or AIDS on each of your cards. You have three minutes.**
- 2. Leaders, collect the cards and pass them to a group nearby.**
- 3. Leaders, deal the index cards you received from another group to your group members.**
- 4. Read each card to your small group and decide if it's a fact or myth.**
- 5. If it's a fact, write the word "fact" on it. If it's a myth, write the word "myth."**
- 6. Leaders, collect the cards for later use.**



Know the Facts

- ✓ Human Immunodeficiency Virus causes HIV infection, and can eventually lead to advanced HIV disease called AIDS.
- ✓ Most people got infected with HIV through sexual intercourse.
- ✓ People from all backgrounds have and can contract HIV. HIV doesn't care about age, race, gender, religion, class, ability, status, or sexual orientation. If you are participating in risky behaviors, you can contract HIV.
- ✓ The second major cause of HIV infection is needle sharing. This can happen when needles or "works" are shared during drug injections, body piercing, or tattooing.



Know the Facts

- ✓ Avoid contact with blood or other body fluids that contain blood cells: semen, vaginal fluids, breast milk.
- ✓ HIV is not transmitted by casual contact.
- ✓ The only way to know if you have HIV is to get tested and get your results.
- ✓ People who have HIV can feel and look healthy most of the time.
- ✓ Medications are available to help, but not cure, people living with HIV. Even with medication, it is very hard to live with HIV.
- ✓ A person with HIV or AIDS can live a long time.



Know the Facts

- ✓ All people deserve to be treated with dignity and respect, whether or not they have HIV.
- ✓ Abstinence is the only sure way to prevent sexual transmission of HIV.
- ✓ Using latex or polyurethane condoms consistently and correctly can reduce the risk, but not eliminate it.



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Know the Facts

- ✓ All people deserve to be treated with dignity and respect, whether or not they have HIV.
- ✓ Abstinence is the only sure way to prevent sexual transmission of HIV.



HIV Facts



What is HIV?

- Human Immunodeficiency Virus (HIV) causes HIV infection, which can eventually lead to Acquired Immune Deficiency Syndrome (AIDS).
- HIV kills white blood cells in the body's immune system. As a result, the body cannot fight off infection.
- In infected people, HIV is found in body fluids that contain blood cells. These body fluids include blood, semen, vaginal fluids, and breast milk.

How is HIV transmitted?

- HIV is transmitted during sexual intercourse with an infected person. This includes vaginal, anal, and oral sex.
- Contact with infected fluids from the penis or vagina can transmit HIV.
- HIV can be transmitted from person to person if they share needles. This can happen when injecting any drugs, getting tattoos, and body piercing. This is more likely to happen if you get a tattoo or body piercing from an unlicensed person.
- An infected mother can give HIV to her baby while pregnant, while giving birth, or when breastfeeding. Treatment of the mother during pregnancy and at birth can greatly reduce the risk of transmission.
- HIV can be transmitted if infected blood or blood products are transfused. In the U.S., this rarely happens anymore because blood donations are now tested for HIV.
- Contact with infected blood can transmit HIV. This can happen with "needlestick" injuries, when a needle or another sharp object accidentally pierces a person's skin. It can also happen when blood splashes into the eyes, nose, or mouth or into open cuts or sores on the skin.
- HIV is not transmitted by saliva, tears, sweat, urine, feces, insect bites, through the air, or from surfaces.

What are symptoms of infection with HIV?

- An infected person might have a flu-like illness a few weeks after being exposed to HIV.
- A person with HIV usually feels well and looks healthy for years after infection, but is able to transmit HIV to others.
- White blood cells in the immune system are slowly destroyed.
- Once HIV has killed many white blood cells, the body cannot fight off infections. Symptoms of illness appear, such as night sweats, weight loss, fever, and diarrhea.
- Sometimes severe symptoms, such as pneumonia or certain cancers, appear. It takes an average of ten years for this to happen.

What are other consequences of infection with HIV?

- A person may be diagnosed with AIDS once the person's white blood cell level is extremely low, or if the person has other infections or conditions due to his or her damaged immune system.
- While a person with AIDS can live a long time, every day people with AIDS die.
- Until there is a cure, HIV is a terminal illness.
- Unfortunately, people living with HIV are sometimes not treated with dignity and respect.



What is the testing, treatment, or cure for HIV?

- Testing is available from your doctor, a clinic, or the local health department.
- HIV infection can be treated, but not cured.
- Treatment works best if it begins as soon as possible after infection.
- A combination of medications can work very well in fighting infections and reducing HIV in the body. However, these medications can cause serious side effects, they are expensive, and they don't always work well for everyone.



How can HIV be avoided or reduced?

- Abstain from vaginal, oral, and anal sex.
- Before having sex, talk to your partner about being in a long-term, committed relationship, for example marriage; make sure you and your partner get tested; and have intimate sexual contact with only one person who is not infected and is also committed to that relationship.
- Avoid sharing needles for any purpose.
- Avoid blood and other body fluid contact with another person.
- Reduce the risk of infection by using a latex or polyurethane condom correctly for all vaginal intercourse, oral sex, or anal sex.
- Use "universal precautions" if blood or other body fluids must be handled. Use latex gloves, hand-washing, and careful disposal of gloves and other blood-soaked items. Use these precautions at all times with all people.

If you have questions about HIV or AIDS, call, email, or talk to...

- CDC INFO: 1-800-232-4636 (English and Spanish; available 24/7)
- Hearing impaired hotline: 1-888-232-6348
- CDC e-mail address: cdcinfo@cdc.gov
- Parent or other trusted adult
- Family physician or nurse
- Local Public Health Department
- Local AIDS Hotline

These web sites will also provide accurate information:

- Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/>
- American Social Health Association: <http://www.ashastd.org/>
- Michigan Department of Health and Human Services: www.michigan.gov/hivstd

SIGN AND RETURN THIS PART FOR EXTRA CREDIT.

I discussed two interesting facts about HIV with my parent or another trusted adult.

Student Signature

Adult Signature



HIV Facts



What is HIV?

- Human Immunodeficiency Virus (HIV) causes HIV infection, which can eventually lead to Acquired Immune Deficiency Syndrome (AIDS).
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- Unfortunately, people living with HIV are sometimes not treated with dignity and respect.



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How can HIV be avoided?

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- Avoid sharing needles for any purpose.
- Avoid blood and other body fluid contact with another person.
- Use "universal precautions" if blood or other body fluids must be handled. Use latex gloves, hand-washing, and careful disposal of gloves and other blood-soaked items. Use these precautions at all times with all people.



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- American Social Health Association: <http://www.ashastd.org/>
- Michigan Department of Health and Human Services: www.michigan.gov/hivstd

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Student Signature

Adult Signature



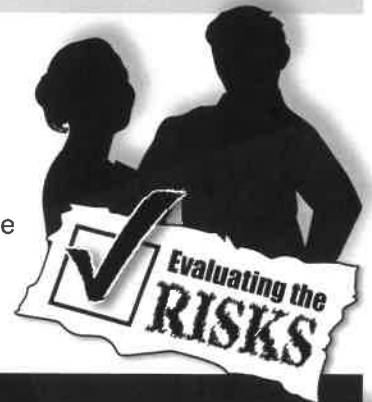
LESSON 2

HIV and Other STIs—Evaluating the Risks

Student Learning Objectives:	National Health Education Standards:
<ul style="list-style-type: none"> Analyze behaviors and situations that may result in increased risk for HIV and other sexually transmitted infections (STIs). 	<ul style="list-style-type: none"> Self Management
<ul style="list-style-type: none"> Summarize the benefits of staying within behavioral limits and remaining abstinent. 	<ul style="list-style-type: none"> Core Concepts
<ul style="list-style-type: none"> Examine viewpoints of parents and other trusted adults regarding teen relationships, abstinence, and sexual decisions. 	<ul style="list-style-type: none"> Analyzing Influences
<ul style="list-style-type: none"> Evaluate the impact of alcohol and other drug use on decisions regarding sexual behavior. 	<ul style="list-style-type: none"> Analyzing Influences

Lesson Synopsis

Review HIV facts and prepare to learn about five additional sexually transmitted infections (STIs). Identify facts regarding sexually transmitted infections and educate peers about five prevalent STIs in addition to HIV infection and AIDS. Analyze risk behaviors for HIV and other STIs. Evaluate how alcohol and other drug use can increase the risk of getting STIs. Summarize behaviors that prevent infection with HIV and STIs and benefits of choosing those behaviors, including pregnancy prevention. Interview adult family members about their expectations related to sexual behavior as homework.



Activity	Time	Materials Needed
Introduction	3 minutes	<ul style="list-style-type: none"> None
Input	23 minutes	Teacher Manual Resources <ul style="list-style-type: none"> Appendix H: "Glossary of STI Terms" Appendix I: "Human Papillomavirus (HPV) and HPV Vaccine" Appendix J: "Hepatitis B and C Fact Sheets" Appendix K: "Rubber Dams" Appendix L: "Condoms and STDs: Fact Sheet for Public Health Personnel" Slide Master: "STI Presentations" Slide Master: "STIs and Youth" Slide Master: "STI Information: Chlamydia" Slide Master: "STI Information: Herpes" Slide Master: "STI Information: Human Papillomavirus (HPV)" Slide Master: "STI Information: Gonorrhea" Slide Master: "STI Information: Syphilis" Slide Master: "STI Summary" Student Worksheet: "Vital STI Facts" Teacher Key: "Vital STI Facts"

Input (continued)		<p><u>Abstinence-Based Version:</u></p> <ul style="list-style-type: none"> • Student Handout: "Chlamydia Fact Sheet" • Student Handout: "Herpes Fact Sheet" • Student Handout: "Human Papillomavirus Fact Sheet" • Student Handout: "Gonorrhea Fact Sheet" • Student Handout: "Syphilis Fact Sheet" <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> • Highlighters • Pens or pencils • Slides • Projector 	
Application	17 minutes	<p>Teacher Manual Resources</p> <ul style="list-style-type: none"> • Slide Master: "What Makes It Risky for HIV" • Slide Master: "Is It Risky for HIV?" • Slide Master: "Is It Risky for HIV & STIs?" • Slide Master: "Agree or Disagree?" • Student Worksheet: "Is It Risky?" <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> • Pens or pencils • Nonpermanent marker (if using transparencies) • Slides • Projector 	
Closure	2 minutes	<p>Teacher Manual Resources</p> <ul style="list-style-type: none"> • Family Worksheet: "What Do You Think?" <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> • Student folders, from Lesson 1 	
TOTAL	45 minutes		

Preparation

- | | |
|----------------------------|--|
| Prior to the Lesson | <ul style="list-style-type: none"> • Determine which version of the lesson has been approved by your Board of Education to be taught in your class, abstinence-based or abstinence-only. • Read appendix H, "Glossary of STI Terms," appendix I, "Human Papillomavirus (HPV) and HPV Vaccine," appendix J, "Hepatitis B and C Fact Sheets," appendix K, "Rubber Dams," and appendix L, "Condoms and STDs: Fact Sheet for Public Health Personnel." |
| For Introduction | <ul style="list-style-type: none"> • None |
| For Input | <ul style="list-style-type: none"> • Decide how you will divide your class into five groups. • Prepare slides of the slide masters, "STIs and Youth," "STI Presentations," and "STI Summary." • Prepare slides of the five slide masters, "STI Information." • Duplicate the student worksheet, "Vital STI Facts," for each student. • Duplicate the appropriate version of the student handouts, "STI Fact Sheets," either abstinence-based or abstinence-only, so that students will get a copy of the handout for the STI assigned to their small group. Each group will get the handout on only one sexually transmitted infection (STI), with each group getting a different STI. |
| For Application | <ul style="list-style-type: none"> • Prepare slides of the slide masters, "What Makes It Risky for HIV," "Is It Risky for HIV?" "Is It Risky for HIV & STIs?" and "Agree or Disagree?" • Duplicate the student worksheet, "Is It Risky?" for each student. • Prepare to complete the student worksheet, "Is It Risky?" with the students in class using the slides, "Is It Risky for HIV?" and "Is It Risky for STIs?" You will need to use nonpermanent markers on transparencies or have the ability to add words and checkmarks on the slides. |
| For Closure | <ul style="list-style-type: none"> • Duplicate the family worksheet, "What Do You Think?" for each student. |

LESSON PROCEDURE





Introduction: Connect this lesson on HIV and other sexually transmitted infections with the previous lesson on HIV facts.

3 minutes

Instructional Steps	Script and Detailed Directions
Review facts about HIV.	<p><i>Think of one new fact about HIV that you learned during our last lesson. When you have thought of one, let me know you are ready to share your fact by looking at me.</i></p> <p>Pause to allow the students to remember a new fact.</p> <p>Who would like to share their idea with the class?</p> <p>Call on volunteers to share their ideas with the class.</p>
Introduce this lesson on STIs.	<p><i>We have learned a lot about HIV, but it is not the only infection spread by sexual intercourse. There are other sexually transmitted infections or STIs which pose health threats for youth and adults.</i></p> <p><i>Today we are going to get more specific about the ways these infections are transmitted from one person to the next. If we know how they are transmitted, we can avoid those behaviors that put us at risk.</i></p>

Input: Educate students with facts regarding sexually transmitted infections and how to prevent them. Analyze characteristics of STIs that determine how they are transmitted and if they are curable. Summarize ways to prevent STIs.

23 minutes

Instructional Steps	Script and Detailed Directions
<p>Generate a list of STIs and identify the five STIs that are most prevalent among young people using the slide, "STIs and Youth."</p> 	<p><i>You may have heard about some of the other sexually transmitted infections which pose health threats for youth and adults. Sexually transmitted infections are also called sexually transmitted diseases (STDs). This module uses the newer term, STIs, because sexually transmitted viruses and bacteria will cause infections, but may or may not progress to causing diseases which have clear signs and symptoms of illness.</i></p> <p>What are some of the STIs you have heard of?</p> <p>List their ideas on the board.</p> <p>Display the slide, "STIs and Youth." Indicate that they will be identifying facts about these five STIs:</p> <ul style="list-style-type: none"> • Chlamydia • Human Papillomavirus (HPV) • Herpes • Gonorrhea • Syphilis  <p>These five sexually transmitted infections are included in this module because they are the most common, the most well known, and/or have the most serious implications. All are health threats to young people and adults, regardless of age, race, gender, religion, class, ability, or sexual orientation.</p> <p>Although there are many additional STIs, the goal of these lessons is not to inundate students with medical facts, but rather to help them to choose behaviors that will protect them from becoming infected.</p>
<p>Form small groups and identify critical information students need to know about STIs using the slide, "STI Presentations," and student handouts "STI Fact Sheets."</p>  	<p>Form five groups of students.</p> <p>Assign students in each small group to act as leader, recorder, and spokesperson. Provide each recorder with a highlighter. Ask students to take out a pen or pencil.</p> <p><i>Up to 80 percent of the people who have an STI don't even know they have it! It is important to get the facts out to everyone.</i></p> <p><i>Each small group will become the experts on one of the STIs we have named. In a few minutes, your group's spokesperson will present the facts you think are most important about your assigned STI to the class.</i></p> <p>Display the slide, "STI Presentations," and explain the task.</p> <p><i>Each group member will read the fact sheet for your assigned STI and circle the most critical information you think students your age need to know. Then, you will discuss the handout as a group, and your group's recorder will use a highlighter to mark the facts your group wants to present to the whole class.</i></p>

The information in the box at the top of the fact sheet is on a slide that your spokesperson will present to the whole class in a few minutes. In addition to presenting those facts, your spokesperson will share additional facts your group selected.

You will have ten minutes to read and prepare. Each group will have two minutes to present their STI facts.

Assign each group one of the STIs and provide enough copies of the corresponding student handout, "STI Fact Sheet" to each student in the group.

Clarify information as requested and monitor the small group work to ensure the task is done correctly.

Present critical information students need to know about STIs using the five slides, "STI Information," and the student worksheet, "Vital STI Facts."



After ten minutes, give each student the student worksheet, "Vital STI Facts."

As each group presents their vital STI information, take notes on Part A of your worksheet. Record the facts you think are most important for you to know about each STI. Leave the boxes and the section for HIV blank for now.

Display the first slide in the series, "STI Information." Call on the first group's spokesperson to present the vital information on the corresponding STI. After their two-minute report, clarify misinformation and answer questions.

Continue until all five STI reports have been given.



Use appendix H, "Glossary of STI Terms," appendix I, "Human Papillomavirus (HPV) and HPV Vaccine," and the student handouts, "STI Fact Sheets," to clarify misinformation and answer questions. Focus on the behaviors that transmit the disease, rather than the medical details.

Use appendix I, "Human Papillomavirus (HPV) and HPV Vaccine," to answer questions about vaccination against HPV. The vaccine has been approved for both boys and girls to prevent the most prevalent viruses that cause genital warts. The vaccine also helps to prevent cervical cancer among females.

If students ask about Hepatitis, refer to appendix J, "Hepatitis B and C Fact Sheets," for answers.

Analyze characteristics of STIs that determine how they are transmitted and whether they are curable, and summarize ways to prevent STIs using the slide, "STI Summary."



Display the slide, "STI Summary."

There are two more important facts you need to understand in order to know how to prevent HIV and other STIs:

- *First, the STIs we discussed today are caused by either a virus or bacteria. Bacteria are one-celled organisms, and some can cause infections. The STIs caused by bacteria are curable. Viruses are infective agents that can only replicate inside living cells. STIs caused by viruses are not curable. On your worksheet, mark those caused by a virus with a "V" and those caused by a bacteria with a "B." Record your answer in the first box after each STI.*
- *Second, these STIs are generally transmitted by contact with infected discharges or by contact with infected sores or rashes. They are transmissible even if there are no obvious symptoms. On your worksheet, mark those transmitted by a discharge with a "D" and those transmitted by a sore or rash with "R." Record your answer in the second box.*

Some of these STIs result in sores or rashes that cause breaks in the skin's protective barrier. Having an STI that causes sores or rashes makes it easier for HIV to enter the body, increasing a person's chance of becoming infected with HIV.

The most important thing to know about STIs is that they are entirely preventable. **Since they are mainly transmitted by vaginal, oral, and anal sex, what can you do to prevent infection?**

Answer:

- Abstain from sex and intimate sexual contact.

Abstinence-Based Addition:

Answers:

- Before having sex, talk to your partner about being in a long-term, committed relationship, for example marriage; make sure you and your partner get tested; and have intimate sexual contact with only one person who is not infected and is also committed to that relationship.
- Use a latex or polyurethane condom consistently and correctly to reduce the risk of infection.
- The STIs that are transmitted by contact with an infected area or a sore or rash, especially herpes and HPV, are not as preventable with condom use. If the infected area, sore, or rash is outside the area covered by the condom, they can still be transmitted.




Be sure to follow the guidelines of your Sex Education Advisory Committee regarding the discussion of condoms and their use. The important message is to always have a latex barrier between sex partners to avoid STI transmission. Refer to appendix L, "Condoms and STDs: Fact Sheet for Public Health Personnel" and appendix K, "Rubber Dams," for additional information.

On Part B of your worksheet, write three statements that are true for all of the STIs, including HIV.

Application: Identify risk behaviors for HIV and other STIs and describe the characteristics that make behaviors risky.

17 minutes

Instructional Steps	Script and Detailed Directions
<p>Analyze characteristics of risk behaviors for HIV infection using the slide, "What Makes It Risky for HIV."</p> 	<p>Now that we know the facts about HIV and STIs, let's apply what we know and figure out how to prevent infection with HIV and other STIs.</p> <p>Let's think about HIV infection first. What behaviors put someone at risk for HIV?</p> <p>Write their ideas on the board. Be sure the following behaviors are mentioned:</p> <ul style="list-style-type: none">• sexual intercourse• sharing needles or "works" during injection drug use, body piercing or tattooing• birth or breastfeeding by an infected woman• contact with blood, sores, or rashes (remote possibility)



If the term “sexual intercourse” is used, remind the students that it includes vaginal, oral, and anal intercourse. If other behaviors, such as hugging or petting, are mentioned, record them as well.

Display the slide, “What Makes It Risky for HIV.” Explain the criterion for risk behaviors that transmit HIV.

Most cases of HIV infection are the result of behaviors that have one thing in common. What do you think it is?

Answer: blood contact with blood or other body fluids that contain blood cells, such as semen, vaginal fluids, or breast milk

HIV can live in these body fluids. If blood contact with blood or other body fluids that contain blood cells occurs as a result of something a person does, there is a risk of HIV infection because HIV can get into the body.

Analyze risk behaviors for HIV infection using the slide master, “Is It Risky for HIV?” and the student worksheet, “Is It Risky?”



Distribute the student worksheet, “Is It Risky?” to each student.

On your worksheet, in the left-hand column titled “Risk Behaviors,” record the ideas listed on the board.

Which of these behaviors could result in blood contact with blood or other body fluids that contain blood cells (semen, vaginal fluids, breast milk) and, therefore, are risky behaviors for the transmission of HIV? Place a check in the column on your worksheet under the heading “HIV” if the behavior can transmit HIV.

Display the slide, “Is It Risky for HIV?” Tell students the answers for the four behaviors printed on the slide are correct. Ask them to be sure their worksheet is correct. If they have added other behaviors that can transmit HIV, confirm their ideas. If they have added behaviors that do not transmit HIV, correct the misinformation.

One of the behaviors we listed, sexual intercourse, includes vaginal, oral, and anal intercourse. Of the sexual behaviors, anal intercourse has the most risk for transmitting HIV.



If students inquire about the reasons anal intercourse is extremely risky, you may want to provide the following explanation:

- The lining of the rectum is thinner and more prone to tearing than the lining of the vagina or mouth. If semen containing HIV is deposited inside the rectum, it is very easy for HIV to get into the blood stream and infect the person, even without tears.
- Also, the rectum has a higher concentration of white blood cells which can bind to the HIV and make it easier for infection to result.

Analyze risk behaviors for STIs using the slide, “Is It Risky for HIV & STIs?” and the student worksheet, “Is It Risky?”



Now, let’s think about the other five STIs listed across the top of the worksheet.

What risk behaviors might transmit the other STIs?

Add their ideas to those on the board.

Write the behaviors in the left-hand column.

Consider each STI and place a check mark in the appropriate box if the behavior could transmit the infection.

Display the slide, "Is It Risky for HIV & STIs?" Correct and clarify the information using the slide as the answer key. Be sure to mention the risk behaviors for STIs that are different from HIV.



Write any additional behaviors suggested by students on the transparency with a nonpermanent marker or enter them on the PowerPoint slide. Check those behaviors that can transmit the STIs.

Identify sexual intercourse and needle sharing as the primary risk behaviors for STIs.

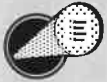
Remember that sexual intercourse is a behavior that can result in HIV infection and/or other STIs. By abstaining from sexual intercourse and from needle sharing, you can be free from HIV. With rare exceptions, a person is not at risk of getting other STIs if he or she chooses abstinence.



If students inquire about the exceptions, explain that kissing a person with mouth sores or coming in contact with other infected areas, sores, or rashes may put a person at risk for transmission of syphilis, HPV, and herpes.

Herpes can also be transmitted before the sores appear. More than 100 types of herpes exist, including cold sores, chicken pox, and shingles. Oral herpes, or cold sores, can be transmitted to the genitals through oral sex.

Evaluate the impact of alcohol and other drugs on decision making using the slide master, "Agree or Disagree?"



If you agree with the following statement, move to the right side of the room. If you disagree, move to the left. Be prepared to share your reasons for your position.

Display the slide, "Agree or Disagree?"

Alcohol and other drug use increases the likelihood of engaging in risk behaviors. You may do things you wouldn't normally do.




If you prefer, have the students stand if they agree with the statement instead of moving across the room.

Gather ideas from the students who disagree first. Then gather ideas from the students who agree.

The use of alcohol and other drugs impairs a person's ability to think clearly and make healthy decisions. Therefore, the use of alcohol and other drugs may increase the likelihood that a person would do things they know are dangerous and unhealthy, or things they would not do if they were thinking clearly. Looking at drug use from this perspective makes it a risk behavior for the transmission of all STIs, as well as many other dangerous behaviors, such as car crashes and violence. In addition to the impact on decision making, alcohol and other drug use is illegal for youth your age.

Closure: Summarize behaviors that prevent infection with HIV and STIs and benefits of choosing those behaviors. Assign homework.

2 minutes

Instructional Steps	Script and Detailed Directions
<p>Summarize behaviors that prevent infection with HIV and STIs and benefits of choosing those behaviors.</p>	<p><i>If a person wants to avoid HIV infection and/or STIs, what can he or she do?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Abstain from sexual intercourse, whether you have had sex in the past or not. • Abstain from sharing needles and “works.” • Avoid kissing a person with mouth sores, or touching a person’s sores, blisters, or warts. • Refuse to use alcohol and other drugs. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><u>Abstinence-Based Addition:</u></p> <p>Answer:</p> <ul style="list-style-type: none"> • Before having sex, talk to your partner about being in a long-term, committed relationship, for example marriage; make sure you and your partner get tested; and have intimate sexual contact with only one person who is not infected and is also committed to that relationship. • If you choose to have sex, use a latex or polyurethane condom consistently and correctly. </div> <p><i>What are some benefits of choosing these behaviors?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • You avoid or reduce the risk of getting HIV and other STIs. • You avoid or reduce the risk of passing HIV or STIs to your children in the future. • When you protect yourself from HIV and STIs by being abstinent, you are also protected from pregnancy. • You avoid or reduce the risk of getting infections that might keep you from being able to have children later. You avoid or reduce the possibility of infecting a future partner. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><u>Abstinence-Based Addition:</u></p> <p>Answer:</p> <ul style="list-style-type: none"> • When you reduce your risk of infection with HIV and other STIs by using a condom consistently and correctly, you are also greatly reducing your risk of pregnancy. </div>
<p>Assign homework using the family worksheet, “What Do You Think?”</p> 	<p>Instruct students to place the student worksheet, “Vital STI Facts,” in their folders for use with Lesson 9.</p> <p><i>Take your student worksheet, “Is It Risky?” home with you and discuss it with your adult family members or another trusted adult. See if they can place the check marks in the correct boxes.</i></p> <p>Distribute the family worksheet, “What Do You Think?” to each student.</p>

Parents and other family members have a lot of influence on us. For your homework assignment, you are to interview a parent and record their ideas about sexual behavior on the worksheet. If a parent is not available, you may interview another trusted adult. When finished, have the adult sign the worksheet and show it to me. I will not keep the worksheet, but I do want to see that you completed the assignment. You can also cut off the signatures and return only the signatures to me. Then, place the worksheet with your interview notes in your folder. It is due by (insert date you will teach Lesson 4).



The students will be able to use the information gained from this homework assignment in Lesson 4.

Introduce the next lesson on getting help and locating reliable information.

In our next health lesson, we will learn where to go to get help and how to access reliable information.





STIS and YOUTH

- Chlamydia
- Human Papillomavirus (HPV)
- Herpes
- Gonorrhea
- Syphilis



STI Presentations

- 1 Each group member:**
 - Read your STI fact sheet.
 - Circle the information you think is most important for students your age to know.

- 2 In your small group:**
 - Discuss the handout as a group.
 - Recorder, highlight the facts your group wants presented to the class.

- 3 To the class:**
 - Spokesperson, present the slide with the information in the box at the top of the fact sheet AND the facts your group selected.

Your group will have:

- Ten minutes to read and prepare.
- Two minutes to present STI facts.



STI Information!

CHLAMYDIA...

- ...is transmitted by oral, anal, or vaginal sex with an infected person.
- ...may not have symptoms.
- ...can impact ability to have children in the future if untreated.
- ...can be cured with antibiotics, but a person can get it again if he or she has sex with an infected person.



STI Information!

Human Papillomavirus (HPV)...

- ...is transmitted by hand, oral, or genital contact with infected areas of the body, even if genital warts are not present.
- ...can cause genital warts, which can be removed, but may come back. HPV can be present with or without genital warts.
- ...is also associated with various cervical and anal cancers in infected people.
- ...is not curable.
- ...can often be prevented with immunization.



STI Information!

Herpes...

- ...is transmitted by genital, anal, oral, or hand contact with sores or just before sore is present.
- ...is caused by herpes simplex virus (HSV). HSV can cause oral or genital herpes.
- ...is not curable.
- ...can be treated with medicine. Symptoms often return from time to time.
- ...is often not visible, but is still transmittable.



STI Information!

Gonorrhea

...is transmitted by oral, anal, or vaginal sex with an infected person.

...can be transmitted to the eyes, mouth, and genitals by hand contact with infected area.

...may not have symptoms.

...can impact ability to have children in the future if untreated.

...can be cured with antibiotics, but a person can get it again if he or she has sex with an infected person.



STI Information!

Syphilis...

- ...is transmitted by hand, oral, or genital contact with the sore or rash of an infected person.
- ...will cause a painless sore and/or rash when first infected.
- ...may not be noticed if the sore or rash is in an area that is not easy to see.
- ...is only cured if treated, even though the sore and the rashes will go away on their own.
- ...can be cured with antibiotics, but a person can get it again if he or she has sex with an infected person.



STI Summary

Two more important facts about these STIs:

- First, these STIs are caused by either a virus or a bacteria. Those caused by bacteria are curable; those caused by viruses are not.
 - Mark those caused by a virus with a “V.”
 - Mark those caused by a bacteria with a “B.”

- Second, these STIs are transmitted by contact with infected discharges or by contact with infected areas, sores, or rashes, even if no symptoms are obvious.
 - Mark those transmitted by a discharge with a “D.”
 - Mark those transmitted by a sore or rash with “R.”



Vital STI Facts



Part A: For each sexually transmitted infection, write the most vital information you need to know.

* Chlamydia -

* Human Papillomavirus (HPV) -

* Herpes -

* Gonorrhea -

* Syphilis -

* HIV -



Part B:

Write three statements that are true for all of the STIs, including HIV:



Vital STI Facts



Vital STI Facts



Part A: For each sexually transmitted infection, write the most vital information you need to know .

*** Chlamydia – B D**

- ...is transmitted by oral, anal, or vaginal sex with an infected person.
- ...may not have symptoms.
- ...often keeps person from having children later if it is not treated.
- ...can be cured with antibiotics, but a person can get it again if he or she has sex with an infected person.

*** Human Papillomavirus (HPV) – V R**

- ...is transmitted by hand, oral, or genital contact with infected areas of the body, even if genital warts are not present.
- ...can cause genital warts, which can be removed, but may come back. HPV can be present with or without genital warts.
- ...is also associated with various cervical cancers in infected people.
- ...is not curable.
- ...can often be prevented with immunization.

*** Herpes – V R**

- ...is transmitted by genital, anal, oral, or hand contact with sores or just before the sore is present.
- ...is caused by herpes simplex virus (HSV). HSV can cause oral or genital herpes.
- ...is not curable.
- ...can be treated with medicine. Symptoms often return from time to time.
- ...is often not visible, but is still transmittable.

*** Gonorrhea – B D**

- ...is transmitted by oral, anal, or vaginal sex with an infected person.
- ...can be transmitted to the eyes, mouth, and genitals by hand contact with infected area.
- ...may not have symptoms.
- ...can impact ability to have children in the future if untreated.
- ...can be cured with antibiotics, but a person can get it again if he or she has sex with an infected person.

*** Syphilis – B R**

- ...is transmitted by hand, oral or genital contact with the sore or rash of an infected person.
- ...will cause a painless sore when first infected.
- ...may not be noticed if the sore or rash is in an area that is not easy to see.
- ...is only cured if treated, even though the sore and the rashes will go away on their own.
- ...can be cured with antibiotics, but a person can get it again if he or she has sex with an infected person.

*** HIV – V D**



Part B:

Write three statements that are true for all of the STIs, including HIV:

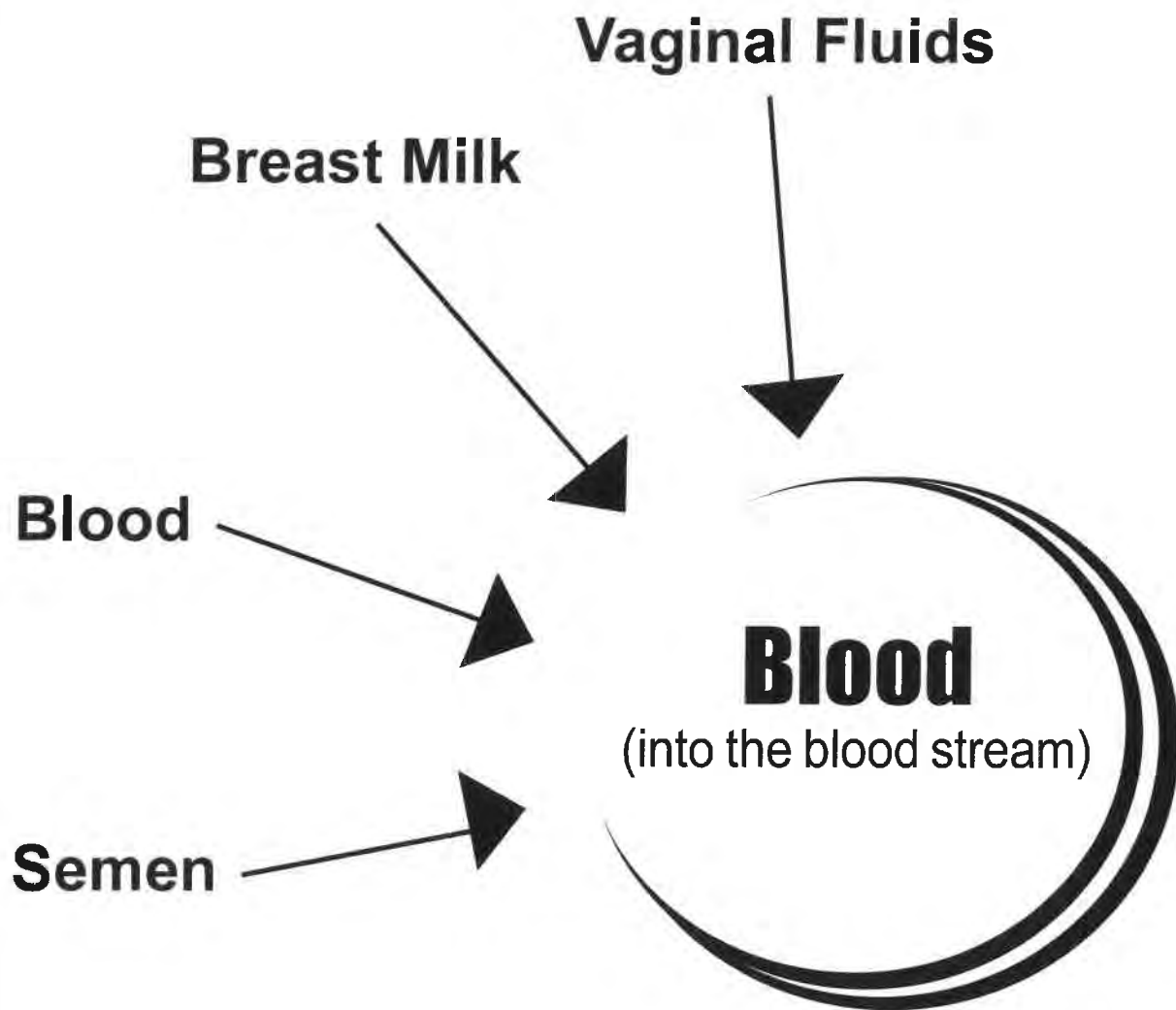
- *Are spread through sexual intercourse.*
- *Cannot be spread by sharing towels or underwear.*
- *Cannot be spread by drinking from same glass or hand shaking.*
- *May not show symptoms for a long time.*
- *Can be passed from pregnant woman to baby.*
- *Can be detected with testing.*
- *Testing can be confidential.*
- *Risk of infection can be reduced by using a latex condom consistently and correctly (**abstinence-based version only**)*



Vital STI Facts



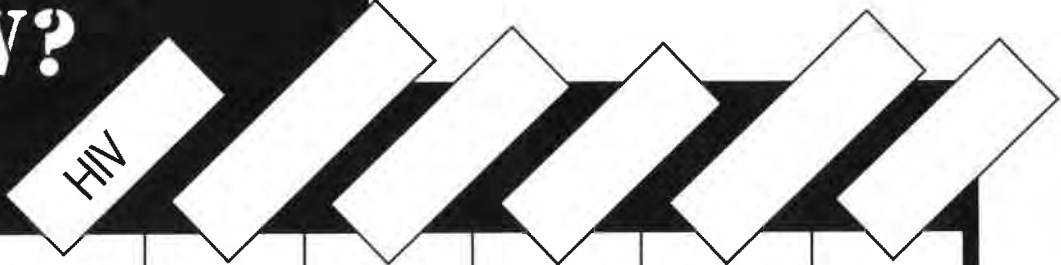
What Makes It **Risky** for HIV





IS IT RISKY FOR HIV?

Risk Behaviors



Sexual intercourse	✓					
Sharing needles for drugs, body piercing, tattooing	✓					
Breast feeding	✓					
Contact with blood, sores, or rashes	✓ remote					



IS IT RISKY FOR HIV & STIS?

Risk Behaviors	HIV	Chlamydia	HPV	Herpes	Gonorrhea	Syphilis
Sexual intercourse	✓	✓	✓	✓	✓	✓
Sharing needles for drugs, body piercing, tattooing	✓					
Breast feeding	✓					
Contact with blood, sores, or rashes	✓ remote		✓	✓		✓
French kissing	✓ remote			✓		✓ remote
Dry kissing				✓		
Petting						
Sharing towels or bed linens						



Agree or Disagree?

- Read the statement below.
- Decide if you agree or disagree.
- Signal your decision when asked.

Alcohol and other drug use increases the likelihood of engaging in risk behaviors. You may do things you wouldn't normally do.



IS IT RISKY?

Risk Behaviors

HIV

Chlamydia

HPV

Herpes

Gonorrhea

Syphilis

Sexual intercourse						
Sharing needles for drugs, body piercing, tattooing						
Breast feeding						
Contact with blood, sores, or rashes						
French kissing						
Dry kissing						
Petting						
Sharing towels or bed linens						



CHLAMYDIA

FACT SHEET

Chlamydia...

- ...is transmitted by oral, anal, or vaginal sex with an infected person.
- ...may not have symptoms.
- ...often keeps person from having children later if it is not treated.
- ...can be cured with antibiotics, but a person can get it again if he or she has sex with an infected person.



What is it?

- Chlamydia infection is caused by bacteria.
- Chlamydia is the most common sexually transmitted infection in the U.S.

How is it transmitted?

- Chlamydia is transmitted by having vaginal, oral, or anal sex with an infected person.
- An infected mother can pass it to her baby during birth.

What are symptoms of infection?

- Eighty percent of women and half of infected men have no symptoms with chlamydial infection.
- Women can have symptoms, such as discharge from the vagina, bleeding between periods, pain in the abdomen, or pain with urination.
- Men can have symptoms, such as burning or pain with urination, watery drip from the penis, or pain in the testicles.

What are other consequences of infection?

- The infection can spread and cause permanent and painful damage to the reproductive and urinary organs.
- Chlamydia is a leading cause of infection of the Fallopian tubes that can make women infertile.
- Chlamydia is a major cause of infection of the urethra that can make men infertile.
- A woman can pass chlamydia to her baby during birth. These babies may have eye problems or pneumonia, and could possibly die.

How is it diagnosed?

- Local health departments, school-based health clinics, and other doctor's offices may offer confidential, free or low-cost testing and treatment for chlamydia for young people.
- The only way for a person to be sure if he or she has chlamydia is to visit a doctor or nurse and ask to be tested for chlamydia. They will do a urine test or a pelvic exam for women and a visual examination of the genitalia for men. Also, discharge from the penis or vagina will be tested.

Is there a treatment? A cure?

- Chlamydia can be cured with antibiotics prescribed by a doctor or nurse.
- The sex partner of an infected person must also be treated. If not, they will pass it to each other again if they have sex.
- A person is not immune from chlamydia after having it and being cured. A person can get it again.

How can it be avoided?

- Abstain from vaginal, oral, and anal sex.
- Before having sex, talk to your partner about being in a long-term, committed relationship, for example marriage; make sure you and your partner get tested; and have intimate sexual contact with only one person who is not infected and is also committed to that relationship.
- Reduce the risk by using a latex condom consistently and correctly for all vaginal, oral, or anal sex.



Human Papillomavirus (HPV)

FACT SHEET

Human Papillomavirus...

- ...is transmitted by hand, oral, or genital contact with infected areas of the body, even if genital warts are not present.
- ...can cause genital warts, which can be removed, but may come back. HPV can be present with or without genital warts.
- ...is also associated with various cervical and anal cancers in infected people.
- ...is not curable.
- ...can often be prevented with immunization.

Is there a treatment? A cure?

- HPV cannot be cured.
- Genital warts do not go away, but they can be treated.
- Doctors can remove the warts, but they may come back.
- Genital warts and cervical cancer caused by HPV can often be prevented by being vaccinated against the viruses that cause them.

How can it be avoided?

- Abstain from vaginal, oral, and anal sex.
- Avoid sexual contact where the genitals or hand of one person come in contact with the genitals, anus, mouth, or infected skin of another person.
- Before having sex, talk to your partner about being in a long-term, committed relationship, for example marriage; make sure you and your partner get tested; and have intimate sexual contact with only one person who is not infected and is also committed to that relationship.
- Reduce the risk by using a latex condom consistently and correctly for all vaginal, oral, or anal sex. Condoms do not cover the entire genital area, so condoms do not always protect against HPV.
- Reduce the risk of getting genital warts by avoiding contact if warts are present. However, genital warts are often not visible.
- Get vaccinated against HPV to greatly reduce the risk of getting infected with HPV, getting some cancers, and getting genital warts.



What is it?

- Human papillomavirus (HPV) is a family of viruses, including several that can cause genital warts or specific cancers.
- Genital warts are skin-colored bumps that grow on, near, or inside the genitals, anus, or throat.
- Certain HPV strains can cause cervical cancer in women. They can also cause cancers of the anus, vagina, and vulva.

How is it transmitted?

- Human papillomavirus is transmitted by having vaginal, oral, or anal sex with an infected person.
- HPV can be transmitted by hand or genital contact with infected areas of the body, even if genital warts cannot be seen.
- HPV is very contagious.
- Genital warts may show up weeks to months after having sex with an infected partner.
- Some people can carry HPV without ever having symptoms.
- A person with HPV can give it to someone else, even though there are no visible warts.

What are symptoms of infection?

- Genital warts cause itching and burning around the sex organs.
- Visible and invisible skin-colored warts grow on, near, and inside the genitals, anus, or throat.
- Warts rarely go away unless treated.

What are other consequences of infection?

- Genital warts can increase in size and number. They can block the openings of the vagina, anus, or throat.
- Persons who have HPV should tell sex partners, even if warts are not present.
- An infected mother can give her baby HPV during birth.
- HPV is the primary cause of specific cancers in infected people.

How is it diagnosed?

- Local health departments, school-based health clinics, and other doctor's offices may offer confidential, free or low-cost testing and treatment for HPV for young people.
- The only way for a person to be sure if he or she has HPV is to visit a doctor or nurse and ask to be tested for HPV. They will do a pelvic exam for women and a visual examination of the genitalia for men. Doctors can also order a DNA test to detect the HPV in women who have an abnormal Pap smear.



Herpes

FACT SHEET



What is it?

- Herpes is caused by herpes simplex virus (HSV).
- Herpes infection causes small, painful blisters on the genitals, mouth, or anus.
- Oral herpes, called cold sores and fever blisters, can be transmitted to the genitals, and genital herpes can be transmitted to the mouth.

How is it transmitted?

- Herpes is transmitted by having vaginal, oral, or anal sex with an infected person.
- HSV is spread by genital, anal, oral, or hand contact with the area where the sore is going to appear and with the sore itself until it is completely healed.
- An infected mother can give HSV to her baby during birth.

What are symptoms of infection?

- Herpes may cause flu-like feelings, such as fever, swollen glands, feeling tired, and aching muscles, especially when a person is first infected.
- Herpes causes small, painful blisters on the genitals or mouth.
- Herpes blisters weep (secrete fluid), and then form scabs and heal.
- There are often no symptoms.
- The area where the sore will develop might itch and burn just before the blisters appear.
- Herpes blisters last one to three weeks, and then disappear.
- A person still has HSV after the blisters disappear. The blisters may return repeatedly.

Herpes...

- ...is transmitted by genital, anal, oral, or hand contact with sores or just before the sore is present.
- ...is caused by herpes simplex virus (HSV). HSV can cause oral or genital herpes.
- ...is not curable.
- ...can be treated with medicine. Symptoms often return from time to time.
- ...is often not visible, but is still transmittable.

What are other consequences of infection?

- Herpes blisters are painful and unsightly.
- An infected mother can give HSV to her baby during birth. Infected babies may suffer severe central nervous system damage and/or painful blisters anywhere on the body. If treated, the symptoms may be less severe.
- One type of herpes can be transmitted to the eyes by hand contact. Pain and redness of the eye and pain and cloudiness of the cornea result.

How is it diagnosed?

- Local health departments, school-based health clinics, and other doctor's offices may offer confidential, free or low-cost testing and treatment for herpes for young people.
- The only way for a person to be sure if he or she has herpes is to visit a doctor or nurse and ask to be tested for herpes. They will do a pelvic exam for women and a visual examination of the genitalia for men. Cells taken from a blister with a cotton swab will be tested. If sores are not present, a blood test may be used.

Is there a treatment? A cure?

- Herpes cannot be cured.
- Herpes sores can be treated by a physician. Treatment usually works best if begun early.
- Treatments may reduce the symptoms and prevent more outbreaks.

How can it be avoided?

- Abstain from vaginal, oral, and anal sex.
- Avoid genital, anal, oral, or hand contact with the area where the sore is going to appear and with the sore itself until it is completely healed.
- Before having sex, talk to your partner about being in a long-term, committed relationship, for example marriage; make sure you and your partner get tested; and have intimate sexual contact with only one person who is not infected and is also committed to that relationship.
- Reduce the risk by using a latex condom consistently and correctly for all vaginal, oral, or anal sex. Condoms do not cover the entire genital area, so condoms do not always protect against HSV.
- Reduce the risk of getting herpes by avoiding contact if blisters are present. However, blisters are not always visible.



Gonorrhea

FACT SHEET

Gonorrhea...

- ...is transmitted by oral, anal, or vaginal sex with an infected person.
- ...can be transmitted to the eyes, mouth, and genitals by hand contact with infected area.
- ...may not have symptoms.
- ...can impact ability to have children in the future if untreated.
- ...can be cured with antibiotics, but a person can get it again if he or she has sex with an infected person.



What is it?

- Gonorrhea is caused by bacteria.
- It has been called the clap, drip, or GC.
- Gonorrhea can spread and cause damage to other parts of the body.

How is it transmitted?

- Gonorrhea is transmitted by having vaginal, oral, or anal sex with an infected person.
- An infected mother can pass it to her baby during birth.
- Hand contact with an infected area can transmit gonorrhea to the eyes, mouth, and genitals.

What are symptoms of infection?

- Most women and men do not have symptoms.
- Women may have yellow or white discharge from the vagina, pain with urination, heavy and painful periods, cramps and pain in the lower abdomen.
- Men may have yellow, green, or white discharge from the penis, and painful and frequent urination.
- It may cause a reddened, sore throat.

- It may cause rectal pain and blood or pus in bowel movements.
- It may cause redness and burning in the eyes and blindness.

What are other consequences of infection?

- The infection can spread and cause permanent and painful damage to the reproductive and urinary organs.
- Gonorrhea is a major cause of infection of the Fallopian tubes that can make women infertile.
- It can cause men and women to be unable to produce children.
- If untreated, gonorrhea can spread and cause pain in the joints (arthritis), heart problems, skin disease, blindness, and death.
- A woman can pass gonorrhea to her baby during birth. These babies may have pneumonia or eye problems, even blindness, unless treated.

How is it diagnosed?

- Local health departments, school-based health clinics, and other doctor's offices may offer confidential, free or low-cost testing and treatment for gonorrhea for young people.

- The only way for a person to be sure if he or she has gonorrhea is to visit a doctor or nurse and ask to be tested for gonorrhea. They will do a urine test or a pelvic exam for women and a visual examination of the genitalia for men. Also, a sample will be wiped from the infected area and tested.

Is there a treatment? A cure?

- Gonorrhea can be cured with antibiotic shots and/or pills prescribed by a doctor.
- The sex partner of an infected person must also be treated. If not, they will give it to each other again if they have sex.
- A person is not immune from gonorrhea after having it and being cured. A person can get it again.

How can it be avoided?

- Abstain from vaginal, oral, and anal sex.
- Avoid sexual contact where the genitals or hand of one person come in contact with the infected discharge of another person.
- Before having sex, talk to your partner about being in a long-term, committed relationship, for example marriage; make sure you and your partner get tested; and have intimate sexual contact with only one person who is not infected and is also committed to that relationship.
- Reduce the risk by using a latex condom consistently and correctly for all vaginal, oral, or anal sex.



Syphilis

Syphilis...

- ...is transmitted by hand, oral, or genital contact with the sore or rash of an infected person.
- ...will cause a painless sore and/or rash when first infected.
- ...may not be noticed if the sore or rash is in an area that is not easy to see.
- ...is only cured if treated, even though the sore and the rashes will go away on their own.
- ...can be cured with antibiotics, but a person can get it again if he or she has sex with an infected person.

What is it?

- Syphilis is caused by bacteria.
- It has been called syph, the pox, lues (LOO-eez), or bad blood.
- Syphilis can spread and cause damage to other parts of the body.

How is it transmitted?

- Syphilis is usually transmitted by having vaginal, oral, or anal sex with an infected person.
- It can also be transmitted by skin contact with open sores or rashes.
- An infected mother can pass it to her baby during pregnancy or childbirth.

What are symptoms of infection?

- All infected persons have external symptoms in two stages. People may not see the early symptoms.

- In the first stage of infection, syphilis causes a painless sore called a chancre (SHANK-er). The chancre may be on the penis, scrotum, vagina, labia, mouth, throat, breasts, anus, or fingers. The sore goes away in a few weeks, but the person is still infected. Lymph glands in the groin or neck may be swollen.
- In the second stage, the person may get fever, aches, sore throat, and swollen glands. There also may be a rash or hair loss. The rash may or may not be painless. These symptoms can be mistaken for something else and then forgotten as visible symptoms will go away, even without treatment. These symptoms go away after a few weeks, but the person is still infected.
- In the third stage, the person will not experience external symptoms, but will have internal damage. The person may suffer damage to the eyes, heart, brain, and spinal cord, such as blindness, heart disease, brain damage, and death.

What are other consequences of infection?

- A variety of symptoms appear and disappear, causing more and more damage to vital organs, if syphilis is not treated.
- If an infected woman passes it to her baby during pregnancy, it can cause a miscarriage or still birth. It can cause damage to babies' eyes, skin, teeth, liver, and bones.

How is it diagnosed?

- Local health departments, school-based health clinics, and other doctor's offices may offer confidential, free or low-cost

FACT SHEET

- testing and treatment for syphilis for young people.
- The only way a person can be sure if he or she has syphilis is to have a blood test for syphilis.

Is there a treatment? A cure?

- Syphilis can be cured with antibiotic shots prescribed by a doctor. However, any damage already done cannot be reversed.
- In later stages of infection, additional treatment may be needed.
- The sex partner of an infected person must also be treated. If not, they will give it to each other again if they have sex.
- A person is not immune from syphilis after having it and being cured. A person can get it again.

How can it be avoided?

- Abstain from vaginal, oral, and anal sex.
- Avoid sexual contact where the genitals or hand of one person come in contact with the sore or rash-covered skin of another person.
- Before having sex, talk to your partner about being in a long-term, committed relationship, for example marriage; make sure you and your partner get tested; and have intimate sexual contact with only one person who is not infected and is also committed to that relationship.
- Reduce the risk by using a latex condom consistently and correctly for all vaginal, oral, or anal sex. If the infected sore or rashes are outside the area covered by a condom, it will not always protect against syphilis.



CHLAMYDIA

FACT SHEET

Chlamydia...

- ...is transmitted by oral, anal, or vaginal sex with an infected person.
- ...may not have symptoms.
- ...often keeps person from having children later if it is not treated.
- ...can be cured with antibiotics, but a person can get it again if he or she has sex with an infected person.



What is it?

- Chlamydia infection is caused by bacteria.
- Chlamydia is the most common sexually transmitted infection in the U.S.

How is it transmitted?

- Chlamydia is transmitted by having vaginal, oral, or anal sex with an infected person.
- An infected mother can pass it to her baby during birth.

What are symptoms of infection?

- Eighty percent of women and half of infected men have no symptoms with chlamydial infection.
- Women can have symptoms, such as discharge from the vagina, bleeding between periods, pain in the abdomen, or pain with urination.
- Men can have symptoms, such as burning or pain with urination, watery drip from the penis, or pain in the testicles.

What are other consequences of infection?

- The infection can spread and cause permanent and painful damage to the reproductive and urinary organs.
- Chlamydia is a leading cause of infection of the Fallopian tubes that can make women infertile.
- Chlamydia is a major cause of infection of the urethra that can make men infertile.
- A woman can pass chlamydia to her baby during birth. These babies may have eye problems or pneumonia, and could possibly die.

How is it diagnosed?

- Local health departments, school-based health clinics, and other doctor's offices may offer confidential, free or low-cost testing and treatment for chlamydia for young people.
- The only way for a person to be sure if he or she has chlamydia is to visit a doctor or nurse and ask to be tested for chlamydia. They will do a urine test or a pelvic exam for women and a visual examination of the genitalia for men. Also, discharge from the penis or vagina will be tested.

Is there a treatment? A cure?

- Chlamydia can be cured with antibiotics prescribed by a doctor or nurse.
- The sex partner of an infected person must also be treated. If not, they will pass it to each other again if they have sex.
- A person is not immune from chlamydia after having it and being cured. A person can get it again.

How can it be avoided?

- Abstain from vaginal, oral, and anal sex.



Human Papillomavirus (HPV)

FACT SHEET



What is it?

- Human papillomavirus (HPV) is a family of viruses, including several that can cause genital warts or specific cancers.
- Genital warts are skin-colored bumps that grow on, near, or inside the genitals, anus, or throat.
- Certain HPV strains can cause cervical cancer in women. They can also cause cancers of the anus, vagina, and vulva.

How is it transmitted?

- Human papillomavirus is transmitted by having vaginal, oral, or anal sex with an infected person.
- HPV can be transmitted by hand or genital contact with infected areas of the body, even if genital warts cannot be seen.
- HPV is very contagious.
- Genital warts may show up weeks to months after having sex with an infected partner.
- Some people can carry HPV without ever having symptoms.
- A person with HPV can give it to someone else, even though there are no visible warts.

What are symptoms of infection?

- Genital warts cause itching and burning around the sex organs.
- Visible and invisible skin-colored warts grow on, near, and inside the genitals, anus, or throat.
- Warts rarely go away unless treated.

Human Papillomavirus...

- ...is transmitted by hand, oral, or genital contact with infected areas of the body, even if genital warts are not present.
- ...can cause genital warts, which can be removed, but may come back. HPV can be present with or without genital warts.
- ...is also associated with various cervical and anal cancers in infected people.
- ...is not curable.
- ...can often be prevented with immunization.

What are other consequences of infection?

- Genital warts can increase in size and number. They can block the openings of the vagina, anus, or throat.
- Persons who have HPV should tell sex partners, even if warts are not present.
- An infected mother can give her baby HPV during birth.
- HPV is the primary cause of specific cancers in infected people.

How is it diagnosed?

- Local health departments, school-based health clinics, and other doctor's offices may offer confidential, free or low-cost testing and treatment for HPV for young people.
- The only way for a person to be sure if he or she has HPV is to visit a doctor or nurse and ask to be tested for HPV. They will do a pelvic exam for women and a visual examination of the genitalia for men. Doctors can also order a DNA test to detect the HPV in women who have an abnormal Pap smear.

Is there a treatment? A cure?

- HPV cannot be cured.
- Genital warts do not go away, but they can be treated.
- Doctors can remove the warts, but they may come back.
- Genital warts and cervical cancer caused by HPV can often be prevented by being vaccinated against the viruses that cause them.

How can it be avoided?

- Abstain from vaginal, oral, and anal sex.
- Avoid sexual contact where the genitals or hand of one person come in contact with the genitals, anus, mouth, or infected skin of another person.
- Reduce the risk of getting genital warts by avoiding contact if warts are present. However, genital warts are often not visible.
- Get vaccinated against HPV to greatly reduce the risk of getting infected with HPV, getting some cancers, and getting genital warts.



Herpes

FACT SHEET

Herpes...

- ...is transmitted by genital, anal, oral, or hand contact with sores or just before the sore is present.
- ...is caused by herpes simplex virus (HSV). HSV can cause oral or genital herpes.
- ...is not curable.
- ...can be treated with medicine. Symptoms often return from time to time.
- ...is often not visible, but is still transmittable.



What is it?

- Herpes is caused by herpes simplex virus (HSV).
- Herpes infection causes small, painful blisters on the genitals, mouth, or anus.
- Oral herpes, called cold sores and fever blisters, can be transmitted to the genitals, and genital herpes can be transmitted to the mouth.

How is it transmitted?

- Herpes is transmitted by having vaginal, oral, or anal sex with an infected person.
- HSV is spread by genital, anal, oral, or hand contact with the area where the sore is going to appear and with the sore itself until it is completely healed.
- An infected mother can give HSV to her baby during birth.

What are symptoms of infection?

- Herpes may cause flu-like feelings, such as fever, swollen glands, feeling tired, and aching muscles, especially when a person is first infected.
- Herpes causes small, painful blisters on the genitals or mouth.
- Herpes blisters weep (secrete fluid), and then form scabs and heal.
- There are often no symptoms.
- The area where the sore will develop might itch and burn just before the blisters appear.
- Herpes blisters last one to three weeks, and then disappear.
- A person still has HSV after the blisters disappear. The blisters may return repeatedly.

What are other consequences of infection?

- Herpes blisters are painful and unsightly.
- An infected mother can give HSV to her baby during birth. Infected babies may suffer severe central nervous system damage and/or painful blisters anywhere on the body. If treated, the symptoms may be less severe.
- One type of herpes can be transmitted to the eyes by hand contact. Pain and redness of the eye and pain and cloudiness of the cornea result.

How is it diagnosed?

- Local health departments, school-based health clinics, and other doctor's offices may offer confidential, free or low-cost testing and treatment for herpes for young people.
- The only way for a person to be sure if he or she has herpes is to visit a doctor or nurse and ask to be tested for herpes. They will do a pelvic exam for women and a visual examination of the genitalia for men. Cells taken from a blister with a cotton swab will be tested. If sores are not present, a blood test may be used.

Is there a treatment?

A cure?

- Herpes cannot be cured.
- Herpes sores can be treated by a physician. Treatment usually works best if begun early.
- Treatments may reduce the symptoms and prevent more outbreaks.

How can it be avoided?

- Abstain from vaginal, oral, and anal sex.
- Avoid genital, anal, oral, or hand contact with the area where the sore is going to appear and with the sore itself until it is completely healed.
- Reduce the risk of getting herpes by avoiding contact if blisters are present. However, blisters are not always visible.



Gonorrhea

FACT SHEET

Gonorrhea...

- ...is transmitted by oral, anal, or vaginal sex with an infected person.
- ...can be transmitted to the eyes, mouth, and genitals by hand contact with infected area.
- ...may not have symptoms.
- ...can impact ability to have children in the future if untreated.
- ...can be cured with antibiotics, but a person can get it again if he or she has sex with an infected person.



What is it?

- Gonorrhea is caused by bacteria.
- It has been called the clap, drip, or GC.
- Gonorrhea can spread and cause damage to other parts of the body.

How is it transmitted?

- Gonorrhea is transmitted by having vaginal, oral, or anal sex with an infected person.
- An infected mother can pass it to her baby during birth.
- Hand contact with an infected area can transmit gonorrhea to the eyes, mouth, and genitals.

What are symptoms of infection?

- Most women and men do not have symptoms.
- Women may have yellow or white discharge from the vagina, pain with urination, heavy and painful periods, cramps and pain in the lower abdomen.
- Men may have yellow, green, or white discharge from the penis, and painful and frequent urination.
- It may cause a reddened, sore throat.
- It may cause rectal pain and blood or pus in bowel movements.
- It may cause redness and burning in the eyes and blindness.

What are other consequences of infection?

- The infection can spread and cause permanent and painful damage to the reproductive and urinary organs.
- Gonorrhea is a major cause of infection of the Fallopian tubes that can make women infertile.
- It can cause men and women to be unable to produce children.
- If untreated, gonorrhea can spread and cause pain in the joints (arthritis), heart problems, skin disease, blindness, and death.
- A woman can pass gonorrhea to her baby during birth. These babies may have pneumonia or eye problems, even blindness, unless treated.

How is it diagnosed?

- Local health departments, school-based health clinics, and other doctor's offices may offer confidential, free or low-cost testing and treatment for gonorrhea for young people.
- The only way for a person to be sure if he or she has gonorrhea is to visit a doctor or nurse and ask to be tested for gonorrhea. They will do a urine test or a pelvic exam for women and a visual examination of the genitalia for men. Also, a sample will be wiped from the infected area and tested.

Is there a treatment? A cure?

- Gonorrhea can be cured with antibiotic shots and/or pills prescribed by a doctor.
- The sex partner of an infected person must also be treated. If not, they will give it to each other again if they have sex.
- A person is not immune from gonorrhea after having it and being cured. A person can get it again.

How can it be avoided?

- Abstain from vaginal, oral, and anal sex.
- Avoid sexual contact where the genitals or hand of one person come in contact with the infected discharge of another person.



Syphilis

FACT SHEET

Syphilis...

- ...is transmitted by hand, oral, or genital contact with the sore or rash of an infected person.
- ...will cause a painless sore and/or rash when first infected.
- ...may not be noticed if the sore or rash is in an area that is not easy to see.
- ...is only cured if treated, even though the sore and the rashes will go away on their own.
- ...can be cured with antibiotics, but a person can get it again if he or she has sex with an infected person.



What is it?

- Syphilis is caused by bacteria.
- It has been called syph, the pox, lues (LOO-eez), or bad blood.
- Syphilis can spread and cause damage to other parts of the body.

How is it transmitted?

- Syphilis is usually transmitted by having vaginal, oral, or anal sex with an infected person.
- It can also be transmitted by skin contact with open sores or rashes.
- An infected mother can pass it to her baby during pregnancy or childbirth.

What are symptoms of infection?

- All infected persons have external symptoms in two stages. People may not see the early symptoms.
- In the first stage of infection, syphilis causes a painless sore called a chancre (SHANK-er). The chancre may be on the penis, scrotum, vagina, labia, mouth, throat, breasts, anus, or fingers. The sore goes away in a few weeks, but the person is still infected. Lymph glands in the groin or neck may be swollen.
- In the second stage, the person may get fever, aches, sore throat, and swollen glands. There also may be a rash or hair loss. The rash may or may not be painless. These symptoms can be mistaken for something else and then forgotten as visible symptoms will go away, even without treatment. These symptoms go away after a few weeks, but the person is still infected.
- In the third stage, the person will not experience external symptoms, but will have internal damage. The person may suffer damage to the eyes, heart, brain, and spinal cord, such as blindness, heart disease, brain damage, and death.

What are other consequences of infection?

- A variety of symptoms appear and disappear, causing more and more damage to vital organs, if syphilis is not treated.
- If an infected woman passes it to her baby during pregnancy, it can cause a miscarriage or still birth. It can cause damage to babies' eyes, skin, teeth, liver, and bones.

How is it diagnosed?

- Local health departments, school-based health clinics, and other doctor's offices may offer confidential, free or low-cost testing and treatment for syphilis for young people.
- The only way a person can be sure if he or she has syphilis is to have a blood test for syphilis.

Is there a treatment? A cure?

- Syphilis can be cured with antibiotic shots prescribed by a doctor. However, any damage already done cannot be reversed.
- In later stages of infection, additional treatment may be needed.
- The sex partner of an infected person must also be treated. If not, they will give it to each other again if they have sex.
- A person is not immune from syphilis after having it and being cured. A person can get it again.

How can it be avoided?

- Abstain from vaginal, oral, and anal sex.
- Avoid sexual contact where the genitals or hand of one person come in contact with the sore or rash-covered skin of another person.



WhatDoYouThink?

Directions:

- Identify a parent or another trusted adult with whom you would like to talk.
- Make an appointment to meet with the selected person.
- Share what you have learned and then interview the person, using the discussion questions on the back of this sheet.
- Record a brief summary for each question.
- Ask the person you interviewed to sign this worksheet.
- Show this signed worksheet to the teacher to receive credit.

Note to Parents and Adults Being Interviewed:

The goal of this interview is to gather information to help the young person conducting the interview plan ways to stay within healthy behavioral limits. Knowing what you think about these issues will provide him or her with valuable information and will help influence him or her to adopt behaviors which will keep him or her safe.

For Student to Complete

In class, we have been learning about HIV, AIDS, and other sexually transmitted infections (STIs). I have learned that certain behaviors are not safe for me, because they may cause HIV infection or transmit STIs. These behaviors are:



WhatDoYouThink?



For Parent or Other Trusted Adult and Student to Discuss

- What expectations do you have for me when it comes to sexual behavior?

- What does our religion or culture have to say about sexual situations?

- What limits or rules do you have for me that will help me to avoid risky sexual behavior?

- What advice do you have to help me meet your expectations?



WhatDoYouThink?

Student Name _____

Parent or Other Trusted Adult Signature _____





LESSON 3

Finding Help and Information

Student Learning Objectives:	National Health Education Standards:
<ul style="list-style-type: none"> Explain when it is important to get adult, medical, and/or counseling help. 	<ul style="list-style-type: none"> Accessing Information
<ul style="list-style-type: none"> Locate sources of accurate information and assistance in one's community. 	<ul style="list-style-type: none"> Accessing Information
<ul style="list-style-type: none"> Describe sources of accurate information and assistance in one's community. 	<ul style="list-style-type: none"> Accessing Information

Lesson Synopsis

Review the six STIs that are most likely to impact young people and identify behaviors that will protect from HIV infection and other STIs. Describe reasons it is important to avoid infection with HIV and other STIs. Categorize healthy physical conditions versus potential symptoms of infection with HIV and other STIs. Locate national, state and local sources of information and assistance that are available to young people. Describe how to tell whether or not sources are reliable. Summarize the importance of getting reliable information and assistance and talking with family members about HIV and STIs.



Activity	Time	Materials Needed
Introduction	8 minutes	Teacher Manual Resources <ul style="list-style-type: none"> Student Worksheet: "Getting Help If You Need It" Teacher Key: "Getting Help If You Need It" Teacher Reference–Assessment: "Assessment Rubric: Getting Help If You Need It" Student Self-Assessment Rubric: "Getting Help If You Need It" Supplied by the Teacher <ul style="list-style-type: none"> Pens or pencils
Input	15 minutes	Teacher Manual Resources <ul style="list-style-type: none"> Teacher Master: "Healthy or Not?" Slide Master: "Healthy or Not? Directions" Slide Master: "Common Symptoms of HIV" Slide Master: "Common Symptoms of Other STIs" Slide Master: "Be a Skeptic–Think and Question" Teacher Reference: "Discussion Notes for 'Be a Skeptic–Think and Question'" Supplied by the Teacher <ul style="list-style-type: none"> Pens or pencils Slides Projector

Application	20 minutes	<p>Teacher Manual Resources</p> <ul style="list-style-type: none"> • Student Worksheet: “Finding Reliable Sources of Information or Assistance on the Internet” (Methods 1 & 2) • Student Worksheet: “Finding Reliable Sources of Information or Assistance in the Phone Book” (Method 3) • Teacher Reference–Assessment: “Assessment Rubric: Finding Reliable Sources of Information or Assistance on the Internet” (Methods 1 & 2) • Student Self-Assessment Rubric: “Finding Reliable Sources of Information or Assistance on the Internet” (Methods 1 & 2) • Teacher Reference–Assessment: “Assessment Rubric: Finding Reliable Sources of Information or Assistance in the Phone Book” (Method 3) • Student Self-Assessment Rubric: “Finding Reliable Sources of Information or Assistance in the Phone Book” (Method 3) • Appendix M: “Michigan Web-Based Resources” • Appendix N: “National Resources” • Appendix O: “Consent for Care and Confidential Health Information” • Appendix P: “Overview of Laws Related to Minors in Michigan” • Appendix Q: “Requirements of Michigan Law: Resources and Information for Michigan Teachers Who Teach HIV Prevention or Sex Education” <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> • Computers with Internet access (Methods 1 & 2) • Phone books, for each small group (Method 3) • LCD projector (Method 2) • Pens or pencils
Closure	2 minutes	<p>Supplied by the Teacher</p> <ul style="list-style-type: none"> • Student folders, from Lesson 1
TOTAL	45 minutes	






Preparation

- Prior to the Lesson**
- **Determine** which version of the lesson has been approved by your Board of Education to be taught in your class, abstinence-based or abstinence-only.
 - **Decide if you want to assess** student progress. Two rubrics are provided for your use at the end of this lesson, “Assessment Rubric: Getting Help If You Need It” and “Assessment Rubric: Finding Reliable Sources of Information or Assistance on the Internet.” If you plan to present the Application portion of this lesson using phone books, use the rubric, “Assessment Rubric: Finding Reliable Sources of Information or Assistance in the Phone Book.”
 - **Decide if you want students to assess** their own progress. **Duplicate** one or both rubrics for students if you plan to use them, “Getting Help If You Need It” and “Finding Reliable Sources of Information or Assistance on the Internet.” If you plan to present the Application portion of this lesson using phone books, use the rubric, “Finding Reliable Sources of Information or Assistance in the Phone Book.”
 - **Decide** what method you will use to present the Application portion of this lesson. Due to the increasing popularity of the Internet as a source of information and the importance of incorporating technology in education, we recommend Methods 1 or 2. If you do not have Internet access, use Method 3:
 - **Method 1 – Computer Lab:** Provide computers with Internet access or take your students to a computer lab with Internet access.
 - **Method 2 – Teacher Demonstration:** Project your computer screen, using an LCD projector and the Internet, to demonstrate how to evaluate websites for reliability.
 - **Method 3 – Phone Books:** This method does not require a computer or Internet access.
 - **Try to access the Internet sites** you plan to use with Methods 1 or 2 to be sure your school will allow access.
 - **Prepare a list** of national, state, and local sources of reliable information about HIV and STIs to share with students during Application. See appendices M and N, “Michigan Web-Based Resources” and “National Resources.”
 - **Read** appendices O and P, “Consent for Care and Confidential Health Information” and “Overview of Laws Related to Minors in Michigan,” to prepare for student questions about accessing health care and other laws that affect minors.
 - **Read** appendix Q, “Requirements of Michigan Law,” to learn about resources for adoption and Safe Delivery of Newborns.
-
- For Introduction**
- **Duplicate** the student worksheet, “Getting Help If You Need It,” for each student.
 - **Read** the teacher key, “Getting Help If You Need It.”
-
- For Input**
- **Decide** how you will divide your class into small groups of three or four students.
 - **Read** the teacher reference, “Discussion Notes for ‘Be a Skeptic–Think and Question.’”
 - **Duplicate and cut apart** the teacher master, “Healthy or Not?” to make a set of cards for each small group.
 - **Prepare slides** of the slide masters, “Healthy or Not? Directions,” “Common Symptoms of HIV,” “Common Symptoms of Other STIs,” and “Be a Skeptic–Think and Question.”
-
- For Application**
- **Duplicate** the student worksheet, “Finding Reliable Sources of Information or Assistance on the Internet.” (Methods 1 & 2)
 - **Duplicate** the student worksheet, “Finding Reliable Sources of Information or Assistance in the Phone Book.” (Method 3)

LESSON PROCEDURE

Introduction: Connect this lesson on accessing help and information with the previous lesson on risk behaviors for HIV infection and other STIs. Describe reasons it is important to avoid infection with HIV and other STIs.

8 minutes


Instructional Steps	Script and Detailed Directions
<p>Introduce the lesson by reviewing STIs and associated risk behaviors.</p>	<p>What six infections did we learn about that are transmitted by sexual intercourse?</p> <p>Answers: HIV, syphilis, gonorrhea, chlamydia, herpes, HPV</p> <p>What can a person do or not do in order to be certain to avoid these infections?</p> <p>Answers:</p> <ul style="list-style-type: none"> • Abstain from sexual intercourse • Abstain from sharing needles and “works.” • If a person has had sex in the past, decide to postpone sex. • Avoid kissing or touching a person with mouth sores, blisters, or warts. • Refuse to use alcohol and other drugs. <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Abstinence-Based Addition:</p> <p>Answer:</p> <ul style="list-style-type: none"> • Use a latex or polyurethane condom correctly and consistently. <div style="text-align: center; margin: 10px 0;">  </div> <p>If the students suggest using a condom to reduce the risk, be sure to follow your district’s sex education advisory committee guidelines as you respond. If possible, tell the students the following information:</p> <ul style="list-style-type: none"> • Condom use can greatly reduce the risk of infection with HIV and other STIs if correctly and consistently used. However, condoms are not 100 percent effective. • Condoms do not always protect against herpes, HPV, and syphilis since they do not cover the whole pubic area that could have sores. • Only abstinence is 100 percent effective in preventing HIV infection and other STIs. </div>
<p>Identify reasons to avoid HIV and STIs using the student worksheet, “Getting Help If You Need It.”</p> 	<p>Distribute the student worksheet, “Getting Help If You Need It,” to each student. Have students take out pens or pencils.</p> <p><i>Think about the reasons it is critical for you to avoid becoming infected with HIV or other STIs. Consider the effects infection with HIV or other STIs could have on your life. Record your ideas on Part 1 of your worksheet. You will have two minutes. Then, I will ask you to share your ideas with the class.</i></p> <p>After two minutes, call on volunteers to share their ideas about the importance of staying free of STIs. Augment the students’ ideas if necessary, using the ideas on the teacher key, “Getting Help If You Need It.”</p> <div style="text-align: center; margin: 10px 0;">  </div> <p>Use the teacher assessment rubric or have students use the self-assessment rubric provided at the end of the lesson if you want to assess students’ progress.</p> <div style="text-align: center; margin-top: 10px;">   </div>

Introduce this lesson.

You know what behaviors place you at risk for HIV and other sexually transmitted infections. You have also identified reasons it is important to remain free of STIs. Today we will find out where to get help if we need it and how to get accurate information related to HIV and other STIs.

Input: Identify symptoms of infection with HIV and other STIs. Describe how to tell if sources of information are reliable.

15 minutes

Instructional Steps	Script and Detailed Directions
<p>Form small groups and describe symptoms of potential infection and the importance of getting help if a potential problem exists using the teacher master, "Healthy or Not?" the student worksheet, "Getting Help If You Need It," and the slides, "Healthy or Not? Directions," "Common Symptoms of HIV," and "Common Symptoms of Other STIs."</p> 	<p>Form small groups of three or four students. Assign students in each small group to act as leader and spokesperson. Ask students to get out pencils or pens.</p> <p><i>If a person has had sexual intercourse or has shared needles or "works," he or she should see a physician or nurse for an examination, because he or she is at risk for infection. Often, the signs of infection with HIV or another STI are not noticed. If untreated, serious illness can result. Untreated STIs are the major cause of infertility, or the inability to have babies or father babies. Untreated STIs in females can be passed to their babies. STIs can only be detected and treated if examinations and tests are done regularly if a person is at risk for infection—especially if there are signs of infection. Of course, in addition to getting medical help, a person can avoid infections by stopping these high risk behaviors.</i></p> <p><i>It's important to know what are normal, healthy body functions and what may be symptoms of an infection. That way, you can know when something is healthy and normal versus when to get medical help.</i></p> <p>Distribute a set of "Healthy or Not?" cards to each small group.</p> <p>Display the slide, "Healthy or Not? Directions," and explain the task:</p> <ul style="list-style-type: none"> • <i>Leaders, deal out the cards to the members of your group.</i> • <i>One at a time, read each card and decide if the symptom is normal and healthy or a possible symptom of an STI.</i> • <i>Sort the cards into two piles: healthy or not healthy.</i> <p><i>In three minutes, I will call on each group's spokesperson to share one of his or her cards and tell how his or her group categorized it.</i></p> <p><i>As we share answers, write the symptoms of STIs on Part 2 of your worksheet.</i></p> <p>After three minutes, call on each spokesperson to share one card and tell if the symptom is healthy or a possible symptom of an STI.</p> <p>Continue until all cards have been categorized.</p> <p>Display the slides, "Common Symptoms of HIV" and "Common Symptoms of Other STIs." Remind students to check their worksheets to be sure they have the correct symptoms of STIs listed.</p>

Identify ways to evaluate the reliability of sources of information or assistance using the slide, "Be a Skeptic–Think and Question," and teacher reference, "Discussion Notes for 'Be a Skeptic–Think and Question.'"



If you have a problem or need information, what are some sources of information or assistance that you might use?

Answers:

- Parents and guardians
- Internet websites
- Books, magazines, encyclopedias, etc.
- Family
- Friends
- Radio and television
- Movies
- Experts, such as doctors

If you think all these sources are equally reliable, stand up.

Okay, most of us agree that some sources of information are more reliable than others. But how can you tell when a source is reliable or not? To keep it simple, ask yourself four questions:

- Who?
- What?
- When?
- Why?

Display the slide, "Be a Skeptic–Think and Question."

Discuss how to tell if a source of information is reliable. Use the teacher reference, "Discussion Notes for 'Be a Skeptic–Think and Question,'" to guide the discussion and to learn about other models for assessing reliability of information.



Demonstrate how to use these questions to identify a bogus webpage, such as www.dhmo.org or another spoof site.

Application: Identify national, state, and local sources of information and assistance that are available to young people. Evaluate sources for reliability. Identify resources they offer.

20 minutes

Instructional Steps	Script and Detailed Directions
<p>Explain the importance of identifying reliable sources of information and assistance and accessing the resources they offer.</p>	<p><i>Now that you have some criteria for deciding if a source is reliable or not, you are ready to locate sources of reliable information about HIV and STIs. Even if you don't need this information right now, you might in the future, or a friend might need it.</i></p> <p><i>Once you have identified a reliable source, you can find out what resources they offer. The source is who provides the information or help. The resource is what they offer, such as information or a service.</i></p> <p><i>Some sources are better at offering information, such as reliable Internet sites. Other sources are better at providing a service. For example, a doctor's office might be able to provide testing for STIs, but they may not be able to answer questions about STIs over the phone.</i></p>

Method 1: Computer Lab

Identify reliable Internet sources of information and assistance using the student worksheet, "Finding Reliable Sources of Information or Assistance on the Internet."



Distribute the student worksheet, "Finding Reliable Sources of Information or Assistance on the Internet."



Use the teacher assessment rubric or have students use the self-assessment rubric provided at the end of the lesson if you want to assess students' progress.



Have students group around a computer in a computer lab to complete the worksheet or have them complete the worksheet as individuals.

If you are working in small groups, rotate the group roles of leader and spokesperson. If they will be working as individuals, you will need to modify the directions to accommodate this change.

*Your group's task is to identify one statewide or national source and one local source for HIV or STI information or assistance on the Internet and look at the resources they offer. **What are some key words to search for that will help you find what you're looking for?***

Answers: HIV, AIDS, sexually transmitted diseases, sexually transmitted infections, Michigan health clinics, (your city & state) health clinics, adolescent health centers

Write the key words on the board.

When you find sources of information and assistance, record the name, web address, and contact information. Next, answer as many of the "who, what, when, and why" questions as you can. Read the "about us" page.

In five minutes, each group will share their discoveries with the class and tell us whether or not they think the source will be reliable.

Method 2: Teacher Demonstration

Identify reliable Internet sources of information and assistance using the student worksheet, "Finding Reliable Sources of Information or Assistance on the Internet."



Distribute the student worksheet, "Finding Reliable Sources of Information or Assistance on the Internet."



Use the teacher assessment rubric or have students use the self-assessment rubric provided at the end of the lesson if you want to assess students' progress.



Have students work in small groups to complete the worksheet as you display web pages on the screen. Rotate the group roles of leader and spokesperson.

*Your group's task is to identify one statewide or national source and one local source for HIV or STI information or assistance on the Internet and look at the resources they offer. **What are some key words to search for that will help us find what we're looking for?***

Answers: HIV, AIDS, sexually transmitted diseases, sexually transmitted infections, Michigan health clinics, (your city & state) health clinics, adolescent health center

Write the key words on the board.

When we find sources of information and assistance, record the name, web address, and contact information. Next, answer as many of the “who, what, when, and why” questions as you can. We will read the “about us” page.

In five minutes, each group will share their discoveries with the class and tell us whether or not they think the source will be reliable.

Search for several sources of information. For each one, allow time for the students to learn what they can tell about the site and record information about the sites.



Prior to class, search for reliable sources and take screen shots of their web pages to show students if you would like to save time.

Method 3: Phone Books

Identify reliable sources of information and assistance using the student worksheet, “Finding Reliable Sources of Information or Assistance in the Phone Book.”



Distribute the student worksheet, “Finding Reliable Sources of Information or Assistance in the Phone Book.”



Use the teacher assessment rubric or have students use the self-assessment rubric provided at the end of the lesson if you want to assess students’ progress.



Rotate the group roles of leader and spokesperson. Give each group a phone book.

*Your group’s task is to identify one statewide source and one local source for HIV or STI information or assistance and look at the resources they offer. **What are some key words to look up that will help you find what you’re looking for?***

Answers: health, clinics, physicians, hospitals




Write the key words on the board.

Ask students which sections of the phone book they should check. Guide them to the yellow pages, government, and business sections.

When you find sources of information and assistance, record the name and contact information on your worksheet. Next, answer as many of the “who, what, when, and why” questions as you can. Some of these questions probably cannot be answered unless you call or visit the source.

In five minutes, each group will share their discoveries with the class and tell us whether or not they think the source will be reliable.

Methods 1, 2 and 3

<p>Generate a list of sources of reliable information using the student worksheet, "Getting Help If You Need It."</p> 	<p>After five minutes, call on each group's spokesperson to share one of the sources his or her group located and explain whether or not his or her group thinks the source will be reliable.</p> <p>Encourage students to write key sources on part 3 of their worksheet, "Getting Help If You Need It."</p> <p>Write the names, web and/or street addresses, and telephone numbers of local, state, and national agencies that provide health services and/or information on the board. Ask all the students to copy the addresses and phone numbers of agencies which can provide help on part 3 of their worksheets.</p>  <p>See the teacher key, "Getting Help If You Need It," for a list of sources. Add the information you prepared for contacting local sources in your community. Refer to appendices M and N, "Michigan Web-Based Resources" and "National Resources," for additional state and national resources. Refer to appendices O and P, "Consent for Care and Confidential Health Information" and "Overview of Laws Related to Minors in Michigan," if students have questions about laws related to testing and treatment of minors.</p>
<p>Add adoption and safe delivery resources to the list of sources of reliable information.</p>	<p><i>People who find themselves pregnant and unprepared to be parents have some additional resources: adoption or safe delivery.</i></p> <p>Ask all the students to copy these websites on part 3 of their worksheets.</p>  <p>A girl or woman who has a baby and is not prepared to take care of the baby can drop her baby off at a designated location within the first three days after giving birth without getting in trouble. See appendix Q, "Requirements of Michigan Law: Resources and Information for Michigan Teachers Who Teach HIV Prevention or Sex Education," for additional information on adoption and Safe Delivery of Newborns.</p>

Closure: Summarize the importance of getting reliable information and assistance and talking with family members about HIV and STIs.

2 minutes

Instructional Steps	Script and Detailed Directions
<p>Summarize the lesson and remind students of their homework assignment from Lesson 2.</p>	<p><i>Today, we focused on finding reliable sources of information and assistance for HIV and STIs. Talking with your family members is another good way to get help with these issues.</i></p> <p><i>Be sure to discuss your worksheet with them. Also, remember to do your interview (from Lesson 2) and bring your homework with you to our next lesson.</i></p> <p>Instruct students to place the student worksheet, "Getting Help If You Need It," in their folders.</p>
<p>Introduce the next lesson on establishing personal boundaries.</p>	<p><i>In our next health lesson, we will learn how adopting plans to stay within safe behavioral boundaries can help us avoid HIV and other STIs.</i></p>



Getting Help If You Need It

Part 1:

Record your ideas about...

- ...reasons to avoid becoming infected with HIV or other STIs.
- ...how infection could affect a person's life.

Part 2:

The following symptoms could indicate an infection with HIV or another STI. A person with any of these symptoms should get medical help as soon as possible.





Part 3:

Record the names, web and/or street addresses, and phone numbers of places to get help or information regarding HIV infection and STIs.



Record the websites of places to get help or information regarding adoption or safe delivery.



Getting Help If You Need It

Part 1:

Record your ideas about...

...reasons to avoid becoming infected with HIV or other STIs.

...how infection could affect a person's life.

- *Infections can cause painful symptoms.*
- *Infections can be transmitted to others.*
- *Some infections are not curable.*
- *HIV infection will probably, eventually, result in death.*
- *Many people have no symptoms, but are infected and can infect others.*
- *STIs can cause permanent infertility—may not ever be able to produce children.*
- *Some infections are unsightly.*
- *People may tease others with STIs.*
- *Having an STI increases the chance of being infected with HIV if you continue with the risk behavior.*
- *Having to tell sexual partners that you have a disease could damage the relationship and your reputation.*
- *HIV and STIs can be passed on to future children.*

Part 2:

The following symptoms could indicate an infection with HIV or another STI.

A person with any of these symptoms should get medical help as soon as possible.

- *No symptoms at all*
- *Fatigue*
- *Swollen lymph nodes*
- *Chronic diarrhea*
- *Night sweats and/or fever*
- *Weight loss*
- *Rash or other skin problems*
- *Severe headaches*
- *Chronic pain*
- *Thrush, yeast infection in the mouth*
- *Repeated vaginal yeast infections that do not get better with medicine*
- *Menstrual problems*
- *Discharge from the vagina that is itchy, colored, or smells bad*
- *Bleeding from the vagina that is not normal menstrual flow*
- *Low abdominal ache*
- *Discharge from the penis*
- *Sores, warts, blisters, bumps, or swelling in the area around the genitals*
- *Burning or pain when urinating*





Part 3:

Part 3: Record the names, web and/or street addresses, and phone numbers of places to get help or information regarding HIV infection and STIs.

Teacher, prepare a list of local, state, and national sources. Write the list on the board. Include:

- local health department
- local clinics
- family physician
- Michigan AIDS Hotline, 1-800-872-AIDS (2437); Spanish, 1-800-826-SIDA (7432); TDD Line, 1-800-332-0849
- National AIDS Hotline, 1-800-342-2437; Spanish, 1-800-344-7432



Record the websites of places to get help or information regarding adoption or safe delivery.

- Adoption resources: www.mare.org
- Safe Delivery: www.michigan.gov/safedelivery



Common Symptoms of

HIV

- No symptoms at all
- Fatigue
- Swollen lymph nodes
- Chronic diarrhea
- Night sweats and/or fever
- Weight loss
- Rash or other skin problems
- Severe headaches
- Chronic pain
- Thrush, yeast infection in the mouth

In women:

- Repeated vaginal yeast infections that do not get better with medicine
- Menstrual problems



Common Symptoms of **Other STIs**

- No symptoms at all
- Discharge from the vagina that is itchy, colored, or smells bad
- Bleeding from the vagina that is not normal menstrual flow
- Low abdominal ache
- Discharge from the penis
- Sores, warts, blisters, bumps, or swelling in the area around the genitals
- Burning or pain when urinating



Healthy or Not?

Directions

- Leaders, deal out the cards to the members of your group.
- One at a time, read each card and decide if the symptom is healthy and normal or a possible symptom of an STI.
- Sort the cards into two piles: healthy or not healthy.



Healthy or Not?

Healthy or Not?

Discharge from the vagina that is itchy, colored, or smells bad

Healthy or Not?

Chronic diarrhea, night sweats, fever, or weight loss

Healthy or Not?

Bleeding from the vagina that is not normal menstrual flow

Healthy or Not?

Clear or whitish discharge from vagina

Healthy or Not?

Low abdominal ache

Healthy or Not?

Discharge from the penis during wet dreams



Healthy or Not?

Discharge from
the penis

Healthy or Not?

Menstrual cramps

Healthy or Not?

Sores, warts,
blisters, bumps, or
swelling in the area
around the genitals

Healthy or Not?

Weight loss from
eating less or being
more active

Healthy or Not?

Burning or pain
when urinating

Healthy or Not?

Repeated vaginal
infections that
do not get better
with medicine



Be a Skeptic—

Think and Question

Who?

- Who is the author?
- Who is the organization that supports the website, author, or information?

What?

- What is the content?
- What is the quality and accuracy?

When?

- When was the information created?
- When was it last updated?

Why?

- Why was the information provided?
- Why is it useful to me? or isn't it?



Discussion Notes for “Be a Skeptic— **Think and Question**”

As you display the slide, “Be a Skeptic–Think and Question,” encourage students to be critical thinkers and avoid accepting all information as true. State that once they have answered these questions and located this information, they will be prepared to decide how reliable the information is.

Discuss the following points.

Who?

It is important to understand who prepared the information, whether it is an article, a book, a website, or a conversation. Try to determine if the source is trustworthy and qualified. Look carefully at the following information:

- What are the author’s credentials?
- What organization supports the information or its author?
- If it’s an Internet website, read the “About Us” section to find out more about the author.
- If it’s an Internet website, see if it ends in “.gov” or “.edu.” These sites tend to have reliable information. Sites ending in “.org” may have reliable information, but some may not. Sites ending in “.com” are commercial sites with a business goal that may influence their information.

What?

It is important to review the content of the information to determine how accurate it is. Try to determine if the source is correct and truthful today. Look carefully at the following information:

- Is the information accurate? Can it be confirmed in two additional places?
- Does the source give references and statistics to back up its information?
- Has the information been edited or reviewed by reliable sources for quality and accuracy?
- Is the information free of errors in spelling and grammar? Do the Internet links in the article work?



When?

It is important to know when the information or product was created and how up-to-date it is. Try to determine if the source is correct and current today. Look carefully at the following information:

- Does the information have a recent date?
- Does it contain current statistics?
- Has it been updated recently?

Why?

It is important to know the reason the author created it. Try to determine if the source is truthful, reasonable, and thoughtful. Look carefully at the following information:

- Does the information promote a biased point of view or is it objective and based on facts?
- Was the information paid for by a person or a group that wants to promote an idea or product?
- Does the information contain a political or moral slant?
- Is the information truthful? designed as a spoof? selling something?

Purposes of Information

Most information has one of the following purposes:

- Persuasive or advocacy (tries to convince)
- Informational (provides several points of views and references)
- Marketing (tries to sell something)
- Entertainment (wants to amuse)

Sources:

- <http://sttenbock.library.wisc.edu/instruct/evalwork.pdf> and <http://www.library.wisc.edu/instruction/instrmat/webeval.htm>, University of Wisconsin-Madison Libraries Internet Workshop Working Group
- <http://rs.ed.uiuc.edu/students/tbarcalow/490net/evaluation.htm>, CARS Checklist for Research Source Evaluation, *Evaluating Internet Research Sources* by Robert Harris
- http://www.csuchico.edu/lins/handouts/eval_websites.pdf, Meriam Library, California State University-Chico
- <http://www.nlm.nih.gov/medlineplus/healthywebsurfing.html>, MedlinePlus Guide to Healthy Web Surfing
- <http://www.library.ubc.ca/home/evaluating/>, Criteria for Evaluating Internet Resources, University of British Columbia



FINDING RELIABLE SOURCES OF INFORMATION OR ASSISTANCE ON THE INTERNET

Your task:

- Find sources of information or assistance with HIV or STIs.
 - one statewide or national source
 - one local source
- Record the name, web address, and contact information.
- Answer as many of the “who, what, when, and why” questions as you can.

Who?

- Who is the author?
- Who is the organization that supports the information or author?

What?

- What is the content?
- What is the quality and accuracy?

When?

- When was the information created?
- When was it last updated?

Why?

- Why was the information provided?
- Why is it useful to me? or isn't it?

- Decide if you think it is a reliable source.
- Describe one resource, such as an informational brochure or service, they offer.

Take notes below on what you discover about each source.





Take notes below on what you discover about each source.





FINDING RELIABLE SOURCES OF INFORMATION OR ASSISTANCE IN THE PHONE BOOK

Your task:

- Look for sources of information or assistance with HIV or STIs.
 - One state source
 - One local source
- Record the name and contact information.
- Answer as many of the “who, what, when, and why” questions as you can. Many of these questions can only be answered when a person contacts the source.

Who?

- Who is the author?
- Who is the organization that supports the information or author?

What?

- What is the content?
- What is the quality and accuracy?

When?

- When was the information created?
- When was it last updated?

Why?

- Why was the information provided?
- Why is it useful to me? or isn't it?

- Decide if you think it is a reliable source.
- Describe one resource, such as an informational brochure or service, they offer.

Take notes below on what you discover about each source.





Take notes below on what you discover about each source.





Assessment Rubric: Getting Help If You Need It

Elements in the Lesson

- Part 1: Record your ideas about...
 - reasons to avoid becoming infected with HIV or other STIs.
 - how infection could affect a person's life.
- Part 2: Record...
 - symptoms that could indicate infection with HIV or other STIs and the need for medical help.
- Part 3: Record...
 - names, web and/or street addresses, and phone numbers of places where a person can get help or information regarding HIV and STIs.
 - websites of places to get help or information regarding adoption or safe delivery.

The following **holistic** rubric can be used for assessing student ability to:

- explain reasons to avoid becoming infected with HIV and other STIs,
- explain life changes that would result from infection,
- explain symptoms that indicate a possible infection and the need to get medical help, and
- locate and describe sources of accurate information or assistance.

The student has demonstrated the elements listed above through a written assignment.

To access an **analytic** rubric for this assignment or a **generic, holistic** rubric that can be used for any assignment, check the resources for Lesson 3 on the CD-ROM that came with your manual.

Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Reasons to Avoid Infection and How Infection Would Change Life	All reasons and life changes explained in the lesson are clearly and accurately provided, and show a depth of understanding regarding the impact of infection.	All reasons and life changes explained in the lesson are clearly and accurately provided.	Most reasons and life changes explained in the lesson are provided, but a few may be unclear or have slight inaccuracies.	Many provided reasons and life changes are unclear or inaccurate.	



Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Symptoms of Infection and the Need for Medical Help	All of the symptoms explained in the lesson are clearly and accurately provided.	All of the symptoms explained in the lesson are clearly and accurately provided.	Most of the symptoms explained in the lesson are provided, but a few may be unclear or have slight inaccuracies.	Many of the provided symptoms are unclear or inaccurate.	
Sources	All of the requested information is provided regarding sources of information or assistance for HIV and other STIs, and adoption and safe delivery.	All of the requested information is provided regarding sources of information or assistance for HIV and other STIs, and adoption and safe delivery.	Most of the requested information is provided regarding sources of information or assistance for HIV and other STIs, and adoption and safe delivery.	Little of the requested information is provided regarding sources of information or assistance for HIV and other STIs, and adoption and safe delivery.	



Getting Help If You Need It

This rubric can be used for assessing your ability to:

- explain reasons to avoid becoming infected with HIV and other STIs,
- explain life changes that would result from infection,
- explain symptoms that indicate a possible infection and the need to get medical help, and
- locate and describe sources of accurate information or assistance.

Review the rubric and circle the number with the statements that best represents your work for this assignment. Record any comments you have about your assessment in the "Comments" column.

Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Reasons to Avoid Infection and How Infection Would Change Life	I provided all of the reasons and life changes explained in the lesson clearly and accurately, and showed a depth of understanding regarding the impact of infection.	I provided all of the reasons and life changes explained in the lesson clearly and accurately.	I provided most of the reasons and life changes explained in the lesson, but a few may be unclear or have slight inaccuracies.	Many of the reasons and life changes that I provided are unclear or inaccurate.	
Symptoms of Infection and the Need for Medical Help	I provided all of the symptoms explained in the lesson clearly and accurately.	I provided all of the symptoms explained in the lesson clearly and accurately.	I provided most of the symptoms explained in the lesson, but a few may be unclear or have slight inaccuracies.	Many of the symptoms I provided are unclear or inaccurate.	
Sources	I provided all of the requested information regarding sources of information or assistance for HIV and other STIs, and adoption and safe delivery.	I provided all of the requested information regarding sources of information or assistance for HIV and other STIs, and adoption and safe delivery.	I provided most of the requested information regarding sources of information or assistance for HIV and other STIs, and adoption and safe delivery. There may be slight inaccuracies.	Little of the requested information is provided regarding sources of information or assistance for HIV and other STIs, and adoption and safe delivery. Most is inaccurate.	



Assessment Rubric: Finding Reliable Sources of Information or Assistance on the Internet

Elements in the Lesson

- Find sources of information or assistance with HIV or STIs and record the name, web address, and contact information.
 - one statewide or national source
 - one local source
- Answer as many of the "who, what, when, and why" questions as you can.
 - Who: Author and supporting organization
 - What: Content, quality, accuracy
 - When: Current and updated
 - Why: Why provided, usefulness
- Decide if you think it is a reliable source.
- Describe one resource they offer.
- Take notes on what you discover about each source.

The following **holistic** rubric can be used for assessing student ability to find and describe reliable sources of information or assistance. The student has demonstrated the elements listed above through an Internet and/or written assignment.

To access an **analytic** rubric for this assignment or a **generic, holistic** rubric that can be used for any assignment, check the resources for Lesson 3 on the flash drive that came with your manual.

Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Sources	All of the requested information is provided clearly and accurately for each source, statewide or national and local.	All of the requested information is provided clearly and accurately for each source, statewide or national and local.	Most of the requested information is provided clearly and accurately for each source, statewide or national and local.	Little of the requested information is provided. Most is either unclear or inaccurate.	



Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Questions	All questions are accurately answered and show a depth of understanding regarding finding reliable sources of information.	All questions regarding finding reliable sources of information are accurately answered.	Most questions regarding finding reliable sources of information are answered, but a few may have slight inaccuracies.	Many questions regarding finding reliable sources of information are answered inaccurately.	
Decision and Notes	The decision about the reliability of each source of information is stated. Notes are clear and accurate.	The decision about the reliability of each source of information is stated. Notes are clear and accurate.	Decisions about the reliability of most sources of information are stated. Notes are mostly clear and accurate.	Few decisions about the reliability of sources of information are stated. Notes are brief, unclear, or inaccurate.	



Finding Reliable Sources of Information or Assistance on the Internet

This rubric can be used for assessing your ability to find and describe reliable sources of information or assistance.

Review the rubric and circle the number with the statements that best represents your work for this assignment. Record any comments you have about your assessment in the "Comments" column.

Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Sources	I provided all of the requested information clearly and accurately for each source, statewide or national and local.	I provided all of the requested information clearly and accurately for each source, statewide or national and local.	I provided most of the requested information clearly and accurately for each source, statewide or national and local.	I provided little of the requested information. Most is either unclear or inaccurate.	
Questions	I accurately answered all questions and showed a depth of understanding regarding finding reliable sources of information.	I accurately answered all questions regarding finding reliable sources of information.	I answered most questions, but a few may have slight inaccuracies.	I answered many questions inaccurately.	
Decision and Notes	My decision about the reliability of each source of information is stated. My notes are clear and accurate.	My decision about the reliability of each source of information is stated. My notes are clear and accurate.	My decisions about the reliability of most sources of information are stated. My notes are mostly clear and accurate.	Few of my decisions about the reliability of sources of information are stated. My notes are brief, unclear, or inaccurate.	



Assessment Rubric: Finding Reliable Sources of Information or Assistance in the Phone Book

Elements in the Lesson

- Find sources of information or assistance with HIV or STIs and record the name and contact information.
 - one state source
 - one local source
- Answer as many of the "who, what, when, and why" questions as you can.
 - Who: Author and supporting organization
 - What: Content, quality, accuracy
 - When: Current and updated
 - Why: Why provided, usefulness
- Decide if you think it is a reliable source.
- Describe one resource they offer.
- Take notes on what you discover about each source.

The following **holistic** rubric can be used for assessing student ability to find and describe reliable sources of information or assistance. The student has demonstrated the elements listed above through a written assignment.

To access an **analytic** rubric for this assignment or a **generic, holistic** rubric that can be used for any assignment, check the resources for Lesson 3 on the flash drive that came with your manual.

Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Sources	All of the requested information is provided clearly and accurately for each source, state and local.	All of the requested information is provided clearly and accurately for each source, state and local.	Most of the requested information is provided clearly and accurately for each source, state and local.	Little of the requested information is provided. Most is either unclear or inaccurate.	



Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Questions	All questions are accurately answered and show a depth of understanding regarding finding reliable sources of information.	All questions regarding finding reliable sources of information are accurately answered.	Most questions regarding finding reliable sources of information are answered, but a few may have slight inaccuracies.	Many questions regarding finding reliable sources of information are answered inaccurately.	
Decision and Notes	The decision about the reliability of each source of information is stated. Notes are clear and accurate.	The decision about the reliability of each source of information is stated. Notes are clear and accurate.	Decisions about the reliability of most sources of information are stated. Notes are mostly clear and accurate.	Few decisions about the reliability of sources of information are stated. Notes are brief, unclear, or inaccurate.	



Finding Reliable Sources of Information or Assistance in the Phone Book

This rubric can be used for assessing your ability to find and describe reliable sources of information or assistance.

Review the rubric and circle the number with the statements that best represents your work for this assignment. Record any comments you have about your assessment in the "Comments" column.

Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Sources	I provided all of the requested information clearly and accurately for each source, state and local.	I provided all of the requested information clearly and accurately for each source, state and local.	I provided most of the requested information clearly and accurately for each source, state and local.	I provided little of the requested information. Most is either unclear or inaccurate.	
Questions	I accurately answered all questions and showed a depth of understanding regarding finding reliable sources of information.	I accurately answered all questions regarding finding reliable sources of information.	I answered most questions, but a few may have slight inaccuracies.	I answered many questions inaccurately.	
Decision and Notes	My decision about the reliability of each source of information is stated. My notes are clear and accurate.	My decision about the reliability of each source of information is stated. My notes are clear and accurate.	My decisions about the reliability of most sources of information are stated. My notes are mostly clear and accurate.	Few of my decisions about the reliability of sources of information are stated. My notes are brief, unclear, or inaccurate.	



LESSON 4

Create a Plan to Stay Within the Boundaries

Student Learning Objectives:	National Health Education Standards:
<ul style="list-style-type: none"> Set personal boundaries and limits related to physical intimacy and sexual behavior. 	<ul style="list-style-type: none"> Self Management
<ul style="list-style-type: none"> Create a plan to stay within behavioral limits which protect one from HIV and STIs. 	<ul style="list-style-type: none"> Goal Setting

Lesson Synopsis

Review reliable sources of information and assistance related to HIV and STIs. Discuss, in small groups, benefits of having boundaries or limits and the advantages of staying within the boundaries for safe, healthy behavior. Describe the steps in goal setting. Identify living free of infection with HIV and STIs as a long-term goal and staying within healthy behavioral boundaries as a short-term goal. Generate a list of ways to express affection without risking infection with HIV or other STIs and a list of behaviors that will help a person maintain healthy boundaries. Select behaviors that students are willing to personally adopt to stay within healthy boundaries. Summarize behaviors that help a person stay within healthy boundaries and offer protection from infection with HIV and STIs. Assign homework of completing goal-setting steps and discussing them with a parent or other adult.



Activity	Time	Materials Needed
Introduction	10 minutes	<p>Teacher Manual Resources</p> <ul style="list-style-type: none"> Family Worksheet: "What Do You Think?" (from Lesson 2) Slide Master: "Fences" Slide Master: "Boundaries" <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> Student folders from Lesson 1 Writing paper Pens or pencils Slides Projector
Input	10 minutes	<p>Health Education Resources</p> <ul style="list-style-type: none"> Poster: "Setting Goals for Health," Michigan Model for Health Clearinghouse <p>Teacher Manual Resources</p> <ul style="list-style-type: none"> Set of Slide Masters: "Reasons to Plan How to Stay Within Boundaries" Slide Master: "A Clear Goal Is SMART" Slide Master: "My Long-Term Goal" Slide Master: "My Short-Term Goal" Set of Slide Masters: "My Tasks" Slide Master: "My Progress" Slide Master: "Did I Reach My Goal?" <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> Slides Projector

Application	20 minutes	<p>Teacher Manual Resources</p> <ul style="list-style-type: none"> • Appendix Q: “Requirements of Michigan Law: Resources and Information for Michigan Teachers Who Teach HIV Prevention or Sex Education” • Appendix R: “Laws Regarding Sexual Harassment” • Slide Master: “Behaviors Taylor Will Choose to Stay Within the Boundaries” (abstinence-based version) • Slide Master: “Behaviors Taylor Will Choose to Stay Within the Boundaries” (abstinence-only version) • Slide Master: “Behaviors Carla Will Choose to Stay Within the Boundaries” (abstinence-based version) • Slide Master: “Behaviors Carla Will Choose to Stay Within the Boundaries” (abstinence-only version) • Student Worksheet: “Setting My Goal, Building My Fence” • Student Handout: “A Method for Goal Setting” • Teacher Reference–Assessment: “Setting My Goal, Building My Fence” • Student Self-Assessment Rubric: “Setting My Goal, Building My Fence” <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> • Index cards, two per student • Pens or pencils • Slides • Projector
Closure	5 minutes	<ul style="list-style-type: none"> • None
TOTAL	45 minutes	




Preparation


Prior to the Lesson	<ul style="list-style-type: none"> • Determine which version of the lesson has been approved by your Board of Education to be taught in your class, abstinence-based or abstinence-only. • Decide if you want to assess student progress. A rubric is provided for your use at the end of this lesson, “Assessment Rubric: Setting My Goal, Building My Fence.” • Decide if you want students to assess their own progress. Duplicate the rubric, “Setting My Goal, Building My Fence,” for students if you plan to have them use it.
For Introduction	<ul style="list-style-type: none"> • Decide how to have the students form small groups of four to six. • Prepare slides of the slide masters, “Fences” and “Boundaries.”
For Input	<ul style="list-style-type: none"> • Prepare slides of the slide masters, “Reasons to Plan How to Stay Within the Boundaries,” “A Clear Goal Is SMART,” “My Long-Term Goal,” “My Short-Term Goal,” “My Tasks,” “My Progress,” and “Did I Reach My Goal?”
For Application	<ul style="list-style-type: none"> • Read appendices Q and R, “Requirements of Michigan Law: Resources and Information for Michigan Teachers Who Teach HIV Prevention or Sex Education” and “Laws Regarding Sexual Harassment.” • Prepare slides of approved version of the slide masters, “Behaviors Taylor Will Choose to Stay Within the Boundaries,” and “Behaviors Carla Will Choose to Stay Within the Boundaries,” either the abstinence-based version or the abstinence-only version. • Duplicate the student worksheet, “Setting My Goal, Building My Fence,” and the student handout, “A Method for Goal Setting,” for each student.

LESSON PROCEDURE

Introduction: Connect this lesson on adopting a plan for staying within safe behavioral boundaries or limits with the previous lesson on accessing reliable information and assistance related to HIV and STIs.


10 minutes

Instructional Steps	Script and Detailed Directions
<p>Review resources for HIV and STI information and assistance.</p>	<p><i>If you or a friend wanted some information about HIV or STIs or needed help, which resource do you think you would access first?</i></p> <p>Call on a few students to share their ideas.</p>
<p>Survey the class about their experience interviewing a parent about family expectations regarding sexual behavior using the family worksheet, "What Do You Think?" from Lesson 2.</p> 	<p><i>Please get out your worksheet that was assigned as homework. How was your experience interviewing a parent or other trusted adult about their expectations regarding your sexual behavior?</i></p> <p>Call on a few students to share their ideas.</p>  <p>If you think your students would respond to the following question, we encourage you to ask it. Students are more likely to follow rules and feel more confident about standing up for themselves if they know other students have similar rules. To begin the discussion, consider sharing a rule you had as a middle school student.</p> <p><i>Who would like to share an example of a rule your family has for your sexual behavior?</i></p> <p>Call on a few students to share their ideas.</p> <p>Why do you think they have rules for your sexual behavior?</p> <p>Answers:</p> <ul style="list-style-type: none"> • to protect me from getting hurt • to keep me safe and healthy • to avoid pregnancy and infection <p>Have students place their worksheets in their folders.</p>
<p>Form small groups and discuss fences as an analogy for having boundaries or limits using the slide, "Fences."</p> 	<p>Divide the class into small groups of four to six students. Assign the group roles: recorder and spokesperson.</p> <p>Have each recorder get out paper and a pen or pencil.</p> <p><i>We are going to digress for a few minutes to talk about fences. In a moment, you will understand what fences have to do with HIV and other STIs. In your groups, list all the places you have seen fences. You will have one minute to brainstorm a list; then, I will ask each spokesperson to share the group's ideas.</i></p> <p>After one minute, call on each group's spokesperson to read one of the places where fences have been seen.</p>

	<p>Keeping in mind all the places we have seen fences, what do you think fences are used for? Discuss your ideas in your group. Then, record three purposes for fences. You will have two minutes.</p> <p>After two minutes, call on several spokespersons to read the list of purposes for fences.</p> <p>Display the slide, "Fences." Summarize the three main purposes for fences:</p> <ul style="list-style-type: none"> • Fences provide privacy. • Fences keep harmful things outside. • Fences protect what is inside by providing safe boundaries or limits.
<p>Compare fences to boundaries and limits by describing how they protect using the slide, "Boundaries."</p> 	<p><i>Fences do many things. One of the main purposes for a fence is to protect whatever or whoever is inside by providing safe boundaries or limits. Many of you have younger siblings or you babysit for young children. You know that a fenced yard is much safer for youngsters because it keeps them from wandering away or going into the street. A fence also keeps harmful things, such as stray animals or strangers, away from children.</i></p> <p><i>Some of you have dogs. You know that a fence keeps your pet safe by keeping it close to home and out of the path of cars. Maybe you have seen the invisible fence that helps to protect dogs. It is an electrical wire that is buried underground around the boundary of the yard. The dog wears a collar that beeps a warning if the dog gets close to the boundary of its yard. If the dog ignores the beeping and goes over the boundary, it gets a mild electrical shock. The dog quickly learns that it should listen to the warning beep and stay inside the boundaries or limits.</i></p> <p>Display the slide, "Boundaries."</p> <p><i>We need fences to protect us, too. We know the boundaries or limits that will keep us safe from HIV and other STIs. In other words, we know what behaviors we must avoid. If we go over the boundaries, the pain of a serious, possibly life-threatening, infection may follow. If we listen to the warnings, we can avoid that pain. During this next activity, you will determine what action steps you need to take to help you stay within the boundaries and keep you safe.</i></p>
<p>Introduce this lesson.</p>	<p><i>Today we will create plans for staying within healthy behavioral boundaries to protect ourselves from infection with HIV and other STIs.</i></p>

Input: Discuss the advantages of having a plan to stay within the boundaries for safe, healthy behavior. Describe the steps in goal setting. Identify living free of infection with HIV and STIs as a long-term goal.

10 minutes

Instructional Steps	Script and Detailed Directions
<p>Discuss the advantages of having a plan to stay within the boundaries for safe, healthy behavior prior to being in a potentially risky situation using the set of slides, "Reasons to Plan How to Stay Within Boundaries."</p> 	<p><i>Each of you can strengthen the safety fence around yourself. Of course it will be an invisible fence, and it will allow people in without letting go of the safe boundaries you have around yourself. You can strengthen the boundaries by adopting a set of action steps, or a plan, for your behavior that will help you stay within the boundaries and will help protect you from infection with HIV or another STI. This plan will state what you will do and what you won't do.</i></p> <p>What are some reasons it might be good to have a plan in place in case you find yourself in a risky situation?</p> <p>Call on students to share their ideas.</p>

Display the slides, "Reasons to Plan How to Stay Within Boundaries," and summarize the advantages:

- It allows a person time to think clearly about what he or she wants to do.
- It gives a person time to practice communicating his or her boundaries and plan for staying within those boundaries.
- It allows a person time to make decisions without outside pressure.
- A person can communicate his or her boundaries and plan to friends prior to risky situations.
- It clarifies which situations the person should avoid.
- The person can choose friends who support his or her boundaries and plan.
- It gives the person the opportunity to talk with parents or other trusted adults.

Explain the criteria of a clear goal using the slide, "A Clear Goal Is SMART"



Making a plan is like building your own safety fence. Let's use the goal-setting skill to build our fence. The first step is to identify a goal.

Display the slide, "A Clear Goal Is SMART," and explain the criteria.

- *Goals must be specific. They must be detailed and say "who" will do "what," "where," and by "when."*
- *Goals must be measurable. Make sure each goal uses numbers to describe the quantity, quality, and time of your desired outcome.*
- *Goals must be achievable. They should be challenging, but possible.*
- *Goals must be relevant. You will work harder to achieve something important to you.*
- *Goals must be time-bound. Goals should say how often to do something and include a deadline for completion.*

Some goals take a year or longer to reach. These are long-term goals.

Display the slide, "My Long-Term Goal," and ask students:

Do these long-term goals meet the criteria for a SMART goal?

Answer: yes



Some students in your class might already be infected with HIV or another STI. In order to engage all students, these two goals will allow students to select a goal whether or not they are currently infected. As you proceed with the lesson, the example used applies to students who are not infected. Augment the wording and example if you believe you have students who might already be infected.

Apply the criteria of a clear goal using the slide, "My Long-Term Goal."



Identify a short-term goal that would lead to living free of HIV and other STIs using the slide, "My Short-Term Goal."



Living free of HIV and STIs is a long-term goal, a commitment you make to yourself.

Short-term goals can be met in the next days or weeks. Short-term goals will help you move closer to your long-term goal.

Display the slide, "My Short-Term Goal."

Do these short-term goals also meet the criteria for a SMART goal?

Answer: yes

Identify tasks as the next step in goal setting using the set of slides, "My Tasks."



If your long-term goal is to be free of infection with HIV and other STIs, your short-term goal might be to not have sexual intercourse. The next step in the goal-setting method is to identify tasks or behaviors that will help you reach your goal.

Display the slides, "My Tasks," and explain the purpose for identifying tasks.

- *Tasks are set for each goal.*
- *They describe simple steps to take to reach goals.*
- *They can be worked on immediately, so progress can be seen.*
- *Ask key questions to identify tasks that must be done:*
 - *What information or skills do I need?*
 - *What help or partnerships do I need?*
 - *What materials do I need?*
 - *What could be a barrier? How will I get around the barrier?*
 - *Is there another way to do this more easily? If so, what is it?*
 - *When do I plan to act on this task?*

You will have a chance to create your list of tasks or behaviors that will help you reach your short-term goal in a moment.

Identify measuring progress as the next step in goal setting using the slide, "My Progress."



Display the slide, "My Progress," and explain this step.

The next step in goal setting is to measure your progress toward your goal. Identify specific ways to tell if you're completing the tasks and moving toward your goals. It might be whether or not you chose to talk with friends about your plan to not be alone in a house with a boyfriend/girlfriend, or whether or not you stayed away from a party where you know there would be alcohol. You may want to check on how you are doing on a regular basis, such as every week or month.

You will have a chance to decide how to measure your progress in a moment.

Identify the last step in goal setting using the slide, "Did I Reach My Goal?"



The last step in goal setting is to evaluate if you have met your goal. Often this step takes place after time has passed.

Display the poster, "Setting Goals for Health."

Use the poster to summarize the process described by the slides.

Discuss other factors which impact a plan for staying within healthy boundaries.

*We know the behaviors which put people at risk for HIV and other STIs. However, there are other factors that influence decisions about what behaviors are okay and what behaviors are not. **What other factors can you think of that influence the boundaries you set for yourself to avoid infection?***

Call on students to share their ideas. Make sure the following factors are discussed:

- Your parents and other family members probably have values that guide your behavior.
- Many religions have guidelines for sexual behavior.
- Each of you individually has feelings about what behaviors you are comfortable with, and what you aren't.
- Your friends and peer group have attitudes and behaviors that can influence how you act.

- The media may influence how you act.
- You may have goals for your future that would be difficult to reach if your behaviors put you at risk.
- The law sets limits on sexual behavior. It is illegal to have sex under age 16 in Michigan. It is illegal to sexually harass anyone.
- You may desire to avoid pregnancy and parenting at this time.
- The economic and other consequences of an unintended pregnancy or STI/HIV can prevent you from reaching your educational and financial goals.
- You may want to keep yourself and others safe and healthy.



- Refer the students to their homework interviews with parents and/or other trusted adults.
- Consider inviting a police liaison officer or the assistant principal to discuss the laws with your class.
- Refer to appendices Q and R, “Requirements of Michigan Law” and “Laws Regarding Sexual Harassment,” for details about the laws related to sexual behaviors and for details about parental responsibilities.
- Refer students to the following websites to calculate the economic costs of parenting: www.teenageparent.org/english/costofbaby2B.html, www.moapp.org/documents/dollarsandsense.pdf, and www.babycenter.com/costofchild/.

As you work on identifying behaviors and tasks to meet your goal of staying within the boundaries of healthy behavior and staying free of HIV and STIs, you need to consider what influences you. You might want to ask yourself:

- *What behaviors will I avoid because they may result in infection with an STI?*
- *What advice do I get from family members, trusted adults, religion or culture, the law, my friends, the media, and my own convictions?*

Application: List ways to express affection without risking infection with HIV or other STIs and behaviors that help a person stay within healthy boundaries. Select personal behaviors that will help students stay within healthy boundaries.

20 minutes

Instructional Steps	Script and Detailed Directions
<p>List ways to show affection without the risk of infection with HIV or other STIs and possible behaviors that will help students stay within healthy boundaries.</p>	<p>Have students take out a pen or pencil. Distribute two index cards to each student.</p> <p><i>It should be very clear by this point that getting infected with HIV or another STI can have serious consequences. There are consequences for you, for others, for your future partner, and for any future children you may have. The only way to be sure you will avoid these serious infections is to abstain from sexual intercourse and needle sharing.</i></p> <p><i>There are many, many other ways to show someone affection—ways that do not place yourself or anyone else at risk of becoming infected with HIV or other STIs. Everyone has a longing to give and receive love and caring, but these feelings need to be expressed in ways that are healthy and safe.</i></p> <p><i>On your index card, record ways to express affection without risk of infection with HIV or STIs, such as holding hands and finding common hobbies to explore. Think of as many ideas as possible. I will call time in two minutes.</i></p>

After two minutes, continue with the instructions.

Now, think of two behaviors a young person could choose that would help him or her stay within healthy boundaries. Here are a couple examples to get you thinking:

- *I will go to a girlfriend/boyfriend's house only when parents are home.*
- *I will only go out with a group of kids rather than going alone with someone I like.*

Write two behaviors or actions you might consider on your card. You have one minute.

After one minute, have the students take their cards and pens or pencils and find a partner. Instruct them to form two concentric circles with one partner on the inner circle facing out and the other partner on the outer circle facing in.

Now you will have an opportunity to share your ideas for expressing affection and gather new ideas from other students. When I give the signal by saying, "Talk," you will share two of the ideas on your list with the person standing across from you in the other circle and that person will share two of their ideas. If you share an idea that person already has, go to your next idea until you give your partner an idea that is new. Add the new idea to your card. After a short time, I will give another signal by saying, "Move right." The inner circle will move right one person and the outer circle will stand still. You will share ideas with the new person facing you and record new ideas on your cards. We will continue this for several moves.

Give the signal by saying, "talk," and allow the students 30 to 60 seconds to share ideas and record new ideas on their cards. Give the signal, "move right," and remind the inner circle to move one person to the right and give the signal "talk" again. Continue the rotation three or four more times.

Ask students to share their ideas for possible ways to stay within healthy boundaries using the same procedure.

Ask students to take their seats.



Two alternate methods:

- Post four pieces of chart paper, two on each side of the room. Title one chart on each side of the room "Ways to Show Affection" and the other chart "Possible Behaviors to Stay Within the Boundaries." Divide the class into four groups. Have each group go to a chart and record their ideas. Next, have them go to a chart with a different title and record ideas. Then, have them nonverbally rotate to read all of the ideas on all four charts.
- Have students walk around asking these two questions: What are ways to express affection without risk of infection with HIV or STIs? What are some possible ways to stay within healthy boundaries so you would be free of HIV and other STIs? Next, have them sit down and tally the number of students who said the same or similar things. Then, have students share ideas with the class.

What are some of the ideas you heard for expressing affection without risking infection with HIV or STIs?

Call on several students to share ideas.

What, if any, ideas for expressing affection were suggested that might actually have a risk of transmitting HIV or STIs?

If students share behaviors that might transmit STIs, clarify any misinformation that has been shared.

What are some of the possible ways to stay within healthy boundaries you heard that sound like they might work well?

Call on a few students to share ideas.

Identify examples of behaviors young people can choose to protect themselves from HIV and STIs using the slides, "Behaviors Taylor Will Choose to Stay Within the Boundaries," and "Behaviors Carla Will Choose to Stay Within the Boundaries."



In a minute, we are going to work on tasks we can choose to stay within healthy boundaries and free of HIV and STIs. Here are some additional examples of behaviors two young people adopted. After considering all the information about HIV and other STIs, as well as family and religious values, Taylor and Carla decided they would take these steps to stay within the healthy boundaries for their own behavior.



Be sure to use the version of the slides that has been approved for use in your classroom, abstinence-based or abstinence-only.

Display the slide, "Behaviors Taylor Will Choose to Stay Within the Boundaries."

How will Taylor's behaviors protect him from HIV and other STIs?

Answers:

- Young people who wait until age 16 to date are more likely to postpone sex.
- When an adult is home to supervise, it is less tempting to have sex.
- Alcohol and drugs reduce judgment and inhibitions and increase unplanned sex.
- Holding hands and kissing are ways to show affection without risking HIV and STI infection.

Abstinence-Based Addition:

Answer:

- Using a latex or polyurethane condom consistently and correctly every time reduces the risk of HIV and STI transmission.

Display the slide, "Behaviors Carla Will Choose to Stay Within the Boundaries."

How will Carla's behaviors protect her from HIV and other STIs?

Answers:

- Young people who date someone their own age are less likely to be mistreated by an older, more experienced person.
- A group of friends hanging out together is less likely to end with sex than when two people spend time alone together.
- Alcohol and drugs reduce judgment and inhibitions and increase unplanned sex.
- Sex and HIV and STI infection are much less likely when fully clothed.
- If a person waits to have sex with a committed partner in a long-term relationship, for example marriage, who is not HIV or STI infected, he or she is less likely to get infected.

Abstinence-Based Addition:

Answer:

- Using a latex or polyurethane condom consistently and correctly every time reduces the risk of HIV and STI transmission.

Identify personal behaviors that help keep a person within healthy boundaries and free of HIV and other STIs using the student handout, "A Method for Goal Setting," and the student worksheet "Setting My Goal, Building My Fence."



You've collected several ideas of possible behaviors, as well as ideas for expressing affection without risking infection with HIV or other STIs. Let's return to our goal-setting activity so you can decide what tasks you will need to do or behaviors you need to adopt to stay within healthy boundaries.

Distribute the handout, "A Method for Goal Setting," and the worksheet, "Setting My Goal, Building My Fence," to each student.



Use the teacher assessment rubric or have students use the self-assessment rubric provided at the end of the lesson if you want to assess students' progress.



This handout and worksheet have the four steps for goal setting: set a goal, describe the tasks, measure your progress, and evaluate goal achievement. On the worksheet, the long-term and the short-term goal has been filled in. Using your notes about expressing affection and choosing behaviors to stay within boundaries to avoid infection, write the tasks you will take or behaviors you will adopt to reach the short-term goal. Your tasks might be different from someone else's, and that's okay. The important thing is that you decide what behaviors you will choose to keep yourself healthy and free from HIV and STIs.

Also, record ways you will know if you are making progress toward your goal and how and when you will evaluate goal achievement

Allow the students five minutes to work. As the students work, check their family worksheets for signatures.

Closure: Summarize behaviors that protect from infection with HIV and STIs. Assign homework of completing goal-setting steps and discussing them with a parent or other adult.

5 minutes

Instructional Steps	Script and Detailed Directions
<p>Summarize the lesson, emphasizing staying within healthy boundaries that protect from infection with HIV and STIs.</p>	<p><i>What behaviors might a person choose in order to stay within healthy boundaries and protect himself or herself from HIV and other STIs?</i></p> <p>Possible Answers:</p> <ul style="list-style-type: none"> • Date in group situations, not alone. • Talk to each other about boundaries and what you will and won't do prior to going out. • Go to a friend's house only when an adult is home to supervise. • Hold hands, but do not kiss a date. • Abstain from sex. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><u>Abstinence-Based Addition:</u> Answer:</p> <ul style="list-style-type: none"> • Use a latex or polyurethane condom consistently and correctly every time to reduce the risk. </div>

Assign homework using the student worksheet, "Setting My Goal, Building My Fence."



If you are not finished listing your tasks and how you will measure your progress, you may take this worksheet home and finish it.

Your homework is to go over this worksheet with a parent or other trusted adult and ask that person for feedback and suggestions on your plan. After your discussion, be sure to sign the worksheet and have your parent or other adult sign it, too. Then, bring the signed portion back to class. I will be collecting only the signed portion.

Send the handout, "A Method for Goal Setting," and worksheet, "Setting My Goal, Building My Fence," home with the students.

Introduce the next lesson on assertive communication skills.

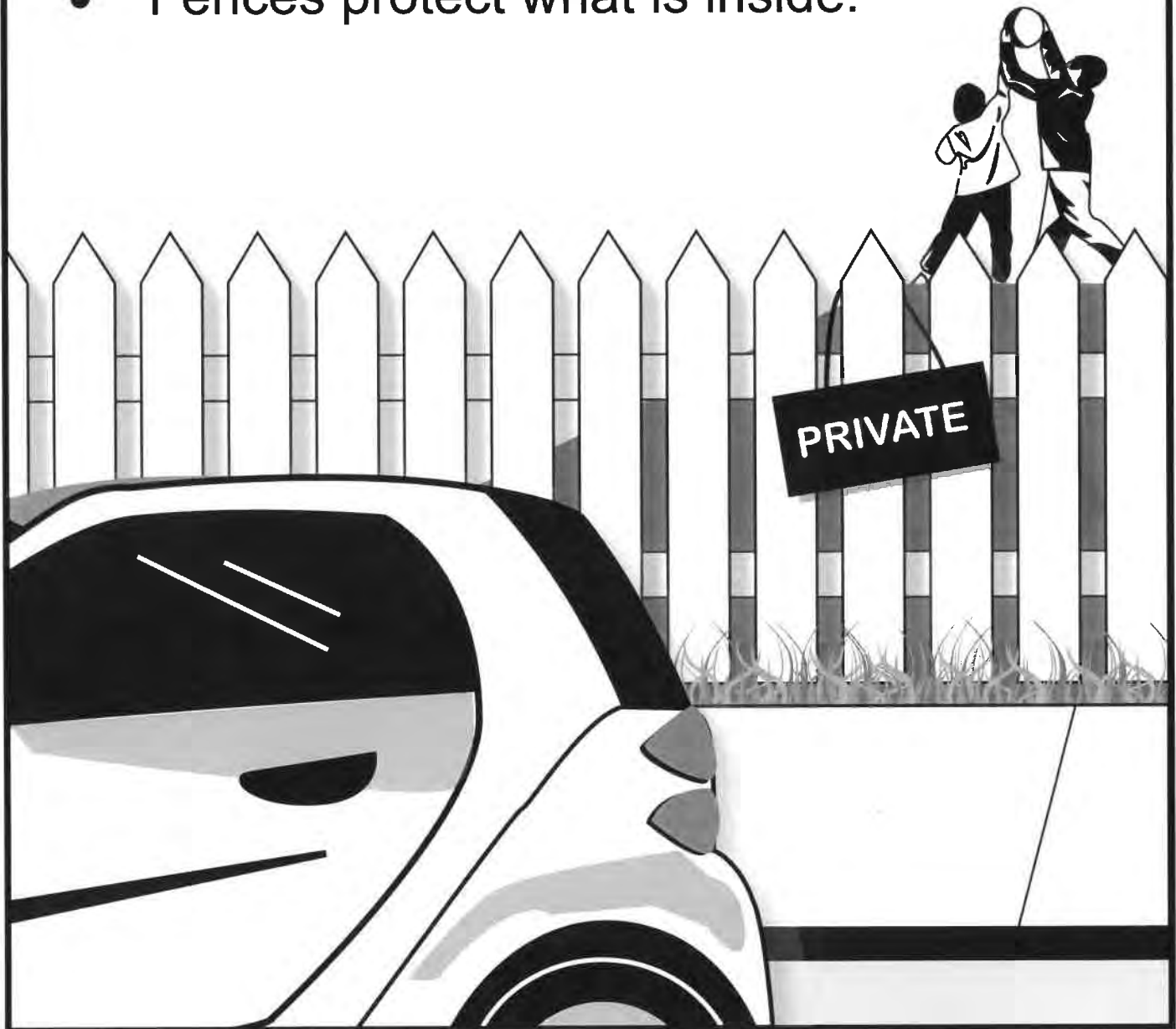
During our next health lesson, we will practice using assertive communication skills for letting others know our plans for staying within the safe behavioral boundaries.





Fences

- Fences provide privacy.
- Fences keep harmful things outside.
- Fences protect what is inside.





Boundaries

- Boundaries provide privacy.
- Boundaries keep harmful things outside.
- Boundaries protect what is inside.





Reasons to Plan How to Stay Within the Boundaries

- ➡ It allows a person time to think clearly about what he or she wants to do.
- ➡ It gives a person time to practice communicating his or her boundaries and plans for staying within those boundaries.
- ➡ It allows a person time to make decisions without outside pressure.
- ➡ A person can communicate his or her boundaries and plans to friends prior to risky situations.



Reasons to Plan How to Stay Within the Boundaries

- ➡ It clarifies which situations the person should avoid.
- ➡ The person can choose friends who support his or her boundaries and plans.
- ➡ It gives the person the opportunity to talk with parents or other trusted adults.



A Clear Goal Is **SMART**

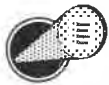
S = Specific

M = Measurable

A = Achievable

R = Relevant

T = Time-bound



My Long-Term Goal

My Goal:

I will be free of infection with HIV and other STIs.

My Goal:

If I am already infected with HIV or another STI, I will do everything I can to get treatment.

Do these goals meet the criteria below?

S = Specific

M = Measurable

A = Achievable

R = Relevant

T = Time-bound



My Short-Term Goal

My Goal:

Stay within healthy behavioral boundaries that will prevent infection.

My Goal:

See my health care provider if I think I might have been exposed to HIV or other STIs.

Do these goals meet the criteria below?

S = Specific

M = Measurable

A = Achievable

R = Relevant

T = Time-bound



My Tasks

- Tasks are set for each goal.
- They describe the simple steps to take to reach goals.
- They can be worked on immediately, so progress can be seen.





My Tasks

- **Ask key questions to identify tasks that must be done:**
 - What information or skills do I need?
 - What help or partnership do I need?
 - What materials do I need?
 - What could be a barrier? How will I get around the barrier?
 - Is there another way to do this more easily? If so, what is it?
 - When do I plan to act on this task?





My Progress

Identify specific ways to tell if you're completing the tasks and moving toward your goals.





Did I Reach My Goal?

Evaluate
whether or not
your goal was met.





Behaviors Taylor Will Choose to Stay Within the Boundaries

- ★ I will wait until I am 16 years old to date.
- ★ I will go to a boyfriend/girlfriend's house only when his or her parents are home.
- ★ I will not use alcohol or other drugs.
- ★ I will only go so far as to hug and kiss someone I like.
- ★ I will wait to have sex.



Behaviors Carla Will Choose to Stay Within the Boundaries

- ★ **I will only date boys who are my age or a year older.**
- ★ **I will only go out with a group of friends.**
- ★ **I will only go to parties that don't have alcohol and drugs.**
- ★ **I will keep my clothes on when I'm with a boy.**
- ★ **I will not go out with people I've met or talked with on the Internet.**
- ★ **I will wait to have sex.**



Behaviors Taylor Will Choose to Stay Within the Boundaries

★ I will wait until I am 16 years old to date.

★ I will go to a boyfriend/girlfriend's house only when his or her parents are home.

★ I will not use alcohol or other drugs.

★ I will only go so far as to hug and kiss someone I like.

★ I will wait to have sex.

★ When I am sexually active, I will always use a condom.



Behaviors Carla Will Choose to Stay Within the Boundaries

- ✦ I will only date boys who are my age or a year older.
- ✦ I will only go out with a group of friends.
- ✦ I will only go to parties that don't have alcohol and drugs.
- ✦ I will keep my clothes on when I'm with a boy.
- ✦ I will not go out with people I've met or talked with on the Internet.
- ✦ I will wait to have sex.
- ✦ When I am sexually active, I will only have sex with someone who uses a condom.



A Method for Goal-Setting

Step One:

Set a clear, realistic goal. What do you want for your future?

Make sure it is **SMART**:

S = Specific

M = Measurable

A = Achievable

R = Relevant

T = Time-bound



SMART

Step Two:

Describe your tasks. What simple steps do you need to take to reach your goal?

Ask key questions to identify tasks:

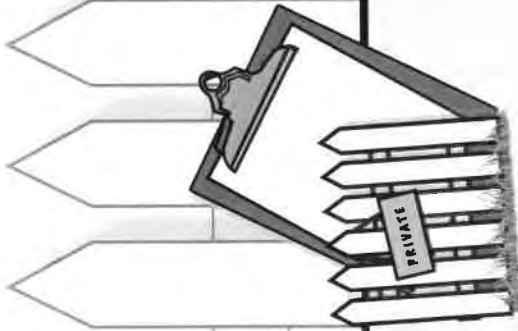
- What information or skills do I need?
- What help or partnerships do I need?
- What materials do I need?
- What could be a barrier? How will I get around the barrier?
- Is there another way to do this more easily? If so, what is it?
- When do I plan to act on this task?

Step Three:

Measure your progress. How will you know that you are making progress toward your goals? Make changes if you need to.

Step Four:

Evaluate if your goal was met. How will you evaluate if you met your goal? How often will you check to see if you achieved your goal?



Setting My Goal, Building My Fence

Long-Term Goal: I will be free of infection with HIV and other STIs.

Directions:

- For the short-term goal below, write your tasks, measures of progress, and how you will evaluate if you meet your goal.

	<p>My Tasks</p> <p>Consider these questions as you write your tasks.</p> <ul style="list-style-type: none"> • What behaviors will I avoid because they may result in infection with HIV or other sexually transmitted infections? • What advice about my behavior do I get from my parents or family or other trusted adults? My religion or culture? My friends? The media? The law? My own feelings and convictions? • What information or skills do I need? • What help or partnership do I need? • What materials do I need? • What could be a barrier to reaching my goal? How will I get around the barrier? • Is there another way to do this more easily? If so, what is it? • When do I plan to act on this task? 	<p>How will I measure progress? How often will I check on whether or not I am making progress?</p>	<p>How will I evaluate if I met my goal?</p>
	<p>My Goal</p> <p>✓ I will stay within healthy boundaries that will prevent infection.</p>		



Setting My Goal, Building My Fence

Homework Assignment

- Talk with a parent or another trusted adult about your ideas. Write his or her comments and suggestions below.

- You and the parent or adult must sign the bottom of this worksheet indicating that the discussion occurred. Bring the signed portion back to class.

We have discussed the goals on the worksheet, "Setting My Goal, Building My Fence."

Signature of a Parent or Other Trusted Adult

Relationship to the Student

Signature of the Student



Assessment Rubric: Setting My Goal, Building My Fence

Elements in the Lesson

Note: The goal is pre-determined. The student will be scored on the following steps.

- Describe your tasks.
 - What simple steps do you need to take to reach the goal? Ask key questions to identify tasks:
 - What behaviors will I avoid because they may result in infection with HIV or other sexually transmitted infections?
 - What advice about my behavior do I get from my parents or family or other trusted adults? My religion or culture? My friends? The media? The law? My own feelings and convictions?
 - What information or skills do I need?
 - What help or partnership do I need?
 - What materials do I need?
 - What could be a barrier to reaching my goal? How will I get around the barrier?
 - Is there another way to do this more easily? If so, what is it?
 - When do I plan to act on this task?
 - Measure your progress.
 - How will you know that you are making progress toward your goals? Identify changes to make if needed.
 - How often will I check on whether or not I am making progress?
- Evaluate whether or not the goal was met.
 - How will I evaluate if I met my goal?

The following **holistic** rubric can be used for assessing student ability to plan to achieve a goal. The student has demonstrated the elements listed above through a written assignment.

To access an **analytic** rubric for this assignment or a **generic, holistic** rubric that can be used for any assignment, check the resources for Lesson 4 on the flash drive that came with your manual.



Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Describe Tasks to Reach Your Goal	Clear, simple, and helpful tasks related to the goal are identified and described in detail, showing a depth of understanding.	Clear, simple, and helpful tasks related to the goal are identified.	Most of the identified tasks are clear, helpful and related to the goal.	Few of the identified tasks are clear, helpful, or related to the goal.	
Measure Your Progress	The method(s) for measuring progress is identified and clearly described in detail showing a depth of understanding.	The method(s) for measuring progress is identified and clearly described.	The method(s) of measuring progress is slightly vague or unclear.	The method(s) of measuring progress is missing or unhelpful.	
Evaluation	The method for evaluating whether or not the goal is reached is identified and clearly described in detail showing a depth of understanding.	The method for evaluating whether or not the goal is reached is identified and clearly described.	The method for evaluating whether or not the goal is reached is slightly vague or unclear.	The method for evaluating whether or not the goal is reached is missing or unhelpful.	



Setting My Goal, Building My Fence

This rubric can be used for assessing your ability to plan to reach a goal.

Review the rubric and circle the number with the statements that best represents your work for this assignment. Record any comments you have about your assessment in the "Comments" column.

Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Describe Tasks to Reach Your Goal	I identified clear, simple, and helpful tasks related to the goal. I described them in detail, showing a depth of understanding.	I identified clear, simple, and helpful tasks related to the goal.	Most of the tasks that I identified are clear, helpful and related to the goal.	Few of the tasks that I identified are clear, helpful, or related to the goal.	
Measure Your Progress	I identified a method(s) for measuring progress and clearly described it in detail, showing a depth of understanding.	The method(s) for measuring progress is identified and clearly described.	The method(s) of measuring progress is slightly vague or unclear.	The method(s) of measuring progress is missing or unhelpful.	
Evaluation	I identified a method for evaluating whether or not the goal is reached and clearly described the method in detail showing a depth of understanding.	I identified and clearly described a method for evaluating whether or not the goal is reached.	The method I identified and described for evaluating whether or not the goal is reached is slightly vague or unclear.	I did not identify a method for evaluating whether or not the goal is reached or what I described was not helpful.	

LESSON 5

Communicating Our Boundaries

Student Learning Objectives:	National Health Education Standards:
<ul style="list-style-type: none"> Analyze behaviors and situations that may result in increased risk for HIV and other sexually transmitted infections (STIs). 	<ul style="list-style-type: none"> Self Management
<ul style="list-style-type: none"> Demonstrate the ability to communicate one's behavioral limits or boundaries and to show respect for the limits or boundaries of others related to physical intimacy and sexual behavior. 	<ul style="list-style-type: none"> Interpersonal Communication

Lesson Synopsis

Connect this lesson on communicating plans for staying within safe behavioral boundaries with the previous lesson on setting goals for living free of HIV and other STIs and planning how to stay within the safe behavioral boundaries. Review and practice, in pairs, verbal and nonverbal communication skills for telling others personal boundaries for safe behavior. Summarize how and what to communicate when sharing boundaries with others. Assign homework of asking two trusted adults for communication ideas.



Activity	Time	Materials Needed
Introduction	2 minutes	<ul style="list-style-type: none"> None
Input	10 minutes	<p>Teacher Manual Resources</p> <ul style="list-style-type: none"> Slide Master: "What to Communicate" Slide Master: "How to Communicate" Appendix S: "School Personnel Guide for Reporting Suspected Child Abuse and Neglect: You Are a Mandated Reporter" <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> Writing paper Pens or pencils Slides Projector
Application	30 minutes	<p>Teacher Manual Resources</p> <ul style="list-style-type: none"> Student Worksheet: "Communicating Boundaries" Teacher Key: "Communicating Boundaries" Slide Master: "Time to Communicate" Teacher Reference–Assessment: "Assessment Rubric: Communicating Boundaries" Student Self-Assessment Rubric: "Communicating Boundaries" Student Self-Assessment Checklist: "Communicating Boundaries" Peer Assessment Checklist: "Communicating Boundaries" <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> Slide Projector Pens or pencils

Closure	3 minutes	Supplied by the Teacher <ul style="list-style-type: none"> • Student folders from Lesson 1
TOTAL	45 minutes	

Preparation

- Prior to the Lesson**
- **Determine** which version of the lesson has been approved by your Board of Education to be taught in your class, abstinence-based or abstinence-only.
 - **Decide if you want to assess** student progress. A rubric is provided for your use at the end of this lesson, "Assessment Rubric: Communicating Boundaries."
 - **Decide if you want students to assess** their own progress. **Duplicate** the rubric, "Communicating Boundaries," for students if you plan to have them use it. There are also two checklists you can **duplicate** for students to use. One is a self-assessment checklist and the other is designed for peer assessment. They are both titled, "Communicating Boundaries."
 - **Read** appendix S, "School Personnel Guide for Reporting Suspected Child Abuse and Neglect: You Are a Mandated Reporter."
-
- For Input**
- **Decide** how to have the students form pairs to practice skills.
 - **Prepare slides** of the slide masters, "What to Communicate" and "How to Communicate."
-
- For Application**
- **Prepare a slide** of the slide master, "Time to Communicate."
 - **Duplicate** the student worksheet, "Communicating Boundaries," for each student.

LESSON PROCEDURE

Introduction: Connect this lesson on communicating plans for staying within safe behavioral boundaries with the previous lesson on setting goals for living free of HIV and other STIs and planning how to stay within the safe behavioral boundaries.

2 minutes

Instructional Steps	Script and Detailed Directions
Review the previous lesson on setting goals and making plans that avoid infection with HIV and other STIs.	<p><i>What steps might a person take in order to protect himself or herself from HIV and other STIs?</i></p> <p>Possible Answers:</p> <ul style="list-style-type: none"> • Go out with a group of kids rather than going alone with someone you like. • Talk to each other about boundaries and what you will and won't do prior to going out. • Go to a girlfriend/boyfriend's house only when an adult is home to supervise. • Hold hands, but do not kiss a boyfriend or girlfriend. • Abstain from sex.

Abstinence-Based Addition:

Answers:

- Before having sex, talk to your partner about being in a long-term, committed relationship, for example marriage; make sure you and your partner get tested; and have intimate sexual contact with only one person who is not infected and is also committed to that relationship.
- Use a latex or polyurethane condom consistently and correctly to reduce the risk of infection.

Having a plan helps you avoid behaviors that could place you at risk for getting HIV and other STIs. Once you have decided on your plan, you need to be prepared to communicate to others what you will do and what you will not do. Part of being prepared is practicing how to communicate your boundaries before you are in a risky situation.




This lesson provides you with the opportunity to discuss how these skills are also useful in other potentially risky situations, such as situations involving alcohol and other drugs.




Introduce this lesson.






Today, we will learn how to communicate our boundaries to others. We will also learn how to identify situations that might lead to trouble. These skills will help you avoid risky sexual situations, and can also be used to avoid situations that might involve drugs or violence.

Input: Identify verbal and nonverbal communication skills for telling others about personal boundaries for safe behavior.

10 minutes


Instructional Steps	Script and Detailed Directions
Form pairs and explain the importance of communicating personal boundaries to others.	Divide the class into pairs of students. Assign the group roles: recorder and spokesperson. Have each pair get out paper and a pen or pencil. <i>We have learned that having a goal for our future and a plan for how we will behave can help protect us. However, we have to be able to communicate our plan to others so that they understand we will not change our minds. We want to let people know what we will and won't do in a firm and respectful way—and in a way that will let us continue the relationship if we want to.</i>
Review verbal and nonverbal communication skills using the slide, "How to Communicate." 	<i>I am going to ask a couple questions to review what we already know about communication skills. Working in your pairs, your recorder will have one minute to record your ideas. In a moment, I will call on spokespersons to share ideas.</i> <i>How should our voices sound to show that we mean what we say?</i> Pause for one minute to allow recorders time to record ideas. Then, call on several spokespersons to share ideas. Record the students' ideas on the board. <i>What kind of body language, or nonverbal communication, shows that we mean what we say?</i> Pause for one minute to allow recorders time to record ideas. Then, call on several spokespersons to share ideas. Record the students' ideas on the board.

	<p>Display the slide, "How to Communicate," and supplement the students' lists as needed.</p>  <p>Be sensitive to cultural differences regarding nonverbal communication, such as eye contact. If you are working with students from a variety of cultural backgrounds, you may want to discuss the various ways nonverbal gestures are interpreted.</p>
<p>Describe what to say when communicating boundaries using the slide, "What to Communicate."</p> 	<p>Display the slide, "What to Communicate."</p> <p><i>To communicate your plan for your personal boundaries, you need to know what to communicate. The first thing to do is simply share information.</i></p> <ul style="list-style-type: none"> • Address the person by name. • State your plan clearly and simply: Say what you will do. Say what you won't do. Use one sentence each. <p><i>That may be enough. However, there may be times when your listener doesn't seem to be listening or hearing what you said. Then, you may need to use the three steps for making sure you are heard.</i></p> <ul style="list-style-type: none"> • Repeat your message. • Say something that shows you are serious. • If interrupted, continue from where you were interrupted.
<p>Discuss the importance of respecting other people's boundaries.</p>	<p><i>Of course you want people to listen to you when you communicate your boundaries and respect them.</i></p> <p><i>If another person didn't listen or tried to push you outside your boundaries, what kind of relationship might this be?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • This would be disrespectful. • The other person would be trying to abuse their power over you. • The person might try to exploit you for his or her own happiness. • This could result in sexual harassment or sexual assault. • This could mean the other person doesn't really care about you. <p><i>Just as you want others to listen and respect your boundaries, it is important that you do the same for them. If someone tells you "no" or communicates a boundary, listen and support their limit. If you don't hear someone say "yes," that means "no."</i></p>  <p>Refer to appendix S, "School Personnel Guide for Reporting Suspected Child Abuse and Neglect: You Are a Mandated Reporter," to review your responsibility to report abuse if students disclose situations that cause you to suspect abuse.</p>

Instructional Steps	Script and Detailed Directions
<p>Write scripts to practice communication skills using the student worksheet, "Communicating Boundaries."</p>  <p>Keep the slide, "What to Communicate," displayed.</p> 	<p>Distribute the student worksheet, "Communicating Boundaries," to each student.</p>  <p>You have several assessment tools available at the end of the lesson if you want to assess students' progress. You may choose from the teacher assessment rubric, student self-assessment rubric, student self-assessment checklist, and/or peer assessment checklist.</p>  <p><i>Now you will have a chance to use these skills in two hypothetical situations. Individually, record what you would say in each situation on the worksheet. Follow the steps on the slide. You will have five minutes. I will call on a few of you to hear your ideas.</i></p> <p>After five minutes, gather examples from two or three students.</p> <p><i>Take a minute to add to your worksheet if you got any new ideas. In a minute, you will practice your responses with your partner.</i></p> <p>Pause another minute to allow students to add new ideas.</p>
<p>Verbally practice communication skills using the student worksheet, "Communicating Boundaries," and the slide, "Time to Communicate."</p> 	<p><i>Next, each of you will have a chance to practice what you would say in one of the scenarios. This is not a role-play because no one will play the pressurer in the situation. However, you will each read one scenario and then practice what you would say as if you were in the situation.</i></p> <p><i>The person who isn't practicing should watch and listen to his or her partner so that he or she can explain what was said or done that was effective and what could be improved. Try to help each other communicate what you will and won't do in as clear and firm a manner as possible.</i></p> <p><i>When I give the signal, the second partner will read the second scenario and practice what he or she would say.</i></p> <p>Assign who will communicate first and review the directions by displaying the slide, "Time to Communicate."</p> <p>Signal the first person in each pair to go first.</p> <p>Provide time for the pairs to practice and talk about how the message was delivered and how it could be improved.</p> <p>Conduct two rounds, giving each student a chance to practice and get feedback.</p>
<p>Summarize reasons communicating boundaries might be difficult and the importance of practicing.</p>	<p><i>This seems pretty easy. What makes it hard to do this in real life?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • You care for the person. • You want to be liked and accepted. • You don't want to look stupid, etc. • You don't want your boyfriend or girlfriend to be mad at you. • You don't want the person to break up with you or not date you. • You don't want others to find out about your personal life. <p><i>We need to practice these skills, because it is harder in real life. However, communicating your plan for what you will and won't do is one way to protect yourself.</i></p>

Closure: Summarize how and what to communicate when sharing boundaries with others. Assign homework of asking two trusted adults for communication ideas.

3 minutes

Instructional Steps	Script and Detailed Directions
<p>Summarize the lesson, emphasizing how to communicate and what to communicate.</p>	<p><i>How should you verbally and nonverbally communicate your personal boundaries to others?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Face the person. • Maintain eye contact. • Stand or sit straight and tall. • Speak slowly. • Speak clearly. • Use a firm voice without yelling. <p><i>What should you say when you communicate your personal boundaries?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Address the person by name. • State your plan clearly and simply. <ul style="list-style-type: none"> – Say what you will do. – Say what you won't do. – Use one sentence each. • Repeat your message. • Say something that shows you are serious. • If interrupted, continue from where you were interrupted. <p><i>What effective communication skills did you see during our practice situations?</i></p> <p>Call on a few students to describe effective strategies. Their answers will vary.</p>
<p>Assign homework using the student worksheet, "Communicating Boundaries."</p> 	<p><i>Parents and other trusted adults have years of experience with communicating boundaries.</i></p> <p><i>Take your student worksheet, "Communicating Boundaries," home with you. For your homework assignment, discuss the situations and possible responses with two trusted adults. One adult may be a parent or guardian, but the other should be someone who is not your parent or guardian. Ask each adult what they would say and record their ideas. When finished, have each adult sign the worksheet. Bring it to class and show it to me to earn credit. I will not keep the worksheet, but I do want to see that you completed the assignment. It is due by (insert due date).</i></p>
<p>Give credit for signed homework slips.</p>	<p>Ask students to turn in their homework assignments from Lesson 2, involving interviewing a parent or other adult, and Lesson 4, involving reviewing goals and tasks with a parent or other adult.</p> <p><i>Show me your signed worksheets to receive credit for your homework assignments. Then, place them in your folders.</i></p>
<p>Introduce the next lesson on identifying trouble.</p>	<p><i>During our next health lesson, we will practice identifying situations that may lead to trouble.</i></p>



How to Communicate

Verbal Communication

- Speak clearly.
- Speak slowly.
- Use a firm voice without yelling.

Nonverbal Communication

- Stand or sit straight and tall.
- Look the person in the eye.
- Face the person.



What to Communicate

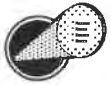
Share information:

- Address the person by name.
- State your plan clearly and simply:
 - Say what you will do.
 - Say what you won't do.
 - Use one sentence each.

Be sure you are heard:

- Repeat your message.
- Say something that shows you are serious.
- If interrupted, continue from where you were interrupted.





Time to Communicate

Round 1

- Communicator will be the partner who is shorter.
 - Read Anthony’s situation to your partner.
 - Communicate your boundaries as if you were Anthony.
- Listener will be the partner who is taller.
 - Listen and watch as your partner reads the situation and sets boundaries.
 - Tell your partner what was effective and one idea for improvement.

Round 2

Switch roles and use David’s situation.



Communicating Boundaries

Situation #1: Anthony

Anthony really likes Kim. They live in the same neighborhood, so they are able to spend a lot of time together after school and on weekends. Last week, Anthony and Kim started kissing at Anthony's when no one else was home. Tonight, Kim invited Anthony to come over, so they could be alone. Anthony has decided that it isn't a good idea for them to be alone. Anthony wants to spend time with Kim, but not if they are alone. If you were Anthony, how would you communicate what you will and won't do? What would you say?

Kim tries to convince Anthony to come over. Kim insists on Anthony being there at 7:00. What three things can Anthony say to be heard?

Situation #2: David

David and his teammates have been getting together to give each other piercings. One teammate has experience with piercing and has supplies, so they go to his house. David's friends say that it is his turn next time, and they have invited him to a piercing party tonight. He knows that it is not safe to get a piercing, because sometimes needles are shared or aren't clean. David wants to go to the party, but doesn't want to get a piercing. If you were David, how would you communicate what you will and won't do? What would you say?

David's friends interrupt and start to laugh at him. What three things can he say to make sure he is heard?

Homework Assignment:

- Discuss the situations and possible responses with two trusted adults. One adult may be a parent or guardian; the other should be someone other than a parent or guardian.
- Ask each adult what they would say and record their ideas.
- Have each adult sign the worksheet.
- Bring the signed worksheet to class to earn credit.

Note to Parents and Adults Being Interviewed: The goal of this interview is to help the young person conducting the interview communicate personal boundaries on behavior. Knowing what you think about these issues will provide him or her with valuable information and will help him or her communicate about boundaries which will keep him or her safe.

1. Parent or Other Trusted Adult Signature _____
2. Other Trusted Adult Signature _____



Communicating Boundaries

Situation #1: Anthony

Anthony really likes Kim. They live in the same neighborhood, so they are able to spend a lot of time together after school and on weekends. Last week, Anthony and Kim started kissing at Anthony's when no one else was home. Tonight, Kim invited Anthony to come over, so they could be alone. Anthony has decided that it isn't a good idea for them to be alone. Anthony wants to spend time with Kim, but not if they are alone. If you were Anthony, how would you communicate what you will and won't do? What would you say?

"Even though I like you, I don't want to come over unless your parents are there."

Kim tries to convince Anthony to come over. Kim insists on Anthony being there at 7:00. What three things can Anthony say to be heard?

"Kim, seriously, I want to be with you, and I'd love to come over, but only if somebody is there. I don't like the idea of us being by ourselves."

Situation #2: David

David and his teammates have been getting together to give each other piercings. One teammate has experience with piercing and has supplies, so they go to his house. David's friends say that it is his turn next time, and they have invited him to a piercing party tonight. He knows that it is not safe to get a piercing, because sometimes needles are shared or aren't clean. David wants to go to the party, but doesn't want to get a piercing. If you were David, how would you communicate what you will and won't do? What would you say?

"I will go to the party, but I'm not getting a piercing."

David's friends interrupt and start to laugh at him. What three things can he say to make sure he is heard?

"Look. We're teammates, and I still want to hang out. But, I'm not getting a piercing."

Homework Assignment:

- Discuss the situations and possible responses with two trusted adults. One adult may be a parent or guardian; the other should be someone other than a parent or guardian.
- Ask each adult what they would say and record their ideas.
- Have each adult sign the worksheet.
- Bring the signed worksheet to class to earn credit.

Note to Parents and Adults Being Interviewed: The goal of this interview is to help the young person conducting the interview communicate personal boundaries on behavior. Knowing what you think about these issues will provide him or her with valuable information and will help him or her communicate about boundaries which will keep him or her safe.

1. Parent or Other Trusted Adult Signature _____
2. Other Trusted Adult Signature _____



Assessment Rubric: Communicating Boundaries

Elements in the Lesson

Individually, record what you would say in each situation on the worksheet by answering the questions:

- If you were the person, how would you communicate what you will and won't do? What would you say?
 - What three things can the person say to make sure he or she is heard?
- How to Communicate
 - ▶ Verbal Communication:
 - Speak clearly.
 - Speak slowly.
 - Use a firm voice.
 - ▶ Nonverbal Communication:
 - Stand or sit straight and tall.
 - Look the person in the eye.
 - Face the person.
 - What to Communicate
 - ▶ Share information:
 - Address the person by name.
 - State your plan clearly and simply:
 - Say what you will do.
 - Say what you won't do.
 - Use one sentence each.
 - ▶ Be sure you are heard:
 - Repeat your message.
 - Say something that shows you are serious.
 - If interrupted, continue from where you were interrupted.

The following **holistic** rubric can be used for assessing student ability to communicate boundaries. The student has demonstrated the elements listed above through a written assignment.

To access an **analytic** rubric for this assignment or a **generic, holistic** rubric that can be used for any assignment, check the resources for Lesson 5 on the flash drive that came with your manual.



Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
<p>How and What to Communicate</p>	<p>The response describes how the person would respond and what would be said. The response relates to the situation and clearly communicates what the person will and will not do.</p>	<p>The response describes how the person would respond and what would be said. The response relates to the situation and clearly communicates what the person will and will not do.</p>	<p>The response weakly describes how the person would respond and what would be said to communicate what the person will and will not do.</p>	<p>The response does not describe how the person would respond and what would be said to communicate what the person will and will not do. It is unclear or unrelated to the situation.</p>	
<p>How to Try to Be Heard</p>	<p>The response states three ways to try to be heard, showing strength and a depth of understanding.</p>	<p>The response clearly states three ways to try to be heard.</p>	<p>The response either weakly states or includes only two or three ways the person can try to be heard.</p>	<p>The response includes only one way the person can try to be heard, and it is unclear or unhelpful.</p>	



Communicating Boundaries

This rubric can be used for assessing your ability to communicate boundaries.

Review the rubric and circle the number with the statements that best represents your work for this assignment. Record any comments you have about your assessment in the "Comments" column.

Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
How and What to Communicate	My response describes how I would respond and what I would say. My response relates to the situation and clearly communicates what I will and will not do.	My response describes how I would respond and what I would say. My response relates to the situation and clearly communicates what I will and will not do.	My response weakly describes how I would respond and what I would say to communicate what I will and will not do.	My response does not describe how I would respond and what I would say to communicate what I will and will not do. It is unclear or unrelated to the situation.	
How to Try to Be Heard	My response states three ways to try to be heard, showing strength and a depth of understanding.	My response clearly states three ways to try to be heard.	My response either weakly states or includes only two or three ways to try to be heard.	My response includes only one way to try to be heard, and it is unclear or unhelpful.	



Communicating Boundaries

Directions:

- Use the following checklist to identify what communication strategies you used to communicate boundaries. Place an “x” next to each strategy used.
- Record in the “Comments” column what you did well or could do differently to communicate more effectively what you will or will not do.

Communicating Boundaries	I did this strategy.	Comments
How to Communicate Verbally		
I spoke clearly.		
I spoke slowly.		
I used a firm voice.		
How to Communicate Nonverbally		
I stood or sat straight and tall.		
I used eye contact.		
I stood face-to-face.		
What to Communicate		
I used a name.		
I stated a plan clearly and simply including what I will do.		
I stated a plan clearly and simply including what I won't do.		
I stated a plan clearly and simply using one sentence each.		
Be sure you are heard		
I repeated my message.		
I said something that showed I was serious.		
I continued from where I was interrupted.		



Communicating Boundaries

Directions:

- Use this checklist to identify what communication strategies your partner used to communicate boundaries. Place an "x" next to each strategy used.
- Record in the "Comments" column what your partner did well or could do differently to communicate more effectively what he or she will or will not do.

Communicating Boundaries	I observed my activity partner doing this strategy.	Comments
How to Communicate Verbally		
My partner spoke clearly.		
My partner spoke slowly.		
My partner used a firm voice.		
How to Communicate Nonverbally		
My partner stood or sat straight and tall.		
My partner used eye contact.		
My partner stood face-to-face.		
What to Communicate		
My partner used a name.		
My partner stated his or her plan clearly and simply including what he or she will do.		
My partner stated his or her plan clearly and simply including what he or she won't do.		
My partner stated his or her plan clearly and simply using one sentence each.		
Be sure you are heard		
My partner repeated his or her message.		
My partner said something that showed he or she was serious.		
My partner continued from where he or she was interrupted.		



LESSON 6

Identifying and Refusing Trouble Situations

Student Learning Objectives:	National Health Education Standards:
<ul style="list-style-type: none"> Analyze behaviors and situations that may result in increased risk for HIV and other sexually transmitted infections (STIs). 	<ul style="list-style-type: none"> Self Management
<ul style="list-style-type: none"> Analyze situations where assertive communication and refusal skills can be used to avoid and escape risky situations. 	<ul style="list-style-type: none"> Self Management
<ul style="list-style-type: none"> Demonstrate the ability to use verbal and non-verbal ways to refuse participation in sexual behavior. 	<ul style="list-style-type: none"> Interpersonal Communication

Lesson Synopsis

Connect this lesson on identifying trouble and using refusal skills with the previous lesson by reviewing how to communicate personal boundaries. Describe the three steps for identifying trouble. Review effective refusal skills by asking students to recall previous learning and give examples of five refusal strategies. Identify potential risk situations. Practice identifying trouble and using refusal skills by writing responses to hypothetical situations. Practice verbal responses in pairs. Review the steps for identifying trouble and refusal skills. Illustrate how to use a combination of skills in a risk situation.



Activity	Time	Materials Needed
Introduction	3 minutes	Teacher Manual Resources <ul style="list-style-type: none"> Slide Master: "What to Communicate" (from Lesson 5) Supplied by the Teacher <ul style="list-style-type: none"> Slide Projector
Input	15 minutes	Teacher Manual Resources <ul style="list-style-type: none"> Teacher Reference: "Refusal Skills Review" Slide Master: "Identifying Trouble" Slide Master: "Effective Refusal Skills" Slide Master: "How to Communicate" (from Lesson 5) Supplied by the Teacher <ul style="list-style-type: none"> Slides Projector
Application	24 minutes	Teacher Manual Resources <ul style="list-style-type: none"> Set of Slide Masters: "Potentially Risky Situations" (optional) Set of Slide Masters: "Come On Over: Part 1, Part 2, and Part 3" Set of Slide Masters: "Getting to Know You: Part 1, Part 2, and Part 3" Set of Slide Masters: "See You Tomorrow: Part 1, Part 2, and Part 3" Teacher Reference—Assessment: "Assessment Rubric: Come on Over!" Student Self-Assessment Rubric: "Come on Over!" Student Self-Assessment Checklist: "Getting to Know You or See You Tomorrow" Peer Assessment Checklist: "Getting to Know You or See You Tomorrow"

Application (continued)		Supplied by the Teacher <ul style="list-style-type: none"> • Chart paper • Markers • Writing paper • Pens or pencils • Slides • Projector
Closure	8 minutes	Supplied by the Teacher <ul style="list-style-type: none"> • Student folders from Lesson 1
TOTAL	50 minutes	


Preparation

- Prior to the Lesson**
- **Decide if you want to assess** student progress. A rubric is provided for your use at the end of this lesson, "Assessment Rubric: Come on Over!"
 - **Decide if you want students to assess** their own progress. **Duplicate** the rubric, "Come on Over!" for students if you plan to have them use it. There are also two checklists you can **duplicate** for students to use. One is a self-assessment checklist and the other is designed for peer assessment. They are both titled, "Getting to Know You or See You Tomorrow."
-
- For Introduction**
- **Prepare a slide** of the slide master, "What to Communicate," from Lesson 5.
-
- For Input**
- **Prepare slides** of the slide masters, "Identifying Trouble," "Effective Refusal Skills," and "How to Communicate." "How to Communicate" can be found in Lesson 5.
-
- For Application**
- **Decide** how to have the students form pairs to practice skills.
 - **Prepare a chart** by writing "Potentially Risky Situations" as a title.
 - **Prepare slides** of the optional slide master set, "Potentially Risky Situations," if you plan to use them.
 - **Prepare slides** of the sets of slide masters, "Come On Over: Part 1, Part 2, and Part 3," "Getting to Know You: Part 1, Part 2, and Part 3," and "See You Tomorrow: Part 1, Part 2, and Part 3."

LESSON PROCEDURE



Introduction: Connect this lesson on identifying trouble and using refusal skills with the previous lesson on communicating personal boundaries.

3 minutes

Instructional Steps	Script and Detailed Directions
<p>Review what to say to communicate personal boundaries using the slide “What to Communicate,” from Lesson 5.</p> 	<p><i>What can you say to share information and make sure you are heard as you communicate your personal boundaries regarding sexual behaviors?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Address the person by name. • State your plan clearly and simply. <ul style="list-style-type: none"> – Say what you will do. – Say what you won’t do. – Use one sentence each. • Repeat your message. • Say something that shows you are serious. • If interrupted, continue from where you were interrupted. <p>Display the slide, “What to Communicate,” from Lesson 5.</p> <p><i>If you are clear about your personal boundaries and know how to communicate those boundaries to others, you have a foundation for protecting yourself.</i></p>
<p>Introduce this lesson on identifying trouble.</p>	<p><i>Today, we will add two more skills you need to protect yourself. We will learn to identify trouble before we get into it. We will also review our refusal skills and practice using both sets of skills to avoid trouble.</i></p>

Input: Describe how to identify trouble. Review effective refusal skills.

15 minutes

Instructional Steps	Script and Detailed Directions
<p>Explain the steps for identifying trouble using the slide, “Identifying Trouble.”</p> 	<p><i>Knowing how to tell others what we will and won’t do is important, but not enough to protect ourselves. We also need to know when situations are safe and when they might be heading for trouble. Let’s learn how to identify possible trouble or potential risk.</i></p> <p>Show the slide, “Identifying Trouble,” and discuss the following three steps.</p> <ol style="list-style-type: none"> 1. Ask questions. <i>Find out exactly what you are being invited to do.</i> 2. Name the trouble. <i>Say what is wrong with the situation that might cause trouble or become a problem.</i> 3. State the consequences. <i>List the negative outcomes that could result if you went along with the invitation.</i> <div style="text-align: center;">  </div> <p>The word “trouble” is not intended to be punitive or assign blame; it means potential risk. This skill is intended to teach students fact-finding so they can make informed decisions.</p> <p>If your students have not had the <i>Michigan Model for Health™</i> in grades 5 and 6, you may need to spend additional time on the skills needed for identifying trouble.</p>

Share an example to demonstrate how to identify trouble.

Let's go through an example for identifying trouble. Pretend Sam asks you to go with him or her to Alex's house after school. **What would you do?**

Answer:

Ask questions to identify possible trouble.

What questions might you ask to gather information that will alert you to possible trouble?

Possible Answers:

- "What are we going to do there?"
- "Are Alex's parents going to be home?"
- "Did Alex's parents say it was okay if we come over?"
- "Who else is going to be there?"
- "Is anyone there going to be using drugs or alcohol?"
- "How long will we be there?"
- "How will we get there and back?"
- "Are we going anywhere else from there?"

Sam answers, "We're going to listen to Alex's new music. We'll have the whole house to ourselves until 6:00. You know Alex thinks you're hot!" **What would you say now to name the trouble?**

Answer:

"There aren't any adults home."

What might be the consequences, and what could you say?

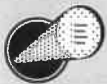
Answers:

- "I could get in trouble for going to someone's house when no adults are home."
- "My dad will worry if I don't come home after school."
- "I would feel uncomfortable being at Alex's house without adults there."

Once you've pointed out the trouble and possible consequences, your friend might agree with you and might want to avoid the trouble you have pointed out.

On the other hand, your friend might continue to push you to do something that could get you into trouble. In this case, it is time to use another skill: refusal.

Review refusal skills using the slides, "Effective Refusal Skills," and "How to Communicate" from Lesson 5.



There will probably be times when people will pressure you to do things you don't want to do—even though you have communicated what you will and won't do and have identified the trouble. When this happens, it is important for you to know how to avoid these situations. Avoiding risky situations that you are being pressured into requires the use of refusal skills. **What are some of the refusal skills that you have already learned?**

Call on students to share their ideas. Record them on the board.

Display the slide, "Effective Refusal Skills." Draw from the students' list to review the skills.

These are some effective ways to refuse:

- Say a direct "no." This is the simplest and often the most effective way.
- Suggest another activity.
- Repeat the same phrase over and over again.
- Give a reason. State a fact, your feelings, or your opinion.
- Walk away.

These are the refusal skills that are most effective against pressure to do things that are unsafe, unhealthy, wrong, or that you don't want to do. It doesn't work to make up excuses or to yell or use put-downs. Those techniques only aggravate the situation. Of course, you can always blame your parents, too. Using our good communication skills to say "no" will make your message loud and clear.

Display the slide, "How to Communicate," from Lesson 5.



If your students have not had the *Michigan Model for Health™* in grades 5 and 6, you may need to spend additional time on teaching refusal skills. Refer to the teacher reference, "Refusal Skills Review," for tips.



Share an example to demonstrate how to use effective refusal skills.

*Let's use these skills in a situation. Pretend your boyfriend or girlfriend just asked you to sneak out of the house at midnight and meet him or her alone in his or her parent's car. **How could you refuse?***


Call on students to share their ideas.

Answers:

- Say a direct "no": "No."
- Suggest another activity: "Let's talk on the phone instead."
- Repeat the same phrase over and over again. "I don't want to. I don't want to. I don't want to..."
- Give a reason: "I want to sleep." or "I don't feel safe sneaking around in the middle of the night."
- Walk away.

Application: Identify potential risk situations. Practice identifying trouble and using refusal skills.

24 minutes

Instructional Steps	Script and Detailed Directions
<p>Identify situations where there is potential for getting into trouble and engaging in risk behaviors. Record the ideas on the chart you prepared with the title, "Potentially Risky Situations." An optional set of slides is provided for you use, "Potentially Risky Situations."</p> 	<p><i>What are some situations where the potential for getting into trouble and risk behaviors exists?</i></p> <p>Write their ideas on the prepared chart titled "Potentially Risky Situations." Supplement the list with the following as needed:</p> <ul style="list-style-type: none"> • Being alone with a person you are attracted to and/or who is attracted to you • Going out with someone you don't know very well • Going to parties where alcohol and other drugs are being used • Going to houses where no parents or other adults are supervising • Going out with someone who is much older than you • Sending or receiving inappropriate photos by phone ("sexting") or Internet • Posting or sending mean or insulting sex-related, messages using email, social networking sites, or other methods ("cyber-bullying")

- Using alcohol or other drugs
- Going someplace to hook up



It's best to use their ideas if possible. Let students know that it is okay to talk about situations that are "off limits." Assure them that they will be better prepared to protect themselves if they discuss real situations, even if they are not easy to talk about. However, if your students have difficulty suggesting situations, a slide set with ideas is provided for your use, "Potentially Risky Situations."

Save the list on the chart for Lesson 7.

You will probably face situations where you could be at risk for getting into trouble or becoming infected with HIV or other STIs or getting pregnant. The more you practice these skills, the more prepared you will be if and when you find yourself in such a situation.

Form pairs and write responses for identifying trouble in a hypothetical situation using the slides, "Come On Over: Part 1," and "Come On Over: Part 2."



Divide the class into pairs of students. Assign the group roles: recorder and spokesperson. Have each pair get out paper and a pen or pencil.



Use the teacher assessment rubric or have students use the self-assessment rubric provided at the end of the lesson if you want to assess students' progress.



Let's try identifying trouble in a hypothetical situation. You and your partner are a team. I will show you a situation on the overhead, and your team will record the questions you could ask to find out what is going on. I will call on several of you to share your ideas. Then, I will show the next part of the situation, and give your team time to write your ideas for naming the trouble and stating the consequences. Again, I will call on several of you to share your ideas.

Display the slide, "Come On Over: Part 1." Read it aloud; then, pause to allow the students to record the questions they would ask. Call on several pairs to share the questions they could ask. Supplement their ideas as needed.



If you have time, record student ideas on the board.

Display the slide, "Come On Over: Part 2." Read it aloud; then, pause to allow the students to name the trouble and state the consequences. Call on several pairs to share their ideas. Supplement their ideas as needed.

Write refusals in a hypothetical situation using the slide, "Come On Over: Part 3."



In this same hypothetical situation, you might need to use your refusal skills if your friend continues to pressure you to participate after you've identified trouble. I will show you what happens next in this situation, and give your team time to record the refusal strategy or a couple strategies you might use. I will call on several of you to share your ideas.

Display the slide, "Come On Over: Part 3." Read it aloud; then, pause to allow the students to record the refusal strategies they might use. Call on several pairs to share their ideas. Supplement their ideas as needed.

Practice in pairs identifying trouble and refusing pressure verbally in a hypothetical situation using the slides, "Getting to Know You: Part 1," "Getting to Know You: Part 2," and "Getting to Know You: Part 3."



Have students continue working in pairs.



Use the student self-assessment checklist or the peer assessment checklist provided at the end of the lesson if you want to have students assess their progress.



This time, you will practice identifying trouble by verbally responding to a hypothetical situation. The person whose birthday is closest to January 1st in each pair will go first this time. I will show you a situation on the overhead, and the person going first will respond by asking questions. Then, I will show the next part of the situation, and give the person time to name the trouble and state the consequences. This is not a role play. But your partner has an important job. Your partner will listen carefully and tell you what you did well to identify the trouble and what you might want to improve.

Display the slide, "Getting to Know You: Part 1." Read it aloud; then, pause to allow the students to ask questions.

Display the slide, "Getting to Know You: Part 2." Read it aloud; then, pause to allow the students to name the trouble and state the consequences.

Remind the listeners to give their partners feedback.

Call on volunteers or select one or two pairs to share ideas for effective responses to this hypothetical situation.

In this same hypothetical situation, you might need to use your refusal skills if your friend continues to pressure you to participate. I will show you what happens next in this situation, and the person who is responding on your team will refuse the pressure. I will call on several of you to share your ideas.

Display the slide, "Getting to Know You: Part 3." Read it aloud; then, pause to allow the students to say and act out the refusal strategies they might use.

Call on volunteers to share ideas for effective refusals for this hypothetical situation. Supplement their ideas as needed.

Practice in pairs identifying trouble and refusing pressure verbally in a hypothetical situation using the slides, "See You Tomorrow: Part 1," "See You Tomorrow: Part 2," and "See You Tomorrow: Part 3."



Have the students switch the roles of listener and responder.

This time, the person who has been listening in each pair will practice identifying trouble and refusing pressure.

Repeat the process with the slides, "See You Tomorrow: Part 1," "See You Tomorrow: Part 2," and "See You Tomorrow: Part 3."

Call on volunteers to share ideas for effective responses to this hypothetical situation. Supplement their ideas as needed.

Instructional Steps	Script and Detailed Directions
<p>Summarize the lesson, reviewing the steps for identifying trouble and refusal skills.</p>	<p><i>Let's review the skills learned today. What are the three steps for identifying trouble?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Ask questions to identify possible trouble. • Name the trouble. • State the consequences. <p><i>What are some ways to refuse pressure?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Say a direct "no." This is the simplest and often the most effective way. • Suggest another activity. • Repeat the same phrase over and over again. • Give a reason. State a fact, your feelings, or your opinion. • Walk away. <p><i>What did you see that made these communication skills most effective during our practice situations?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Use a firm voice. • Maintain eye contact. • Stand or sit tall. • State what you will do and what you won't do.
<p>Share an example to demonstrate how to use a combination of the skills learned.</p>	<p><i>Let's see how we can use the skills we learned in this lesson and the previous lesson together. Remember Sam and Alex? Pretend Sam asks you to go with him or her to Alex's house after school. What would you do first?</i></p> <p>Answer: Ask questions to identify trouble: "What are we going to do there? Are Alex's parents home?"</p> <p><i>Sam answers, "We're going to listen to Alex's new music. We'll have the whole house to ourselves until 6:00. You know Alex thinks you're hot!" What would you do next?</i></p> <p>Answer:</p> <ul style="list-style-type: none"> • Name the trouble: "There aren't any adults home." • State the consequences: "I could get in trouble for going to someone's house when no adults are home. My dad will worry if I don't come home after school." <p><i>At this point, you would communicate what you will and won't do. What could you say to express your boundaries?</i></p> <p>Answer: "Sam, I would like to hear Alex's music sometime when an adult is home, but I will not go to Alex's house now."</p> <p><i>At this point, Sam might stop asking you to go, but it is also possible that Sam might answer, "Alex is planning on us! Let's go." If a person keeps pressuring you after you have stated what you will or won't do, what skill would you use?</i></p> <p>Answer: refusal skills</p>

	<p><i>What could you say or do now to refuse this pressure?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Say, “No, I’m not going.” • Step away and say, “I’d really like to hear Alex’s music, and I hope you will both call me tonight and let me know if you can come over tomorrow. Talk to you later!” • Leave.
<p>Give credit for signed homework slips.</p>	<p>Ask students to turn in their homework assignments from lessons 2, 4, and 5.</p> <p><i>Show me your signed worksheets to receive credit for your homework assignments. Then place them in your student folders.</i></p>
<p>Introduce the next lesson on avoiding and escaping risky situations.</p>	<p>Display the chart titled “Potential Risky Situations” with the list generated during the Application segment of this lesson.</p> <p><i>During our next health lesson, we will practice setting boundaries, identifying trouble, and refusing pressure to avoid or escape situations such as these...situations that may be risky.</i></p>





Refusal Skills Review



In previous grade levels within the *Michigan Model for Health™*, students have been taught these five ways they can resist pressure:

- Say a direct “no.”
- Suggest another activity.
- Repeat the same phrase over and over again.
- Give a reason.
- Walk away.

Emphasize saying a direct “no” as the preferred technique. Students have reported that they feel strong and good about themselves when saying a firm “no.”

In addition, emphasize their right to walk away if they say “no” and the pressurer will not accept their stand.

As students are learning to say “no,” they may need more options than the direct “no” and walking away, so three additional verbal techniques are included in this lesson. The additional strategies communicate desire to continue the friendship, so they appeal to students' desire to belong. Some research indicates that these other three strategies do not produce the same result inside the person as saying a direct “no” does. When giving a reason, some students feel less secure because they feel like they are trying to justify themselves.

In addition, the pressurer may get the impression that the resister is insecure and is more likely to argue with the refuser's reason and continue the pressure. However, giving a reason will probably come naturally to many students. As students are learning to resist pressure, this may be a good place for many to begin. We want students to know that this is a strategy option, but that they are under no obligation to ever give a pressurer a reason. They have the right to say “no” without having to explain themselves.

Help students phrase reasons that do not become excuses. The pressurer, upon hearing an excuse, may decide to exert a higher level of pressure. Sometimes it is difficult to tell the difference between a reason and an excuse, and difficult to provide examples for students. An excuse is a weak, made-up way out that may invite argument. A reason is a personal fact or conviction that makes a strong statement about why a person is refusing.

For example, if a student says, “I won't go to your house because it's my dog's birthday, and I want to go home and play with him.” the pressurer will probably argue with the student. However, the pressurer will probably realize the student is serious if the student says, “I won't go to your house because my parents are expecting me home now, and they will ground me if I go to your house when your parents aren't home.”



Trouble

1. Ask questions.

Find out exactly what you are being invited to do.

2. Name the trouble.

Say what is wrong with the situation that might cause trouble or become a problem or a potential risk.

3. State the consequences.

List the negative outcomes that could result if you went along with the invitation.



Effective Refusal Skills

- Say a direct “no.”
- Suggest another activity.
- Repeat the same phrase over and over again.
- Give a reason.
- Walk away.

A stylized illustration of a white hand with fingers spread, palm facing forward, set against a black background. The hand is positioned to the right of a black speech bubble containing the word "NO" in white, bold, capital letters.

“NO”



Potentially **RISKY** Situations

- Being alone with a person you are attracted to and/or who is attracted to you
- Going out with someone you don't know very well
- Going to parties where alcohol and other drugs are being used
- Going to houses where no parents or other adults are supervising





Potentially **RISKY** Situations

- Going out with someone who is much older than you
- Sending or receiving inappropriate photos by phone (“sexting”) or Internet
- Posting or sending mean or insulting sex-related, messages using email, texting, social networking sites, or other methods (“cyber-bullying”)
- Using alcohol or other drugs
- Going someplace to hook up





Come On Over

David's teammates like to hang out. Jay calls him up and says, "I'm having people over tonight, you should come."

If you were David, what would you ask Jay to find out what they are doing tonight?

Part 1



Jay answers, “We’re doing piercings, and it’s your turn to get one.”

David knows that the person who does the piercings reuses the needle. He also knows his parents do not want him to get a piercing.

If you were David, what would you say to name the trouble?

What would you say to state the consequences?

Come On Over

Part 2



Jay sounds mad and says, “Chill out! Stop being such a wimp. Be at my house at 7.”

If you were David, what would you say and do to refuse this pressure?

Come On Over

Part 3



Getting to Know You Part 1

Sonya has a crush on her neighbor Joe. He is three years older, and has been flirting with and giving her rides home from school. Yesterday, when he dropped her off, he kissed her and said, “Let’s hang out tomorrow after school.”

If you were Sonya, what would you ask to find out what Joe wants to do?



Getting to Know You **Part 2**

Joe answers, “I’ll have the house to myself tomorrow, and we can have some alone time. I’ll get some beer, and we can have some fun.”

If you were Sonya, what would you say to name the trouble?

What would you say to state the consequences?



Getting to Know You Part 3

Joe puts his arms around Sonya, and says, “My friends think you’re too young and you don’t know what you’re doing. That’s not true, is it?”

If you were Sonya, what would you say and do to refuse this pressure?



See You Tomorrow

Part 1

Jordan's older sister and her friends hang out at their house. Most of the time they just ignore Jordan, but lately, Maria, one of his sister's friends, has been flirting with him. Today, Maria comes into Jordan's room to talk. When she leaves, she gives Jordan a quick kiss and says, "I can't wait to see you tomorrow," and smiles.

If you were Jordan, what would you ask to find out what Maria wants to do when you see each other tomorrow?



See You Tomorrow

Part 2

Maria says, “I think you’re cute. We should hang out...just the two of us. We could listen to music in your room and see what happens.”

If you were Jordan, what would you say to name the trouble?

What would you say to state the consequences?



See You Tomorrow

Part 3

Maria smiles and winks at Jordan,
“Aw, you know you want to. I’ll
be here tomorrow if you change
your mind.”

If you were Jordan, what would you
say and do to refuse this pressure?



Assessment Rubric: Come on Over!

Elements in the Lesson

- Identifying trouble:
 - Ask questions: Find out exactly what you are being asked to do or where you are being asked to go.
 - Name the trouble: Say what is wrong with the situation that might cause trouble or become a problem.
 - State the consequences: List the negative outcome that could result if you went along or did what you are being asked to do.
- Effective refusal skills:
 - Say a direct “no.”
 - Suggest another activity.
 - Repeat the same phrase over and over again.
 - Give a reason.
 - Walk away.

Students are asked to respond to these questions:

- Part 1: What would you ask to find out what the person wants to do?
- Part 2: What would you say to name the trouble? What would you say to state the consequences?
- Part 3: What would you say and do to refuse?

The following **holistic** rubric can be used for assessing student ability to identify trouble and use refusal skills. The student has demonstrated the elements listed above through a written assignment.

To access an **analytic** rubric for this assignment or a **generic, holistic** rubric that can be used for any assignment, check the resources for Lesson 6 on the flash drive that came with your manual.



Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Part 1: What would you ask?	Numerous appropriate questions are identified. The questions will clarify what the person wants to do.	Several clear and appropriate questions are identified. The questions will clarify what the person wants to do.	Clear and appropriate questions are identified. The questions will clarify some details of what the person wants to do.	Questions are identified. They may be unclear or inappropriate and few clarify what the person wants to do.	
Part 2: Name the trouble and consequences	The trouble is clearly named and numerous consequences are described in detail, showing a depth of understanding.	The trouble is clearly named and consequences are described.	The trouble is named. A few of the consequences are described, but may be brief or slightly unclear.	The named trouble may be unclear. Most of the consequences are unclear or unrelated.	
Part 3: Use refusal skills	Several refusal strategies are used effectively.	One refusal strategy is used effectively.	A refusal strategy is used weakly.	A refusal strategy is not evident.	



Come On Over!

This rubric can be used for assessing your ability to identify trouble and use refusal skills.

Review the rubric and circle the number with the statements that best represents your work for this assignment. Record any comments you have about your assessment in the "Comments" column.

Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Part 1: What would you ask?	We identified numerous appropriate questions. The questions will clarify what the person wants to do.	We identified several clear and appropriate questions. The questions will clarify what the person wants to do.	We identified clear and appropriate questions. The questions will clarify some details of what the person wants to do.	We identified questions. The questions may be unclear or inappropriate and few clarify what the person wants to do.	
Part 2: Name the trouble and consequences	We clearly named the trouble and described numerous consequences in detail, showing a depth of understanding.	We clearly named the trouble and described the consequences.	We named the trouble. A few of the consequences we identified may be brief or slightly unclear.	The trouble we named may be unclear. Most of the consequences we identified are unclear or unrelated.	
Part 3: Use refusal skills	We used several refusal strategies effectively.	We used one refusal strategy effectively.	We used a refusal strategy weakly.	A refusal strategy is not evident in our response.	



Getting to Know You or See You Tomorrow

Directions:

- Use the following checklist to identify strategies you used to identify trouble and refuse. Place an "x" next to each strategy used.
- Record in the "Comments" column what you did well or could do differently to effectively use these skills.

Skill Strategies	I did this strategy.	Comments
Identifying Trouble I asked questions like:		
"What are we going to do there?"		
"Are your parents going to be home?"		
"Did your parents say it was okay if we come over?"		
"Who else is going to be there?"		
"Is anyone there going to be using drugs or alcohol?"		
"How long will we be there?"		
"How will we get there and back?"		
"Are we going anywhere else from there?"		
Identifying Trouble		
I named the trouble.		
I stated the consequences.		
Effective Refusal Skills		
I said a direct "no."		
I suggested another activity.		
I repeated the same phrase over and over again.		
I gave a reason.		
I walked away.		



Getting to Know You or See You Tomorrow

Directions:

- Use the following checklist to identify strategies your partner used to identify trouble and refuse. Place an "x" next to each strategy used.
- Record in the "Comments" column what your partner did well or could do differently to effectively use these skills.

Skill Strategies	I observed my partner doing this strategy.	Comments
Identifying Trouble		
My partner asked questions like:		
"What are we going to do there?"		
"Are parents going to be home?"		
"Did parents say it was okay if we come over?"		
"Who else is going to be there?"		
"Is anyone there going to be using drugs or alcohol?"		
"How long will we be there?"		
"How will we get there and back?"		
"Are we going anywhere else from there?"		
Identifying Trouble		
My partner named the trouble.		
My partner stated the consequences		
Effective Refusal Skills		
My partner said a direct "no."		
My partner suggested another activity.		
My partner repeated the same phrase over and over again.		
My partner gave a reason.		
My partner walked away.		



LESSON 7

Avoiding and Escaping Risk Situations

Student Learning Objectives:	National Health Education Standards:
<ul style="list-style-type: none"> Analyze situations where assertive communication and refusal skills can be used to avoid and escape risky situations. 	<ul style="list-style-type: none"> Self Management
<ul style="list-style-type: none"> Demonstrate skills to avoid and escape risky situations. 	<ul style="list-style-type: none"> Self Management
<ul style="list-style-type: none"> Demonstrate the ability to use verbal and non-verbal ways to refuse participation in sexual behavior. 	<ul style="list-style-type: none"> Interpersonal Communication

Lesson Synopsis

Review skills learned in previous lessons including communicating personal boundaries, identifying trouble, and refusal skills. Identify reasons to avoid or escape risky sexual situations, including the legal consequences. Demonstrate skills to use to avoid and escape risky situations in a skit. Practice in pairs, small groups, and individually analyzing situations and using skills for avoiding and escaping risky sexual situations by editing and directing a series of scripts and skits. Summarize the lesson by reviewing skills that can be used to avoid or escape risky sexual situations.



Activity	Time	Materials Needed
Introduction	5 minutes	<p>Teacher Manual Resources</p> <ul style="list-style-type: none"> Set of Slide Masters: "Potentially Risky Situations" (optional, from Lesson 6) <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> Chart titled "Potentially Risky Situations" (from Lesson 6) Slides (optional) Projector (optional)
Input	10 minutes	<p>Health Education Resources</p> <ul style="list-style-type: none"> Poster: "Now You Know" <p>Teacher Manual Resources</p> <ul style="list-style-type: none"> Slide Master: "Now You Know" (optional) Appendix Q: "Requirements of Michigan Law: Resources and Information for Michigan Teachers Who Teach HIV Prevention or Sex Education" Teacher Master: "Using Skills to Avoid a Risky Situation" Teacher Master: "Using Skills to Escape a Risky Situation" <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> Slide (optional) Projector (optional) Hat (optional)

Application	33 minutes	<p>Teacher Manual Resources</p> <ul style="list-style-type: none"> • Student Worksheet: “Cut!” • Teacher Key: “Cut!” • Teacher Master: “Lifelong Friends” • Teacher Master: “Practice Scripts” • Teacher Reference–Assessment: “Assessment Rubric: CUT!” • Student Self-Assessment Rubric: “CUT!” • Student Self-Assessment Checklist: “Practice Scripts–Getting to Know You or See You Tomorrow” • Peer Assessment Checklist: “Practice Scripts–Getting to Know You or See You Tomorrow” <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> • Writing paper • Pens or pencils
Closure	2 minutes	<p>Supplied by the Teacher</p> <ul style="list-style-type: none"> • Student folders from Lesson 1
TOTAL	50 minutes	



Preparation

- Prior to the Lesson**
- **Decide if you want to assess** student progress. A rubric is provided for your use at the end of this lesson, “Assessment Rubric: CUT!”
 - **Decide if you want students to assess** their own progress. **Duplicate** the rubric, “CUT!” for students if you plan to have them use it. There are also two checklists you can **duplicate** for students to use. One is a self-assessment checklist and the other is designed for peer assessment. They are both titled, “Practice Scripts–Getting to Know You or See You Tomorrow.”
 - **Select and prepare** a student to read the part of David in the skit titled “Lifelong Friends.” Coach the student in assertive verbal and nonverbal communication.
 - **Duplicate** the teacher master, “Lifelong Friends,” for the student who will help you conduct a skit in the application section.
-
- For Introduction**
- **Post** the chart titled “Potential Risky Situations” that was created by students in Lesson 6.
 - **Decide** whether or not to use the slide set, “Potentially Risky Situations,” in addition to the chart with that title from Lesson 6.
 - **Prepare slides** of the optional slide master set, “Potentially Risky Situations,” if you plan to use them.
-
- For Input**
- **Read** appendix Q, “Requirements of Michigan Law: Resources and Information for Michigan Teachers Who Teach HIV Prevention or Sex Education.”
 - **Prepare a slide** from the optional slide master, “Now You Know,” if you plan to use it rather than the poster by the same name.
-
- For Application**
- **Decide** how to have the students form pairs and foursomes to practice skills.
 - **Duplicate** the student worksheet, “Cut!” for each student.

LESSON PROCEDURE







Introduction: Connect this lesson on avoiding and escaping risky situations with the previous lessons on communicating personal boundaries, identifying trouble, and refusal skills.

5 minutes

Instructional Steps	Script and Detailed Directions
Review the skills taught in the previous lessons.	<p><i>In our previous lessons, you learned several skills that will help you avoid infection with HIV and other STIs. Let's quickly review them.</i></p> <p><i>In one lesson, you set personal boundaries that will keep you safe and healthy. Once you set those boundaries, what communication skill will you use?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Share information <ul style="list-style-type: none"> – Address the person by name. – State your plan clearly and simply. <ul style="list-style-type: none"> ◦ Say what you will do. ◦ Say what you won't do. ◦ Use one sentence each. • Be sure you are heard <ul style="list-style-type: none"> – Repeat your message. – Say something that shows you are serious. – If interrupted, continue from where you were interrupted. <p><i>What three steps can you take to identify trouble when you are invited to do something?</i></p> <p>Answers:</p> <ol style="list-style-type: none"> 1. Ask questions. 2. Name the trouble. 3. State the consequences. <p><i>What skill can you use if someone continues to pressure you after you have identified trouble and communicated what you will and won't do?</i></p> <p>Answer: Use refusal skills to avoid trouble and risky behaviors.</p>
Review risky situations and possible negative consequences.	<p>Display the chart titled "Potentially Risky Situations" with the list generated during Lesson 6.</p> <div style="text-align: center;">  <p>Display the slide set, "Potentially Risky Situations," if you wish.</p>  </div> <p><i>This is the list of situations you created during our last lesson. What could happen if you found yourself in one of these situations?</i></p> <p>Call on volunteers to share their ideas.</p>
Introduce this lesson.	<p><i>Today, we will use refusal skills and communication skills to avoid getting into risky situations that could lead to trouble and to get out of risky situations that we might find ourselves in.</i></p>





Input: Identify reasons to avoid or escape risky sexual situations, including the legal consequences. Demonstrate skills to use to avoid and escape risky situations.

10 minutes

Instructional Steps	Script and Detailed Directions
<p>Remind students of reasons, including the law, to avoid or escape risky sexual situations using the poster or slide master, "Now You Know."</p>	<p>What are some reasons to avoid situations that could result in sex?</p> <p>Call on students to share their ideas.</p>  <p>Prompt students to name possible emotional, economic, health, and legal consequences as reasons to avoid risky sexual situations. Refer to appendix Q, "Requirements of Michigan Law: Resources and Information for Michigan Teachers Who Teach HIV Prevention or Sex Education," for additional information on laws related to sexual behavior and criminal sexual conduct.</p> <p>Display the poster or slide master, "Now You Know."</p> <p><i>One important reason is the legal consequences that can result. It is illegal to have sex prior to age 16 in Michigan.</i></p> <p><i>For these reasons and more, let's practice our skills in a variety of situations.</i></p>
<p>Demonstrate how to use a combination of skills to avoid risky situations, using the teacher master, "Using Skills to Avoid a Risky Situation."</p> 	<p><i>The first way to stay safe and prevent HIV and other STIs is to avoid these situations. I'm going to perform a skit called <i>Avoiding Risky Situations</i>. I will be playing both characters in the skit. Your job is to listen carefully and identify what skills I use to avoid the risk situation. When the skit is finished, I'll ask you to share your ideas.</i></p> <p>Read both parts of the skit. Wear a hat as you read one role, or use different voices in order to distinguish the two parts.</p>  <p>If possible, ask another adult to help you with the role play so you don't have to play both roles.</p> <p>What skills were used in the skit to avoid a risk situation?</p> <p>Gather the students' ideas and supplement them as needed.</p>  <p>Refer to the teacher master, "Using Skills to Avoid a Risky Situation," for a list of the skills used in the skit.</p>
<p>Demonstrate how to use a combination of skills to escape risky situations, using the teacher master, "Using Skills to Escape a Risky Situation."</p> 	<p><i>If anyone finds themselves in a risky situation, it is necessary to get out or escape in order to stay free from infection. Refusal skills can be used here, too.</i></p> <p>Introduce and perform the second skit, "Using Skills to Escape a Risky Situation," using the same procedure as you did with the first skit.</p> <p>What skills were used in the skit to escape a risky situation?</p> <p>Gather the students' ideas and supplement them as needed.</p>  <p>Refer to the teacher master, "Using Skills to Escape a Risky Situation," for a list of the skills used in the skit.</p>

Application: Practice in pairs, small groups, and individually analyzing situations and using skills for avoiding and escaping risky sexual situations.

33 minutes

Instructional Steps	Script and Detailed Directions
<p>Practice individually applying skills to risk situations using the student worksheet, "Cut!"</p> 	<p><i>You are going to become directors of a movie. I will provide the script. The script shows how one character ended up in a risky situation. Your job, as directors, is to cut and rewrite the script.</i></p> <p>Distribute the student worksheet, "Cut!" to each student.</p>  <p>Use the teacher assessment rubric or have students use the self-assessment rubric provided at the end of the lesson if you want to assess students' progress.</p>  <p><i>Read the script and locate the place early in the script where Kim could have used her skills to avoid the risky situation.</i></p> <p><i>If you were really a director and you wanted to stop the action at that point, you would yell, "Cut!" Instead, you will draw an arrow at that place and rewrite the script to show how Kim could have identified the trouble, communicated her boundaries, and used refusal skills to avoid the situation. Write the new statements on the right and draw an arrow to the place in the script where the statements could be made. You will have three minutes.</i></p> <p>After three minutes, explain how to edit the script to escape the risk situation.</p> <p><i>Assume that Kim did not use refusal skills to avoid the situation in the script, so now she needs to escape. Rewrite the second part of the script to show how Kim could have used her skills to escape the situation. Again, draw an arrow to the places where your new lines could be inserted. You will have three minutes.</i></p>
<p>Form small groups. Practice in small groups applying skills to risky situations using the student worksheet, "Cut!"</p> 	<p>Have the students form small groups of four students.</p> <p><i>Each member of your group will share his or her ideas with your small group. Evaluate each person's statements and help each other edit them to make them as strong as possible.</i></p> <p>As the students are working in small groups, visit the groups to facilitate their editing of the script to include skills for avoiding and escaping risky situations. Collect one edited script that has effectively incorporated the skills. You will use it for a demonstration of nonverbal skills.</p>
<p>Practice giving feedback to improve nonverbal communication skills using the script.</p>	<p><i>You are still directors. However, your job now is to help me deliver the lines in the script effectively. I will be reading the script with the new statements in it.</i></p> <p><i>I am going to deliver the script as I would in the movie, and your job is to tell me how to make the statements stronger.</i></p> <p>Read the beginning part of the script to set the stage. Deliver one of the statements, but use nonverbal behaviors that are ineffective, such as no eye contact, tentative voice, etc.</p>

Gather feedback from the students by asking the following questions:

- **How did that statement sound?**
- **What message was my body language sending?**
- **What could I do to strengthen my communication?**
- **What did I do that was effective?**

Repeat the script several times to clarify the importance of body language and voice tone. The last time you read the script, you should demonstrate effective nonverbal behaviors.



Review Lessons 5 and 6 on effective communication.

Continue the practice of refusal skills by analyzing a skit using the teacher master, "Lifelong Friends."



You will continue to practice your skills by listening to a skit where someone is using refusal skills to avoid and/or escape a situation. It is your job to note what is said and how it is said. Use the back of your worksheet to record some notes on what makes the refusal effective.

Conduct the skit titled "Lifelong Friends" with a student who has been prepared to read the part of David using assertive verbal and nonverbal communication.

If you thought this refusal sounded effective, give me a "thumbs up" sign.

What did David say that was effective?

What techniques did David use to refuse?

What nonverbal techniques did David use to reinforce his or her refusal?

Practice refusal skills in pairs using the teacher master, "Practice Scripts."



Ask the students to get into pairs.



Use the student self-assessment checklist or the peer assessment checklist provided at the end of the lesson if you want students to assess their progress.



Now, you will take turns practicing by responding to a script. This script includes only one side of a conversation. It will be your job to use your best refusal skills to keep yourself out of a risky situation. I will read the part of the person who is pressuring. You will respond out loud to the script as if you were speaking to me face to face.

The person in each pair who has the longest last name will be first to practice their refusal skills by verbally responding to the script. Use the refusal skills we have learned.

Your partner will record some notes about what you did or said that was effective and what could be improved. After the script is finished, your partner will give you some feedback from his or her notes. Then, I will read a second script, so the other partner can practice.

Read the first script, "Getting to Know You," on the teacher master, "Practice Scripts."

Allow one minute after the reading for the partner to refuse and for the sharing of feedback.

Read the same script again. This time, call on students to share their refusals in the large group.

Instruct the students to switch roles. Read the second script, "See You Tomorrow," on the teacher master, "Practice Scripts."

Again, allow time for the refusal and feedback in the pairs.

Read the same script again. This time, call on students to share their refusals in the large group.

Lead a class discussion selecting from these questions:

- ***When it was your turn to refuse, how did it feel to be pressured?***
- ***How did you feel when you refused the pressure?***
- ***What were some things you observed that made a refusal effective?***
- ***What refusal technique do you think works best for you?***
- ***Next time you need to refuse pressure, what will you do?***

Role playing gives us a chance to practice our skills so that it's easier to use them in "real life." However, it's usually not as easy in "real life" as it may be during practice sessions. There are many other factors that influence us and may make it more difficult. For example, we care about what others might think of us, or we want a relationship to continue without arguments.



If time allows, lead a discussion with students on what might make it difficult to use these skills in their lives.

Discuss the added risks of being influenced by an older partner.

*In our two practice scripts, the person who applied sexual pressure was a few years older. **What are some reasons why this is risky?***

Answers:

- An older person is likely to have more power to influence a younger person, making it more difficult to avoid risks.
- An older person has probably had more sexual experiences than a younger person and is likely to expect more sexual behavior.
- An older person probably has more money and a car that is likely to impress a younger person. The younger person is likely to feel flattered by the attention and may do things s/he doesn't want to in order to keep the relationship.
- An older person is likely to be physically stronger than a younger person and could force sexual contact.



To enhance students' abilities to form healthy relationships, implement the *Michigan Model for Health™* module titled "Safe and Sound for Life: Social and Emotional Health and Safety."

Closure: Summarize the lesson by reviewing skills that can be used to avoid or escape risky sexual situations.

2 minutes

Instructional Steps	Script and Detailed Directions
<p>Summarize the lesson by reviewing skills that can be used to avoid or escape risky sexual situations.</p>	<p><i>What are some skills you can use to avoid or escape risky sexual situations?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Communicate personal boundaries • Identify trouble • Refusal skills <p><i>When are two times you should use refusal skills?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Use refusal skills to avoid a risky situation. • Use refusal skills to escape a risky situation. <p><i>What are some ways to refuse?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Say a direct “no.” This is the simplest and often the most effective way. • Suggest another activity. • Repeat the same phrase over and over again. • Give a reason. State a fact, your feelings, or your opinion. • Walk away. <p><i>Place your worksheets in your student folders.</i></p>
<p>If you have your school board’s approval to teach Lesson 8, use this bridging statement.</p>	
<p>Introduce Lesson 8 if it has been approved as part of your abstinence-based version of the curriculum.</p>	<p><i>In our next health lesson, we will learn how to reduce the risk of getting infected with HIV and other STIs by using a condom consistently and correctly with every act of sexual intercourse.</i></p>
<p>If you do not have your school board’s approval to teach Lesson 8, bridge to Lesson 9 with this statement.</p>	
<p>Introduce Lesson 9 for the abstinence-only version of the curriculum.</p>	<p><i>In our next health lesson, we will explore ways to spread this message— Avoid infection with HIV and other STIs!</i></p>





NOW YOU KNOW

Do you know about the laws in Michigan?

- Sex or sexual contact with anyone under age 16 is a crime, even if you are also under 16.
- This crime is punishable by imprisonment.
- If convicted, you may be listed on the sex offender registry for 15 years, 25 years, or life; and posted on the internet.

Now you know!

CRIME CRIME



Using Skills to **Avoid** a Risky Situation

Ava likes Miguel and wants to spend time getting to know him. Miguel thinks Ava is hot, so he invites her over.

Miguel: Hey, do you want to come over?

Ava: Sure, what do you want to do? Are your parents home?

Miguel: Listen to music or whatever...my parents won't be home.

Ava: I don't want to if no one is home. I'm not allowed.

Miguel: C'mon. No one will find out. It'll be fun.

Ava: Maybe another time when your parents are home. You can come to my house.

Skills Used:

- *Asked questions.*
- *Named the trouble.*
- *Stated boundaries, what she will and won't do.*
- *Gave a reason.*
- *Suggested an alternative.*



Using Skills to **Escape** a Risky Situation

Anthony made plans to meet a bunch of his friends at his girlfriend, Kayla's, house. His mom dropped him off, and he was met by Kayla.

Anthony: Why is it so quiet? Where is everyone else? Where are your mom and dad?

Kayla: My parents are gone for a couple hours, so I called everyone and told them not to come until later. This way, we can be alone for awhile.

Anthony: Kayla, I don't think this is a good idea. I told my mom that your parents would be here.

Kayla: Why don't you wanna be alone with me?

Anthony: It's not about you. I just think it'd be better if your parents were here. I'm going to call my mom to pick me up.

Kayla: I wish you'd just stay.

Anthony: How about we call my mom and ask if she can pick us up and take us to the park until your parents come back?

Skills Used:

- *Asked questions.*
- *Named the trouble.*
- *Stated boundaries, what he will and won't do.*
- *Gave a reason.*
- *Suggested an alternative.*
- *Walked away.*



The following **holistic** rubric can be used for assessing student ability to avoid and escape risky situations. The student has demonstrated the elements listed above through a written assignment.

To access an **analytic** rubric for this assignment or a **generic, holistic** rubric that can be used for any assignment, check the resources for Lesson 7 on the flash drive that came with your manual.

Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Avoid the Situation	Numerous appropriate strategies and skills are used effectively, showing a depth of understanding: <ul style="list-style-type: none"> • Set and communicate personal boundaries • Identify trouble • Refusal skills See the elements listed above for specific details of these strategies and skills.	Several appropriate strategies and skills are used effectively: <ul style="list-style-type: none"> • Set and communicate personal boundaries • Identify trouble • Refusal skills See the elements listed above for specific details of these strategies and skills.	Some strategies and skills are used: <ul style="list-style-type: none"> • Set and communicate personal boundaries • Identify trouble • Refusal skills A few may be inappropriate or slightly ineffective. See the elements listed above for specific details of these strategies and skills.	Few strategies and skills are used: <ul style="list-style-type: none"> • Set and communicate personal boundaries • Identify trouble • Refusal skills Most are inappropriate or ineffective. See the elements listed above for specific details of these strategies and skills.	



Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Escape the Situation	<p>Numerous appropriate strategies and skills are used effectively, showing a depth of understanding:</p> <ul style="list-style-type: none"> • Set and communicate personal boundaries • Identify trouble • Refusal skills <p>See the elements listed above for specific details of these strategies and skills.</p>	<p>Several appropriate strategies and skills are used effectively:</p> <ul style="list-style-type: none"> • Set and communicate personal boundaries • Identify trouble • Refusal skills <p>See the elements listed above for specific details of these strategies and skills.</p>	<p>Some strategies and skills are used:</p> <ul style="list-style-type: none"> • Set and communicate personal boundaries • Identify trouble • Refusal skills <p>A few may be inappropriate or slightly ineffective.</p> <p>See the elements listed above for specific details of these strategies and skills.</p>	<p>Few strategies and skills are used:</p> <ul style="list-style-type: none"> • Set and communicate personal boundaries • Identify trouble • Refusal skills <p>Most are inappropriate or ineffective.</p> <p>See the elements listed above for specific details of these strategies and skills.</p>	
Verbal and Non-verbal Communication to Refuse Effectively	<p>Notes are clear, accurate, and show a depth of understanding regarding the characteristics of communication demonstrated.</p>	<p>Notes are clear and accurate regarding the characteristics of communication demonstrated.</p>	<p>Notes show some understanding of the characteristics of effective communication. They may be brief or slightly unclear, and have slight inaccuracies.</p>	<p>Notes are brief, vague, unclear, and have major inaccuracies regarding the characteristics of effective communication.</p>	



CUT!

Strategies and Skills Used to Avoid and Escape Risk Situations

- Set and communicate personal boundaries
 - Share information
 - ▶ Address the person by name.
 - ▶ State your plan clearly and simply.
 - Say what you will do.
 - Say what you won't do.
 - Use one sentence each.
 - Make sure you are heard
 - ▶ Repeat your message.
 - ▶ Say something that shows you are serious.
 - ▶ If interrupted, continue from where you were interrupted.
- Identify trouble
 - Ask questions: Find out exactly what you are being asked to do or where you are being asked to go.
 - Name the trouble: Say what is wrong with the situation that might cause trouble or become a problem.
 - State the consequences: List the negative outcome that could result if you went along or did what you are being asked to do.
- Effective refusal skills
 - Say a direct "no."
 - Suggest another activity.
 - Repeat the same phrase over and over again.
 - Give a reason.
 - Walk away.
- How to communicate effectively
 - Verbal Communication
 - ▶ Speak clearly.
 - ▶ Speak slowly.
 - ▶ Use a firm voice without yelling.
 - Nonverbal Communication
 - ▶ Stand or sit straight and tall.
 - ▶ Look the person in the eye.
 - ▶ Face the person.

Review the rubric and circle the number with the statements that best represents your work for this assignment. Record any comments you have about your assessment in the "Comments" column.



Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Avoid the Situation	<p>I effectively used numerous appropriate strategies and skills, showing a depth of understanding:</p> <ul style="list-style-type: none"> • Set and communicate personal boundaries • Identify trouble boundaries • Refusal skills 	<p>I effectively used several appropriate strategies and skills:</p> <ul style="list-style-type: none"> • Set and communicate personal boundaries • Identify trouble boundaries • Refusal skills 	<p>I used some strategies and skills:</p> <ul style="list-style-type: none"> • Set and communicate personal boundaries • Identify trouble boundaries • Refusal skills <p>A few may be inappropriate or slightly ineffective.</p>	<p>I used few strategies and skills:</p> <ul style="list-style-type: none"> • Set and communicate personal boundaries • Identify trouble boundaries • Refusal skills <p>Most are inappropriate or ineffective.</p>	
Escape the Situation	<p>I effectively used numerous appropriate strategies and skills, showing a depth of understanding:</p> <ul style="list-style-type: none"> • Set and communicate personal boundaries • Identify trouble boundaries • Refusal skills 	<p>I effectively used several appropriate strategies and skills:</p> <ul style="list-style-type: none"> • Set and communicate personal boundaries • Identify trouble boundaries • Refusal skills 	<p>I used some strategies and skills:</p> <ul style="list-style-type: none"> • Set and communicate personal boundaries • Identify trouble boundaries • Refusal skills <p>A few may be inappropriate or slightly ineffective.</p>	<p>I used few strategies and skills:</p> <ul style="list-style-type: none"> • Set and communicate personal boundaries • Identify trouble boundaries • Refusal skills <p>Most are inappropriate or ineffective.</p>	
Verbal and Non-verbal Communication to Refuse Effectively	<p>My notes are clear, accurate, and show a depth of understanding regarding the characteristics of communication demonstrated.</p>	<p>My notes are clear and accurate regarding the characteristics of communication demonstrated.</p>	<p>My notes show some understanding of the characteristics of effective communication. They may be brief or slightly unclear, and have slight inaccuracies.</p>	<p>My notes are brief, vague, unclear, and have major inaccuracies regarding the characteristics of effective communication.</p>	



Practice Scripts—Getting to Know You or See You Tomorrow

Directions:

- Use the following checklist to identify the refusal skills you used. Place an “x” next to each skill used.
- Record in the “Comments” column what you did well or could do differently to effectively use these skills.

Refusal Skill	I did this strategy.	Comments
<u>Effective Refusal Skills</u>		
<i>I said a direct “no.”</i>		
<i>I suggested another activity.</i>		
<i>I repeated the same phrase over and over again.</i>		
<i>I gave a reason.</i>		
<i>I walked away.</i>		
<u>How to Communicate Effectively</u>		
<i>I spoke clearly.</i>		
<i>I spoke slowly.</i>		
<i>I used a firm voice without yelling.</i>		
<i>I stood or sat straight and tall.</i>		
<i>I looked the person in the eye.</i>		
<i>I faced the person.</i>		



Practice Scripts—Getting to Know You or See You Tomorrow

Directions:

- Use the following checklist to identify the refusal skills your partner used. Place an “x” next to each skill used.
- Record in the “Comments” column what your partner did well or could do differently to effectively use these skills.

Refusal Skill	I observed my partner doing this strategy.	Comments
Effective Refusal Skills		
<i>My partner said a direct “no.”</i>		
<i>My partner suggested another activity.</i>		
<i>My partner repeated the same phrase over and over again.</i>		
<i>My partner gave a reason.</i>		
<i>My partner walked away.</i>		
How to Communicate Effectively		
<i>My partner spoke clearly.</i>		
<i>My partner spoke slowly.</i>		
<i>My partner used a firm voice without yelling.</i>		
<i>My partner stood or sat straight and tall.</i>		
<i>My partner looked the person in the eye.</i>		
<i>My partner faced the person.</i>		





LESSON 8

Someday, But Not Now

Student Learning Objectives:	National Health Education Standards:
<ul style="list-style-type: none"> Describe the potential negative consequences of having sexual intercourse and ways to reduce risks, including abstinence and condom use. 	<ul style="list-style-type: none"> Core Concepts
<ul style="list-style-type: none"> Create a plan to reduce the risks of having sex in the future. 	<ul style="list-style-type: none"> Goal Setting

Note to Teachers:

- This lesson is on the correct use of condoms.
- The student learning objectives for this lesson are not a part of Michigan's Grade Level Content Expectations. They are added to accommodate schools wanting to address risk reduction.

Lesson Synopsis

Review skills that can be used to avoid or escape risky situations. Introduce this lesson on reducing risks associated with having sexual intercourse. Identify and discuss potential positive and negative consequences of sexual intercourse and alternative ways to experience the positive consequences without sex. Identify and discuss ways to reduce the negative consequences. Review steps for goal setting related to avoiding STIs. Describe steps for correct condom use and why each is important. Identify tasks young people can accomplish to reach their goal of avoiding HIV and STIs in the future. Summarize the importance of being prepared for the future. Assign individual goal setting and discussion with parent or other adult as homework.



Activity	Time	Materials Needed
Introduction	10 minutes, plus a few minutes if the optional video is used	<p>Health Education Resources</p> <ul style="list-style-type: none"> Video: "Sex Has Consequences" PSAs, National Campaign to Prevent Teen and Unplanned Pregnancy (optional) <p>Teacher Manual Resources</p> <ul style="list-style-type: none"> Slide Master: "Reality Check" <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> Writing paper Pens or pencils Slide Projector AV equipment (optional)
Input	10 minutes	<p>Teacher Manual Resources</p> <ul style="list-style-type: none"> Teacher Reference: "Things to Consider" Teacher Reference: "Reducing the Risk With Correct Condom Use" Slide Master: "Before Condom Use" Slide Master: "Correct Condom Use" Slide Master: "After Condom Use" Slide Master: "Before Tooth Brushing" Slide Master: "Correct Tooth Brushing"

Input (continued)		<ul style="list-style-type: none"> • Slide Master: "After Tooth Brushing" • Appendix K: "Rubber Dams" • Appendix L: "Condoms and STDs: Fact Sheet for Public Health Personnel" • Appendix P: "Overview of Laws Related to Minors in Michigan" <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> • Writing paper • Pens or pencils • Chart paper • Markers, four or more colors • Tape or tacks • Slides • Projector
Application	15 minutes	<p>Health Education Resources</p> <ul style="list-style-type: none"> • Poster: "Setting Goals for Health," Michigan Model for Health Clearinghouse <p>Teacher Manual Resources</p> <ul style="list-style-type: none"> • Slide Master: "Steps for Goal Setting" • Student Worksheet: "Condoms: Use Correctly and Consistently" • Teacher Key: "Condoms: Use Correctly and Consistently" • Student Handout: "A Method for Goal Setting" (from Lesson 4) • Student Worksheet: "Setting My Goal, Reducing My Risks" • Teacher Reference–Assessment: "Assessment Rubric: Setting My Goal, Reducing My Risks" • Student Self-Assessment Rubric: "Setting My Goal, Reducing My Risks" <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> • Slide • Projector • Writing paper • Pens or pencils
Closure	5 minutes	<p>Teacher Manual Resources</p> <ul style="list-style-type: none"> • Student Worksheet: "Setting My Goal, Reducing My Risks" • Student Handout: "Keys for a Future Free of HIV and STIs: Abstinence and Condom Use" <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> • Student folders from Lesson 1
TOTAL	40 minutes, plus a few minutes if the optional video is used.	

Preparation

Prior to the Lesson

- **Determine** whether or not this abstinence-based lesson has been approved by your Board of Education to be taught in your class. If it has not been approved, skip it and teach Lesson 9 next.
- **Decide if you want to assess** student progress. A rubric is provided for your use at the end of this lesson, “Assessment Rubric: Setting My Goal, Reducing My Risks.”
- **Decide if you want students to assess** their own progress. **Duplicate** the rubric, “Setting My Goal, Reducing My Risks.” for students if you plan to have them use it.
- **Decide** whether or not to use and **acquire** the video, “Sex Has Consequences,” if it has been approved for use in your classroom. **Preview and select** one or two PSA segments to use during the Introduction.
The PSAs, “Sex Has Consequences,” were produced by and for youth for the National Campaign to Prevent Teen and Unplanned Pregnancy. They can be shown to students to trigger discussion.
 - Information about the PSAs and previews are available at
· <http://www.thenationalcampaign.org/media/psa/default.aspx>
 - Order the video DVD and CD-ROM at
<http://store.thenationalcampaign.org/site/PageServer?pagename=storeHome>

For Introduction

- **Prepare a slide** of the slide master, “Reality Check.”

For Input

- **Decide** how you will divide your class into small groups of five or six students.
- **Read** the teacher references, “Things to Consider,” and “Reducing the Risk With Correct Condom Use,” and appendices K, L, and P, “Condoms and STDs: Fact Sheet for Public Health Personnel,” “Rubber Dams,” and “Overview of Laws Related to Minors in Michigan.”
- **Prepare** two charts by drawing a line down the center of each. On one chart, label one side with the heading “Potential Positive Consequences” and the other side with “Other Ways.” On the second chart, label one side with the heading “Negative Consequences” and the other side with “Risk Reduction.”
- **Prepare slides** of the slide masters, “Before Condom Use,” “Correct Condom Use,” “After Condom Use,” “Before Tooth Brushing,” “Correct Tooth Brushing,” and “After Tooth Brushing.”

For Application

- **Prepare a slide** of the slide master, “Steps for Goal Setting.”
- **Duplicate** the student worksheet, “Setting My Goal, Reducing My Risks,” for each student.


For Closure

- **Duplicate** the student handout, “Keys for a Future Free of HIV and STIs: Abstinence and Condom Use,” for each student.

LESSON PROCEDURE

Introduction: Review skills that can be used to avoid or escape risky situations and introduce this lesson on reducing risks associated with having sexual intercourse.

10 minutes, plus time for optional video segments

Instructional Steps	Script and Detailed Directions
<p>Review skills that can be used to avoid or escape risky sexual situations.</p>	<p><i>In our last lesson, we practiced using our skills to avoid and escape risky situations. What are some skills you can use to avoid or escape risky sexual situations?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Communicate personal limits • Identify trouble • Refusal skills <p><i>Refusal skills are useful if you want to avoid or escape risky situations. Which refusal strategy do you think you will use most often?</i></p> <p>Call on a few students to share their favorite refusal from these:</p> <ul style="list-style-type: none"> • Say a direct “no.” This is the simplest and often the most effective way. • Suggest another activity. • Repeat the same phrase over and over again. • Give a reason. State a fact, your feelings, or your opinion. • Walk away.
<p>Share statistics on sexual behaviors among ninth graders in Michigan and the U.S. using the slide, “Reality Check.”</p> 	<p><i>Young people who avoid risky situations are more likely to delay sexual intercourse until they are older. Some young people do not use these skills to avoid risky situations, and they end up having sexual intercourse.</i></p> <p><i>On a piece of paper, record the percentage of young people you think have NOT had sex by the ninth grade. Write the number you select in large print so it fills the page.</i></p> <p>Pause to allow students to record their guesses.</p> <p><i>In a moment, I will signal you to get up and move without speaking. You will form a line, from the lowest number on this side of the room, to the highest number on the opposite side of the room. In other words, if you said zero percent of ninth graders have not had sex, you would stand over here (point to one side of the room). If you said 100 percent of ninth graders have not had sex, you would stand over here (point to opposite side of room).</i></p> <p><i>Ready? Take your piece of paper with the large number on it and line up without speaking.</i></p> <p>Once the students have lined up, comment on the variety of guesses. Display the slide, “Reality Check.”</p> <p><i>Most young people your age are NOT having sex! In the United States, 68 percent of ninth graders have never had sex¹. In Michigan, 73 percent of ninth graders have not had sex².</i></p>

¹ Source: 2009 U.S. YRBS, www.cdc.gov/HealthyYouth/yrbs
² 2009 Michigan YRBS

If students guessed more students have had sex than is true, discuss reasons this perception is prevalent. Some possible reasons are:

- media implies most young people have sex,
- students may talk as if they have had sex when they haven't, and
- being sexually active may seem necessary in order to belong to a group or to be popular.

Unfortunately, there are ninth graders who place themselves at risk because they have had sex.

Have students return to their seats.



Show one or two PSAs from the video, "Sex Has Consequences," if it has been approved for use in your classroom.

Introduce this lesson on risk reduction.

Today, we will learn what people can do to reduce their risks when they decide to have sex in the future.

Input: Identify potential positive and negative consequences of sexual intercourse. Discuss alternative ways to experience the positive consequences without sex. Discuss ways to reduce the negative consequences. Review steps for goal setting related to avoiding infections. Describe steps for correct condom use.

10 minutes

Instructional Steps	Script and Detailed Directions
Form small groups and identify potential positive and negative consequences of having sexual intercourse.	<p>Form small groups of five or six students. Assign group roles of leader, spokesperson, and recorder.</p> <p>Ask the recorders to take out paper and a pen or pencil.</p> <p>Display the charts you prepared with the headings "Negative Consequences" and "Potential Positive Consequences."</p> <p><i>In your small groups, list as many consequences of sexual activity as possible in three minutes. Include potential positive and negative consequences. In three minutes, I will call on spokespersons to share your lists.</i></p> <p>After three minutes, call on each spokesperson to share one potential positive consequence. Record each one on the appropriate chart. Use a different colored marker for each consequence so that you can pair the ideas in the second column using the same color. Leave space between the consequences to allow for more than one idea for each consequence in the second column. See the teacher reference, "Things to Consider," for an example. Continue until all positive consequences have been shared.</p> <p><i>Obviously, sexual intercourse can result in some potential positive consequences or no one would ever do it. Unfortunately, some of these positives are not likely to result if a young person has sex. Some positives on this list are myths; they are not really the result of having sex at all.</i></p> <p>Refer to the teacher reference, "Things to Consider," to guide the discussion. Cross out positives that are myths as you explain why they are not consequences of having sex.</p>

Now, let's consider the possible negative consequences of sexual intercourse.

Call on each spokesperson to share one negative consequence. Record each one on the appropriate chart. Use a different colored marker for each consequence so that you can pair the ideas in the second column using the same color. Leave space between the consequences to allow for more than one idea for each consequence in the second column. See the teacher reference, "Things to Consider," for an example. Continue until all negative consequences have been shared.

What do you notice about our two lists?

Answer: There seem to be more possible negative consequences for having sexual intercourse, than positive.

Refer to the teacher reference, "Things to Consider," to guide the discussion. Add negative consequences that were not mentioned and explain as needed.

Discuss ways to experience positive consequences without having sex and ways to reduce the risks of having sexual intercourse.

Let's look at our list of potential positive consequences again. **What are some ways to experience these positive things without having sex?**

Go through the list on the chart. Use the same color marker as used for the positive consequence to record ideas on the side of the chart titled "Other Ways." Record the ideas across from the consequence.

Refer to the teacher reference, "Things to Consider," to guide the discussion. Add other ideas that were not mentioned and explain as needed.

Sexual intercourse can result in negative consequences, especially if a person is not totally prepared for this big decision. Let's talk about ways to reduce these negative consequences.

In your small group, identify ways to reduce each negative consequence. In three minutes I will call on spokespersons to share your ideas.

After three minutes, read the first negative consequence on the list and call on each spokesperson to share one idea for reducing risks. Use the same color marker as used for the negative consequence to record ideas on the side of the chart titled "Risk Reduction." Record ideas across from the consequence it can reduce. Continue until all ideas have been shared.

Refer to the teacher reference, "Things to Consider," to guide the discussion. Add risk reduction strategies that were not mentioned and explain as needed.

Review abstinence as the only 100% effective way to eliminate negative consequences.

Circle the words "abstinence" or "don't have sex" on the chart of risk reduction ideas.

Probably each small group included "abstinence" or "don't have sex" on your list of ways to prevent the negative consequences of sex. This is the only sure way not to become infected with STIs or to experience a pregnancy. You can always choose to say "not now" to sex, even if you have had sex in the past. This is the healthiest choice for young people. It is also the legal choice for anyone under age 16.



Review appendix P, "Overview of Laws Related to Minors in Michigan," for more information on laws pertaining to minors having sexual intercourse.

In an earlier lesson, you identified some personal boundaries that would help you remain HIV free. Not having sexual intercourse is one of these boundaries.

Discuss the long-term goal of reducing the risk of infection with HIV and other STIs in a future sexual relationship.

Point to the other ideas on the list under the heading "Risk Reduction."

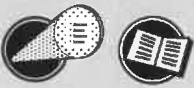
In this lesson, we're focusing on another goal: reducing the risk of infection with HIV and other STIs when you are in a long-term, committed relationship, for example marriage, and decide to have sex. In a couple moments, you will have time to work on this goal and incorporate these ideas. First, let's focus on one vital topic on this list.

Explain correct use of condoms using the slide masters, "Before Condom Use," "Correct Condom Use," and "After Condom Use." Use the teacher reference, "Reducing the Risk With Correct Condom Use," to augment the script.

Circle the words "use condoms" on the chart of risk reduction ideas.

A condom is a covering placed on a penis during sexual intercourse to reduce the likelihood of infection with HIV and other STIs. A condom reduces the likelihood of disease transmission by creating a barrier that prevents or reduces the exchange of infected bodily fluids. A condom also prevents or reduces the chance of pregnancy by blocking semen from entering the body of a sexual partner.

When people are sexually active, it is vital that they know how to reduce their risk of becoming infected with HIV or other STIs by using a condom consistently and correctly. Although condoms are not 100% effective in preventing STIs, they reduce the risk if they are used correctly every time. When they fail, it is usually because people don't use them correctly.



Students often want to know exactly how effective condoms are. However, stating exact percentages is complex. Condom effectiveness for pregnancy prevention is different from effectiveness for the reducing HIV transmission. Depending on which STI is considered, condom effectiveness varies. To provide percentages might be confusing and result in students ignoring condom use as a valid risk reduction method.

We recommend that you avoid using statistics or percentages and describe in words this basic message: Condoms are highly effective when used consistently and correctly.

More specifically, you can say with certainty that condoms used correctly and consistently:

- are highly effective in preventing pregnancy,
- are highly effective when preventing the sexual transmission of HIV,
- reduce the risk of transmission of STIs such as gonorrhea and Chlamydia,
- reduce the risk of genital herpes and syphilis only when the infected area is covered, and
- may reduce the risk for HPV infection and HPV-associated diseases.

Review appendix L, "Condoms and STDs: Fact Sheet for Public Health Personnel," or visit these websites for additional information:

Centers for Disease Control and Prevention

- www.cdc.gov

World Health Organization

- www.who.int/mediacentre/factsheets/fs110/en/index.html

This is what a person needs to know to use condoms correctly. Pay close attention, because someday, you or a friend will need this information.



Use the teacher reference, "Reducing the Risk With Correct Condom Use," to augment the script provided below. Students will need additional information to complete the Application section of this lesson.

Display the slide, "Before Condom Use."

These are steps to take BEFORE a person has sexual intercourse, even when he or she is in a long-term, committed relationship.

- Talk with your partner about the possible consequences of having sex and how you would reduce the risks of pregnancy and STIs.
- Wait until both people are of legal age and willingly agree to have sexual intercourse.
- Choose a latex or polyurethane condom if you choose to have sex.
- Obtain condoms and a water-based or silicone lubricant.
- Check the condom to be sure there are no holes or tears in the condom wrapper and that it is not outdated.

Display the slide, "Correct Condom Use."

To use a condom correctly, these steps must be followed.

1. Remove the condom from the package carefully so that it doesn't rip.
2. Do not unroll or damage the condom before it is on the penis.
3. Put a couple drops of lubricant inside the condom.
4. Place the condom on the penis as soon as the penis is hard and before genital contact. Make sure the roll is on the outside, so the condom can roll down the penis.
5. Pinch the tip of the condom to remove air and leave one-half inch extra space at the tip of the condom if the condom does not have a nipple.
6. Roll the condom on all the way to the base of the penis. Smooth out air bubbles as the condom unrolls.
7. Put lubricant on the outside of the condom.

Display the slide, "After Condom Use."

After having sexual intercourse, it is important to take off a condom correctly to avoid infection.

1. Hold the condom at the rim and withdraw the penis from the partner before the penis becomes soft.
2. Slide the condom gently off the penis.
3. Keep the used condom away from the partner's body.
4. Tie the condom in a knot to prevent spills.
5. Wrap it in tissue and dispose of it in a wastebasket, not in a toilet or where pets can get to it.
6. Wash your hands or body parts if a spill occurs.



Refer to appendix L, "Condoms and STDs: Fact Sheet for Public Health Personnel." for additional information about condoms. Refer to appendix K, "Rubber Dams," if students ask about them. Rubber dams are sometimes called dental dams.

Reduce anxiety about implementing all of the steps for condom use by comparing the steps to another common activity. Use the slide masters, "Before Tooth Brushing," "Correct Tooth Brushing," and "After Tooth Brushing."






The steps for correctly using a condom might seem very complicated and too hard to do. But think about the steps in an activity you do every day: brushing your teeth.





Display the slides that outline the steps in brushing teeth.

When you break this activity down into steps, it looks complicated, too. Once you learn how, it is not that difficult.

Application: Review the steps in correct condom use. Identify tasks young people can accomplish to reduce the risk of infection with HIV and STIs in the future.


15 minutes

Instructional Steps	Script and Detailed Directions
<p>Review how to use condoms correctly using the student worksheet "Condoms: Use Correctly and Consistently."</p> 	<p><i>Condoms are an essential way to reduce the risk of STIs in a sexual relationship. A person who wants to remain STI free will need to be very motivated to use condoms every time he or she has sexual intercourse. He or she will also need to know how to use them correctly.</i></p> <p>Re-form the small groups. Rotate the group roles of spokesperson and leader. Distribute the student worksheet, "Condoms: Use Correctly and Consistently."</p> <p><i>This worksheet has the steps for condom use printed on the left-hand side. I'm going to assign each small group two or three of the steps. Your task will be to answer the questions on the right-hand side of the chart across from your assignment. Then, your spokesperson will tell us what your group discussed so that we can all take notes.</i></p>  <p>If you have more groups than the worksheet suggests, assign one section to more than one group. If you have fewer groups, cover one section yourself.</p> <p>Assign the sections to different groups.</p> <p>After five minutes, call on the spokesperson for the group that had the first three steps. Ask him or her to summarize his or her group's discussion and conclusions. Clarify what was said or augment with additional information. Proceed to all of the groups in order. Use the teacher key, "Condoms: Use Correctly and Consistently," and the teacher reference, "Reducing the Risk With Correct Condom Use."</p>  <p>If time permits, ask students what they think might keep a person from using a condom. In other words, what the barriers might be. Help students find ways to overcome the barriers. For example, being embarrassed to purchase condoms might be a barrier. Ways to avoid this barrier might be to go to the store with a friend, use the self-check out lane, or get them at a student health clinic or public health department.</p>

<p>Review the steps in goal setting using the slide, “Steps for Goal Setting,” or poster, “Setting Goals for Health.”</p> 	<p><i>Now that you know the steps for correctly using condoms, let’s talk about motivation.</i></p> <p>Display the slide, “Steps for Goal Setting,” or poster, “Setting Goals for Health,” and briefly review the steps.</p> <p><i>Remember the steps for goal setting that we used to set boundaries to protect ourselves from getting into sexual situations that might result in infection? Our commitment to ourselves was to be free of infection from HIV and other STIs. These same steps can be used to reach the goal of reducing the risk of infection with HIV and other STIs when you are in a long-term, committed relationship and decide to have sex.</i></p>
<p>Identify tasks to achieve in reaching the goal of reducing the risk of infection with HIV and other STIs when they decide to have sex. Use the student handout, “A Method for Goal Setting” (from Lesson 4), and the student worksheet, “Setting My Goal, Reducing My Risks.”</p> 	<p>Distribute the student worksheet, “Setting My Goal, Reducing My Risks,” to each student. Ask them to get the handout, “A Method for Goal Setting,” from their folders.</p>  <p>Use the teacher assessment rubric or have students use the self-assessment rubric provided at the end of the lesson if you want to assess students’ progress.</p>  <p><i>The long-term goal and personal commitment stated at the top of the worksheet is the healthiest one for you to adopt. The goal to work towards to achieve this commitment is listed in the left-hand column. The middle column and right-hand columns are for you to fill in the steps in the goal-setting process. Read the questions in the task column on your worksheet. They will help you think about the tasks a young person could do to reduce the risk of infections when he or she decides to have sex.</i></p> <p><i>First, generate some possible tasks as a small group. For example, the first question on the worksheet is, “What will I do to reduce the risk of infection with HIV or other sexually transmitted infections if I decide to have sex?” People who decide to have sex will need to talk with their partners about reducing risks and they will need to get tested if there is a chance they could have an STI.</i></p> <p><i>These ideas and the ideas your group members suggest may help you think of tasks to complete to reach your goal.</i></p> <p><i>After your group has created a list, record any tasks you think apply to you on your worksheet. You have five minutes to discuss the questions with your group and record your ideas.</i></p>

Closure: Summarize the importance of being prepared for the future. Assign discussing goals with a parent or another trusted adult as homework.

5 minutes

Instructional Steps	Script and Detailed Directions
<p>Assign the homework, using the student worksheet, “Setting My Goal, Reducing My Risks.”</p> 	<p><i>Tonight, take your worksheets home to finish answering the questions and recording additional tasks and ways you might measure your progress. Then, discuss it with a parent or other trusted adult and return the signature for homework credit by (insert the date you will teach Lesson 9).</i></p>

Summarize the lesson, using the student handout, "Keys for a Future Free of HIV and STIs: Abstinence and Condom Use."



Distribute the student handout, "Keys for a Future Free of HIV and STIs: Abstinence and Condom Use," to each student.

This handout summarizes what we have learned about correct condom use. Sometime in the future, you, or a friend, will probably need this information in order to reduce the risk of infection with HIV and other STIs. Tuck it away for that day.

Instruct students to place the student handout in their folders for future reference.

Introduce the next lesson on sharing information with others.

In our next health lesson, we will explore ways to spread this message to others—Avoid infection with HIV and other STIs!





REALITY CHECK

Most young people your age through 9th grade are NOT having sex!

- Three out of four (73 percent) ninth graders in Michigan have NOT had sex.
- Two out of three (68 percent) ninth graders in the U.S. have NOT had sex.

However, some students have faced the risks of having sex:

- One in three (32 percent) ninth graders in the U.S. has had sex.
- One in four (27 percent) Michigan ninth graders has had sex.



Things to Consider

How to Help Middle School Youth Think Critically About Sexual Behavior

Middle-school-aged young people tend to be very interested in developing peer relationships. This can result in them doing things in an attempt to fit in with a peer group. While it is harmless to wear a particular hairstyle to fit in, it is not safe to have sexual intercourse in an attempt to belong. For this reason, it is important to establish a norm for abstinence from sex and counter the prevailing belief that “everyone is doing it.”

Middle-school students also tend to be impulsive; they don’t always look before they leap. The judgment center in the adolescent brain will not be fully developed until the mid-to-late twenties, so it is important to teach young people to weigh pros and cons and identify consequences before acting.

Below are some potential consequences, real and imagined, that young people will consider during this lesson. Once consequences have been identified, guide students in planning how to achieve the positive consequences and reduce the negative consequences. As students share their ideas, you will record them on two charts: one chart for positive consequences and one for negative. The lists below are an example of how your charts might look.

Potential Positive Consequences of Having Sexual Intercourse	Other Ways to Experience These Positive Consequences Without Having Sex
<ul style="list-style-type: none"> • Pleasure 	<ul style="list-style-type: none"> • Holding hands, kissing, giving foot rubs, giving backrubs, talking, etc.
<ul style="list-style-type: none"> • Feeling of closeness 	<ul style="list-style-type: none"> • Holding hands, kissing, giving foot rubs, giving backrubs, etc. • Talk; write notes; text; communicate with friends from a social networking site, share ideas, hopes, dreams, and past experiences • Do things together: join a club, work on a play, create something together, take a class, take a hike, play games, go to a movie, walk around the mall, etc.
<ul style="list-style-type: none"> • Added dimension to relationship 	<ul style="list-style-type: none"> • Talk; write notes; text; communicate with friends from a social networking site, share ideas, hopes, dreams, and past experiences • Do things together: join a club, work on a play, create something together, take a class, take a hike, play games, etc.
<ul style="list-style-type: none"> • Feeling of unconditional love from a baby 	<ul style="list-style-type: none"> • Develop a healthy relationship with a close friend or family member



Some young people believe these mythical positive consequences will result from having sexual intercourse. If these ideas are named by students, explain why they are myths and cross them off the list.

- It will prove my love for my partner and my partner's love for me.
- It proves my manhood or womanhood.
- It prevents "blue balls."
- My popularity will increase.
- People won't think I'm gay if I have heterosexual sex.

Potential Negative Consequences of Having Sexual Intercourse	Ways to Reduce These Risks
<ul style="list-style-type: none"> • Pregnancy 	<ul style="list-style-type: none"> • Abstain from sex • Use condoms consistently and correctly every time • Use another birth control method every time
<ul style="list-style-type: none"> • STIs 	<ul style="list-style-type: none"> • Abstain from sex • Use condoms consistently and correctly every time
<ul style="list-style-type: none"> • HIV 	<ul style="list-style-type: none"> • Abstain from sex • Use condoms consistently and correctly every time
<ul style="list-style-type: none"> • Legal consequences, such as jail time, legal fees, and sex offender registry 	<ul style="list-style-type: none"> • Wait to have sex until age 16 or older • Don't date someone much older
<ul style="list-style-type: none"> • Guilt (if having sex violates your personal, family, or spiritual values) 	<ul style="list-style-type: none"> • Wait to have sex until you are in a long-term, committed, loving, mature, monogamous relationship, for example marriage
<ul style="list-style-type: none"> • Stress (from worry about STIs and pregnancy, or wondering if your partner still cares about you) 	<ul style="list-style-type: none"> • Abstain from sex • Use condoms consistently and correctly every time • Use another birth control method every time • Wait to have sex until you are in a long-term, loving, mature, monogamous relationship, such as marriage

Continued →



- Disappointment (if the experience wasn't what you thought it would be, or if your parents and others don't want you to have sex)
- Damaged reputation (what people might say about me if I have sex)
- Broken heart (if the relationship ends)
- Wait to have sex until you are in a long-term, loving, mature, monogamous relationship, such as marriage
- Wait to have sex until you are in a long-term, loving, mature, monogamous relationship, such as marriage
- Wait to have sex until you are in a long-term, loving, mature, monogamous relationship, such as marriage

Why Talk With Middle School Youth About Condoms and Future Sexual Behavior

Although it is tempting to think that young people who are in middle school are too young to be taught about condoms, several compelling reasons exist for having this difficult discussion:

- Most middle-school-aged youth are not sexually active. However, some are, and need to know how to return to abstinence or reduce their risk of becoming pregnant or infected with HIV and other STIs.
- Eventually, almost every human has sexual intercourse, so it is important that everyone know what to do prior to making this critical decision.
- Information about sex is everywhere, and much of the information is inaccurate or incomplete. Many students have already heard about condoms, but don't have enough information to use them correctly.
- Education prepares students for life, not just for their time in school. Health class may be the only time students get accurate information about condoms that can increase their opportunities for being healthy and reaching their goals for the future.

Help Middle School Youth Consider Multiple Issues Prior to Engaging in Intimate Sexual Behavior

Before engaging in intimate sexual behavior, several steps need to be taken.

- Talk to your partner about your relationship, sex, contraception, and your feelings.
- Talk to your parent or another trusted adult about this decision.

- Visit a family planning clinic and get the protection you need to be safe and responsible. This means avoiding pregnancy and STIs.
- If a person is not able to do these things, he or she is probably not mature enough to be ready for a sexual relationship.

A person should also answer these questions before deciding to have sex:*

- Do I feel ready to have an intimate sexual relationship with another person?
- What are my values/beliefs about sex? Relationships?
- What would my parents or family think about me being in a sexual relationship? Would they approve? Disapprove?
- What does my religion say about having a sexual relationship?
- What would I do if I started a pregnancy or became pregnant?
- What type of birth control would we use? Where could we get it? Do I need to go to a family planning clinic?
- How about sexually transmitted diseases? How would we protect ourselves?
- Would having sex change the relationship at all? Make it more intense or change how I feel?
- Am I feeling pressured by anyone to have sex? My partner? Friends? The idea that all teens are having sex? (Even though they're not!)
- Can I talk honestly about sex with my partner? Have we talked about our sexual histories with each other yet?

* Source: Sex Etc. http://www.sexetc.org/faq/deciding_sex/694
Reprinted with permission from Sex, Etc., the national magazine and Web site (Sexetc.org) written by teens, for teens, on sexual health issues, published by Answer at Rutgers, The State University of New Jersey.



Before Condom Use

- **Talk** about possible consequences and how to reduce risks.
- **Wait to**
 - be legal age.
 - willingly agree.
- **Choose** a condom.
 - latex
 - polyurethane
- **Obtain**
 - condoms.
 - lubricant.
- **Check** the condom wrapper.
 - no holes, tears
 - not outdated





Correct

Condom Use

1. Remove carefully.
2. Do not unroll or damage.
3. Put a couple drops of lubricant inside.
4. Put condom on the penis as soon as the penis is hard.
5. Pinch the tip of the condom.
6. Roll the condom on all the way.
7. Put lubricant outside.





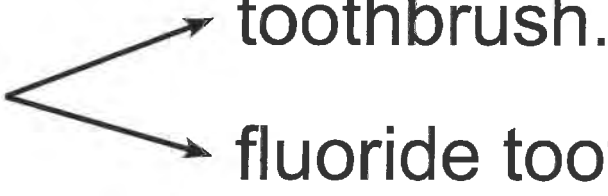
AFTER Condom Use

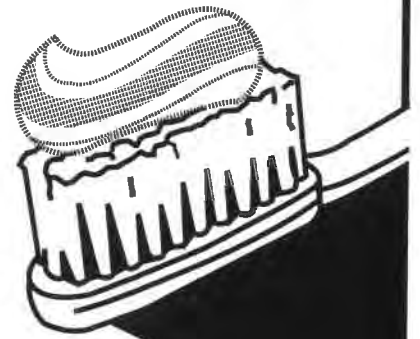
1. Hold the condom and withdraw the penis.
2. Slide the condom gently off.
3. Keep the used condom away.
4. Tie the condom in a knot.
5. Wrap the condom in tissue and dispose.
6. Wash your hands.





Before Tooth Brushing

- **Get** 
 - toothbrush.
 - fluoride toothpaste.
- **Turn on water.**
- **Get toothbrush wet.**
- **Turn off water.**
- **Shake off excess water.**
- **Take top off of toothpaste.**
- **Put 1/4 inch of toothpaste on bristles.**



Correct Tooth Brushing

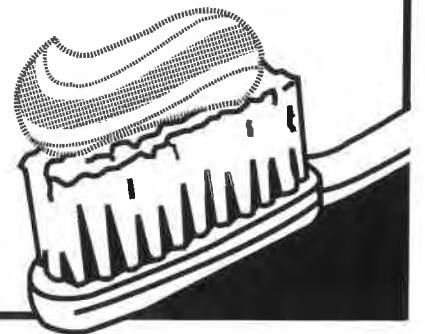
- Place toothbrush bristles at a 45-degree angle to the gums.
- Move the toothbrush back and forth.
- Use short, gentle strokes.
- Brush the front of the teeth.
- Brush the top.
- Brush the back.
- Brush the top of the tongue.





After Tooth Brushing

- Spit out the toothpaste.
- Rinse mouth with water.
- Spit out the water.
- Dry mouth.
- Rinse toothbrush.
- Place toothbrush in a location to dry.
- Replace the toothbrush when bristles are worn and bent.





Reducing the Risk With Correct Condom Use

Abstinence is the healthiest choice for young people, the legal choice for those in Michigan under age 16, and the only 100 percent sure way to avoid pregnancy and STIs, including HIV.

In spite of this fact, some young people have decided, or will soon decide, to have sex. For this reason, it is vital to teach young people how to reduce the risks associated with sexual intercourse. Even if they don't need this information at this point in their lives, they will likely need it for themselves or a friend in the future.

Students often want to know exactly how effective condoms are. However, stating exact percentages is complex. Condom effectiveness for pregnancy prevention is different from effectiveness for the reducing HIV transmission. Depending on which STI is considered, condom effectiveness varies. To provide percentages might be confusing and result in students ignoring condom use as a valid risk reduction method.

We recommend that you avoid using statistics or percentages and describe in words this basic message: Condoms are highly effective when used consistently and correctly.

More specifically, you can say with certainty that condoms used correctly and consistently:

- are highly effective in preventing pregnancy,
- are highly effective when preventing the sexual transmission of HIV,
- reduce the risk of transmission of STIs such as gonorrhea and Chlamydia,
- reduce the risk of genital herpes and syphilis only when the infected area is covered, and
- may reduce the risk for HPV infection and HPV-associated diseases.

When condoms fail, it is almost always due to human error. Educating people about consistent and correct condom use and motivating them to reduce their risks will help eliminate human error and increase condom effectiveness. Following are the steps for correct condom use.

Note: Use this reference as you display the slides and provide the information in the lesson. Students will need the information for the Application activity.

Before having sexual intercourse:

- Talk with your partner about the possible physical, social, and emotional consequences of having sex. For example, a person could get a disease, disappoint family members or friends, or worry about the possible results of having sex. Talk about how you will reduce the risks of pregnancy and STIs. This discussion must happen before having sexual intercourse so that you are prepared with what you need to reduce the risks, such as condoms and lubricant. Condoms will reduce the risk of transmitting STIs; other forms of birth control do not offer this protection.
- Wait until both people are of legal age and willingly agree to have sexual intercourse. The legal age in Michigan is 16. A healthy relationship requires respectful behavior from both people. Being sure that both individuals willingly agree, or consent to having sexual intercourse, is one way to show respect.
- Choose a latex or polyurethane condom if you choose to have sex. Latex condoms prevent the passage of terms that cause STIs. Condoms made of other material are not as effective in preventing infection. Use polyurethane condoms if you have latex allergies. You can get condoms at a pharmacy, grocery store, healthy clinic, and public health department.
- Obtain condoms and a water-based or silicone lubricant. Using a lubricant helps to prevent tears. Water-based or silicone lubricants will not harm the condom. Oil-based lubricants, such as petroleum jelly or vegetable oil, may weaken the condom. Some condoms are pre-lubricated and sold with lubricant on them.



- Check the condom to be sure there are no holes or tears in the condom wrapper and that it is not outdated. Holes or tears may mean that the condom has been damaged. Condoms have an expiration date just like some foods or medicines. Outdated condoms are more likely to break. Storing them in very cold or very hot locations can reduce their effectiveness.

If you decide to have sexual intercourse, follow these steps for correct condom use:

1. Remove the condom from the package carefully so that it doesn't rip. Do not use your teeth, scissors, fingernails, or any other sharp object.
2. Do not unroll or damage the condom before it is on the penis. Do not blow into it. Don't twist, bite, poke, or otherwise damage the condom. A damaged condom might allow fluid to leak out, possibly infecting your partner.
3. Put a couple drops of lubricant inside the condom. This will increase the comfort.
4. Place the condom on the penis as soon as the penis is hard and before genital contact. This will help a person catch all of the semen that is ejaculated. Sometimes semen comes out before sexual intercourse. Make sure the roll is on the outside, so the condom can roll down the penis.
5. Pinch the tip of the condom to remove air and leave one-half inch extra space at the tip of the condom to catch the ejaculate if the condom does not have a nipple. This provides a space for the ejaculate to go. If there isn't room at the end of the condom, the condom might tear. Condoms with a nipple at the end are easier to use.
6. Roll the condom on all the way to the base of the penis. This will help to prevent it from coming off. Smooth out air bubbles as the condom unrolls.
7. Put lubricant on the outside of the condom. This will help to prevent tears.

After sexual intercourse:

1. Hold the condom at the rim and withdraw the penis from the partner soon after ejaculation, before the penis becomes soft following sexual intercourse. This will prevent the condom from coming off inside the partner and spilling the fluids it contains.
2. Slide the condom gently off the penis. Don't tug or pull the condom off. It may tear.
3. Keep the used condom away from the partner's body, especially his or her genitals. If some of the fluid spills, the partner might become infected.
4. Tie the condom in a knot to prevent spilling the semen, vaginal, or anal secretions.
5. Wrap the condom in tissue and dispose of it in a wastebasket, not in a toilet or where pets can get to it. Use a condom only once.
6. Wash your hands or body parts if a spill occurs. Your hands are used to touch so many other things that, if fluids remain on your hands, you could transmit infections.

Review appendix L, "Condoms and STDs: Fact Sheet for Public Health Personnel," or visit these websites for additional information:

Centers for Disease Control and Prevention

- www.cdc.gov

World Health Organization

- www.who.int/mediacentre/factsheets/fs110/en/index.html





Condoms: Use Correctly and Consistently

Directions: Review the steps for correct condom use that your group is assigned. Answer the questions on the right-hand side of the chart across from your assigned steps. Be prepared to share your answers.

BEFORE CONDOM USE	
Group 1	Answer These Questions
<ul style="list-style-type: none"> • <u>Talk</u> with your partner about the possible consequences of having sex. • <u>Wait</u> until both people are of legal age and willingly agree to have sexual intercourse. • <u>Talk</u> about how you will reduce the risks of pregnancy and STIs. 	<ul style="list-style-type: none"> • Why do you think these three steps are important? • Why do you think these steps are first? • What is the legal age for sex?
Group 2	Answer These Questions
<ul style="list-style-type: none"> • <u>Choose</u> a latex or polyurethane condom. • <u>Obtain</u> condoms and a water-based or silicone lubricant. • <u>Look</u> at the condom to be sure there are no holes or tears in the condom wrapper and that it is not outdated. 	<ul style="list-style-type: none"> • Why do you think these three steps are important? • Where would you get condoms? • Why is the type of condom important?





CORRECT CONDOM USE

Group 3	Answer These Questions
<ol style="list-style-type: none"> 1. <u>Remove</u> the condom from the package <u>carefully</u> so that it doesn't rip. 2. <u>Do not unroll or damage</u> the condom before it is on the penis. 	<ul style="list-style-type: none"> • What are some things a person should avoid doing to prevent damage to the condom? • Why is it important to prevent damage?
Group 4	Answer These Questions
<ol style="list-style-type: none"> 3. <u>Put a few drops of lubricant inside</u> the condom. 4. <u>Place the condom on the penis as soon as the penis is hard</u> and before genital contact. 	<ul style="list-style-type: none"> • Why is a lubricant important? • When should a person put the condom on?
Group 5	Answer These Questions
<ol style="list-style-type: none"> 5. <u>Pinch the tip</u> of the condom to remove air and leave space at the tip of the condom to catch the ejaculate if the condom does not have a nipple. 6. <u>Roll the condom on all the way</u> to the base of the penis. 7. <u>Put lubricant on the outside</u> of the condom. 	<ul style="list-style-type: none"> • Why are these three steps important? • Why is a lubricant important?



AFTER CONDOM USE


Group 6	Answer These Questions
<ol style="list-style-type: none"> 1. <u>Hold the condom at the rim and withdraw</u> the penis from your partner before the penis becomes soft. 2. <u>Slide the condom gently off the penis.</u> 	<ul style="list-style-type: none"> • Why withdraw the penis before it becomes soft? • What is the purpose of sliding the condom off gently? • Why is it important to hold the condom while withdrawing the penis?
Group 7	Answer These Questions
<ol style="list-style-type: none"> 3. <u>Keep the used condom away</u> from your partner's body. 4. <u>Tie the condom in a knot</u> to prevent spills. Wash your hands or body parts if a spill occurs. 5. <u>Wrap the condom in tissue and dispose</u> of it in a wastebasket, not in a toilet or where pets can get to it. 6. <u>Wash your hands.</u> 	<ul style="list-style-type: none"> • Why is it important to prevent spills and wash your hands? • What might happen if the condom isn't disposed of properly?



Condoms: Use Correctly and Consistently

Directions: Review the steps for correct condom use that your group is assigned. Answer the questions on the right-hand side of the chart across from your assigned steps. Be prepared to share your answers.

Teacher Note: Augment the students' responses with the answers given on this teacher key.

BEFORE CONDOM USE	
Group 1	Answer These Questions
<ul style="list-style-type: none"> • <u>Talk</u> with your partner about the possible consequences of having sex. • <u>Wait</u> until both people are of legal age and willingly agree to have sexual intercourse. • <u>Talk</u> about how you will reduce the risks of pregnancy and STIs. 	<ul style="list-style-type: none"> • Why do you think these three steps are important? Possible Answers: Having sex can result in many possible, physical, social, and emotional consequences that can impact the rest of a person's life. It is a serious decision and should be carefully considered both individually and as a couple. Waiting until both people willingly consent is respectful behavior; it is also the only legal behavior. • Why do you think these steps are first? Possible Answer: They should be done before sexual intercourse occurs. Planning what to do to reduce risks must be done ahead of time and both individuals must support the plan. Condoms will reduce the risk of transmitting STIs; other forms of birth control do not offer this protection. • What is the legal age for sex? Answer: In Michigan, it is 16 years of age.
Group 2	Answer These Questions
<ul style="list-style-type: none"> • <u>Choose</u> a latex or polyurethane condom. • <u>Obtain</u> condoms and a water-based or silicone lubricant. • <u>Look</u> at the condom to be sure there are no holes or tears in the condom wrapper and that it is not outdated. 	<ul style="list-style-type: none"> • Why do you think these three steps are important? Possible Answers: A person needs to have a condom that will do the best job of reducing the risk for pregnancy and STIs. A lubricant helps to prevent tearing and makes it more comfortable. Oil-based lubricants weaken the condom. Holes or an expired condom will not provide effective protection. • Where would you get condoms? Possible Answers: pharmacy, grocery store, health clinic, public health department, from parents • Why is the type of condom important? Answer: Latex condoms do the best job of preventing the passage of germs that cause STIs. Polyurethane condoms can be used if a person has a latex allergy. Natural membrane condoms do not prevent STIs, even though they are effective for preventing pregnancy.



CORRECT CONDOM USE

Group 3	Answer These Questions
<p>1. <u>Remove the condom from the package carefully</u> so that it doesn't rip.</p> <p>2. <u>Do not unroll or damage the condom</u> before it is on the penis.</p>	<ul style="list-style-type: none"> • What are some things a person should avoid doing to prevent damage to the condom? Possible Answers: Do not open the package using teeth, scissors, fingernails, or any other sharp object. Do not blow into the condom. Don't twist, bite, poke, or otherwise damage the condom. • Why is it important to prevent damage? Answer: A damaged condom might break or allow fluid to leak out, possibly resulting in infection.
Group 4	Answer These Questions
<p>3. <u>Put a few drops of lubricant inside</u> the condom.</p> <p>4. <u>Place the condom on the penis as soon as the penis is hard</u> and before genital contact.</p>	<ul style="list-style-type: none"> • Why is a lubricant important? Answer: A small amount of lubricant inside can make it more comfortable. • When should a person put the condom on? Answer: Sometimes semen comes out before sexual intercourse. Putting the condom on as soon as the penis is hard ensures all of the semen is contained. The roll needs to be on the outside so that the condom will roll down the penis properly.
Group 5	Answer These Questions
<p>5. <u>Pinch the tip</u> of the condom to remove air and leave space at the tip of the condom to catch the ejaculate if the condom does not have a nipple.</p> <p>6. <u>Roll the condom on all the way</u> to the base of the penis.</p> <p>7. <u>Put lubricant on the outside</u> of the condom.</p>	<ul style="list-style-type: none"> • Why are these three steps important? Answer: The ejaculate needs a space to go or the condom could tear. Rolling the condom all the way on helps to prevent it from coming off. • Why is a lubricant important? Answer: Lubricant on the outside helps to reduce friction and prevent tears.



AFTER CONDOM USE

Group 6	Answer These Questions
<ol style="list-style-type: none"> 1. <u>Hold the condom at the rim and withdraw</u> the penis from your partner before the penis becomes soft. 2. <u>Slide the condom gently off the penis.</u> 	<ul style="list-style-type: none"> • Why withdraw the penis before it becomes soft? Answer: The condom does not fit as well if the penis becomes soft. The condom is less likely to come off and spill any fluids it contains if the penis is withdrawn while still hard. • What is the purpose of sliding the condom off gently? Answer: Sliding the condom off gently ensures that it doesn't tear and spill the fluids it contains. • Why is it important to hold the condom while withdrawing the penis? Answer: This prevents the condom from sliding off the penis and spilling any fluids it contains.
Group 7	Answer These Questions
<ol style="list-style-type: none"> 3. <u>Keep the used condom away</u> from your partner's body. 4. <u>Tie the condom in a knot</u> to prevent spills. Wash your hands or body parts if a spill occurs. 5. <u>Wrap the condom in tissue and dispose</u> of it in a wastebasket, not in a toilet or where pets can get to it. 6. <u>Wash your hands.</u> 	<ul style="list-style-type: none"> • Why is it important to prevent spills and wash your hands? Answer: If body fluids spill, the possibility for infection increases. It's important to wash your hands after touching any body fluids because your hands touch so many other things and could transmit infections. • What might happen if the condom isn't disposed of properly? Answer: Condoms can plug toilets. If pets eat condoms, they can get very sick.



Steps for Goal Setting

Step One:

- Set a clear, realistic goal.

Step Two:

- Describe the tasks you need to do to reach your goal.
 - When you will act on the tasks
 - Materials you will need
 - Who can help

Step Three:

- Measure your progress and make changes if needed.

Step Four:

- Evaluate whether or not your goal was met.



Setting My Goal, Reducing My Risks

My Long-Term Goal and Commitment to Myself: I will reduce my risk of infection with HIV and other STIs when I'm in a long-term, committed relationship and decide to have sex.

Directions: For this goal, write your tasks, measures of progress, and how you will evaluate if you met your goal.



My Goal	My Tasks	How I will measure progress? How often will I check on whether or not I am making progress?	How will I evaluate if I met my goal?
<ul style="list-style-type: none"> I will stay within boundaries that will reduce my risk of infection. 	<p>Consider these questions as you write your tasks.</p> <ul style="list-style-type: none"> What will I do to reduce the risk of infection with HIV or other sexually transmitted infections when I decide to have sex? What information can I get from my parents or family or other trusted adults? How will I know when I'm ready to have sex? In the future, how could I get condoms? 		



Setting My Goal, Reducing My Risks

Homework Assignment:

- Talk with a parent or another trusted adult about your ideas. Write their comments and suggestions below.
- You and the parent or adult must sign the bottom of this worksheet indicating that the discussion occurred. Bring the signed portion back to class.



We have discussed the goals on the worksheet, "Setting My Goal, Reducing My Risks."

Signature of a Parent or Other Trusted Adult

Relationship to the Student

Signature of the Student



Keys for a Future Free of HIV and Other STIs:



Abstinence and Condom Use

Deciding not to have sex is called "abstinence." It is the only sure way to prevent pregnancy and sexually transmitted infections (STIs), including HIV. It is also the only legal choice for someone under age 16 who lives in Michigan. Deciding to wait to have sex is the healthiest choice.

When you are in a long-term, committed relationship, for example marriage, and you decide to have sex, it is vital to know how to use a condom consistently and correctly. Condoms do not guarantee the prevention of STIs and pregnancy. However, if they are used correctly every time, condom use will reduce the risk for STIs and pregnancy. Condoms only work if they are used correctly every time. This is what you need to know about using a condom to reduce risks as much as possible. Keep this handout for future use. You or a friend might need the information.

What you and your partner do BEFORE having sexual intercourse is VERY important. Take these steps:

- Talk with your partner about the possible consequences of having sex.
- Wait until you and your partner are of legal age and willingly agree to have sexual intercourse.
- Talk about how you will reduce the risks of pregnancy and STIs.
- Choose a latex condom to prevent the passage of germs that cause STIs. Buy polyurethane condoms if latex allergies are an issue. Condoms made of other material are not as effective in preventing infection.
- Obtain condoms and a water-based or silicone lubricant. Do not use oil-based lubricants, such as petroleum jelly or vegetable oil, with latex. They weaken latex and cause a condom to break.
- Check the condom to be sure there are no holes or tears in the condom wrapper and that it is not outdated. An old condom is likely to break.

Make a commitment to be free of HIV and other STIs for life!

Follow these steps for correct condom use:

1. Remove the condom from the package carefully so that it doesn't rip.
2. Do not unroll or damage the condom before it is on the penis.
3. Put a couple drops of lubricant inside the condom.
4. Place the condom on the penis as soon as the penis is hard and before genital contact. Make sure the roll is on the outside, so the condom can roll down the penis.
5. Pinch the tip of the condom to remove air and leave one-half inch extra space at the tip of the condom if the condom does not have a nipple.
6. Roll the condom on all the way to the base of the penis. Smooth out air bubbles as the condom unrolls.
7. Put lubricant on the outside of the condom.

Take the condom off correctly to avoid infection after having sexual intercourse.

1. Hold the condom at the rim and withdraw the penis from the partner before the penis becomes soft.
2. Slide the condom gently off the penis.
3. Keep the used condom away from the partner's body.
4. Tie the condom in a knot to prevent spills. Wash your hands or body parts if a spill occurs.
5. Wrap it in tissue and dispose of it in a wastebasket, not in a toilet or where pets can get to it.
6. Wash your hands.

TIPS:

- Store condoms in a cool, dry place. Don't freeze them or let them get too hot.
- Don't use a condom more than once.



Assessment Rubric: Setting My Goal, Reducing My Risks

Elements in the Lesson

Note: The goal is pre-determined. The student will be scored on the following goal setting steps.

- Describe your tasks.
 - What simple steps do you need to take to reach your goal? Ask key questions to identify tasks:
 - What will I do to reduce the risk of infection with HIV or other sexually transmitted infections when I decide to have sex?
 - What information can I get from my parents or family or other trusted adults?
 - How will I know when I'm ready to have sex?
 - In the future, how could I get condoms?
- Measure your progress.
 - How will I know that I am making progress toward my goal?
 - How often will I check on whether or not I am making progress?
- Evaluate whether or not the goal was met.
 - How will I evaluate if I met my goal?

The following **holistic** rubric can be used for assessing student ability to plan to achieve a goal related to risk reduction. The student has demonstrated the elements listed above through a written assignment.

To access an **analytic** rubric for this assignment or a **generic, holistic** rubric that can be used for any assignment, check the resources for Lesson 8 on the flash drive that came with your manual.



Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Describe Tasks to Reach Your Goal	Clear, simple, and helpful tasks related to the goal are identified and described in detail, showing a depth of understanding.	Clear, simple, and helpful tasks related to the goal are identified.	Most of the identified tasks are clear, helpful and related to the goal.	Few of the identified tasks are clear, helpful, or related to the goal.	
Measure Your Progress	The method(s) for measuring progress is identified and clearly described in detail showing a depth of understanding.	The method(s) for measuring progress is identified and clearly described.	The method(s) of measuring progress is slightly vague or unclear.	The method(s) of measuring progress is missing or unhelpful.	
Evaluation	The method for evaluating whether or not the goal is reached is identified and clearly described in detail showing a depth of understanding.	The method for evaluating whether or not the goal is reached is identified and clearly described.	The method for evaluating whether or not the goal is reached is slightly vague or unclear.	The method for evaluating whether or not the goal is reached is missing or unhelpful.	



Setting My Goal, Reducing My Risks

This rubric can be used for assessing your ability to plan to reach a goal related to risk reduction.

Review the rubric and circle the number with the statements that best represents your work for this assignment. Record any comments you have about your assessment in the "Comments" column.

Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Not Meeting Expectations 1	Comments
Describe Tasks to Reach Your Goal	I identified clear, simple, and helpful tasks related to the goal. I described them in detail, showing a depth of understanding.	I identified clear, simple, and helpful tasks related to the goal.	Most of the tasks that I identified are clear, helpful and related to the goal.	Few of the tasks that I identified are clear, helpful, or related to the goal.	
Measure Your Progress	I identified a method(s) for measuring progress and clearly described it in detail, showing a depth of understanding.	I identified and clearly described a method(s) for measuring progress.	The method(s) of measuring progress I identified and described is slightly vague or unclear.	I did not identify and describe a method(s) of measuring progress or what I identified was not helpful.	
Evaluation	I identified a method for evaluating whether or not the goal is reached and clearly described the method in detail showing a depth of understanding.	I identified and clearly described a method for evaluating whether or not the goal is reached.	The method I identified and described for evaluating whether or not the goal is reached is slightly vague or unclear.	I did not identify a method for evaluating whether or not the goal is reached or what I described was not helpful.	



LESSON 9

Sharing Our Expertise

Student Learning Objective:

- Demonstrate the ability to be positive peer role models in the school and community.

National Health Education Standard:

- Advocacy

Lesson Synopsis



Connect this lesson on making plans to share information about HIV infection and other STIs with Lesson 7 on using skills to avoid or escape risky sexual situations (abstinence-only version) or Lesson 8 on the role of condom use in reducing risks of infection with HIV and STIs (abstinence-based version). Review all the information and skills learned throughout this module on HIV and STI prevention. Identify the elements of effective advocacy. Develop an advocacy project plan to communicate important messages to peers about avoiding infection with HIV and other STIs. Summarize advocacy messages for peers.

Activity	Time	Materials Needed
Introduction	3 minutes	Teacher Manual Resources <ul style="list-style-type: none"> • Student Worksheet: “Setting My Goal, Reducing My Risks” (assigned in Lesson 8, abstinence-based version only)
Input	15 minutes	Health Education Resources <ul style="list-style-type: none"> • Poster: “Advocating for Health,” Michigan Model for Health Clearinghouse Teacher Manual Resources <ul style="list-style-type: none"> • Set of Slide Masters: “In Summary...” • Slide Master: “One More Thing” (abstinence-based version only) • Slide Master: “Advocating for Health” Supplied by the Teacher <ul style="list-style-type: none"> • Charts with facts and myths generated by students (from Lesson 1) • Student folders with worksheets and handouts from previous lessons • Chart paper • Markers • Tape or tacks • Slides • Projector
Application	25 minutes	Health Education Resources <ul style="list-style-type: none"> • Poster: “Advocating for Health,” Michigan Model for Health Clearinghouse Teacher Manual Resources <ul style="list-style-type: none"> • Student Worksheet: “Helping Others Protect Themselves” • Student Handout: “Advocacy Project Possibilities” • Teacher Reference–Assessment: “Assessment Rubric: Helping Others Protect Themselves” • Student Self-Assessment Rubric: “Helping Others Protect Themselves” Supplied by the Teacher <ul style="list-style-type: none"> • Writing paper • Pens or pencils

Closure	2 minutes	Supplied by the Teacher • Student folders from Lesson 1
TOTAL	45 minutes	


Preparation

- | | |
|----------------------------|--|
| Prior to the Lesson | <ul style="list-style-type: none"> • Determine which version of the lesson has been approved by your Board of Education to be taught in your class, abstinence-based or abstinence-only. • Decide if you want to assess student progress. A rubric is provided for your use at the end of this lesson, “Assessment Rubric: Helping Others Protect Themselves.” This rubric assesses the activity initiated in this lesson and completed in Lesson 10. It is provided at the end of this lesson so that you can tell your students how they will be assessed. • Decide if you want students to assess their own progress. Duplicate the rubric, “Helping Others Protect Themselves,” for students if you plan to have them use it. This rubric assesses the activity initiated in this lesson and completed in Lesson 10. It is provided at the end of this lesson so that you can tell your students how they will be assessed. • Decide if students will select and complete an advocacy project or if you will select one for them. • Decide if you want to allow more time between Lessons 9 and 10 for students to complete their projects. |
| For Introduction | <ul style="list-style-type: none"> • Select the introduction text that has been approved for your use, abstinence-based or abstinence-only. |
| For Input | <ul style="list-style-type: none"> • Prepare four charts with one of the following titles at the top of each, “Essential Information,” “Healthy Boundaries,” “People to Talk To,” and “Avoid and Escape.” • Prepare a chart with the following title at the top, “Risk Reduction.” (abstinence-based version only) • Prepare slides of the slide masters, “In Summary...” and “Advocating for Health.” • Prepare a slide of the slide master, “One More Thing.” (abstinence-based version only) • Post the student-generated charts with facts and myths from Lesson 1. |
| For Application | <ul style="list-style-type: none"> • Decide how you will divide your class into small groups of four to six students. • Duplicate the student worksheet, “Helping Others Protect Themselves,” and student handout, “Advocacy Project Possibilities,” for each small group. |

LESSON PROCEDURE


Introduction: Connect this lesson on making plans to share information about HIV infection and other STIs with Lesson 7 on using skills to avoid or escape risky sexual situations (abstinence-only version) or Lesson 8 on the role of condom use in reducing risks of infection with HIV and STIs (abstinence-based version).

3 minutes

Instructional Steps	Script and Detailed Directions
<p><u>Abstinence-Only Version:</u> If you are implementing this lesson following Lesson 7, review skills that can be used to avoid or escape risky sexual situations.</p>	<p><i>In our last lesson, we practiced using our skills to avoid and escape risky situations. What are some skills you can use to avoid or escape risky sexual situations?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Communicate personal limits • Identify trouble • Refusal skills <p><i>What are the five ways we learned to say “no”?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Say a direct “no”: “No.” • Suggest another activity: “Let’s talk on the phone instead.” • Repeat the same phrase over and over again. “I don’t want to. I don’t want to. I don’t want to....” • Give a reason: “I want to sleep.” or “I don’t feel safe sneaking around in the middle of the night.” • Walk away. <p><i>Who has had an opportunity to use one of these refusal skills in the last few days in a non-sexual situation and would like to tell us which way they chose to refuse? Be sure you do not use a person’s name when you tell us which refusal skill you used.</i></p> <p>Call on students to share which refusal skill(s) they have used recently.</p>
<p><u>Abstinence-Based Version:</u> If you are implementing this lesson following Lesson 8, review goals for reducing risks using the student worksheet, “Setting My Goal, Reducing My Risks,” from Lesson 8.</p> 	<p>Ask students to get out their student worksheet, “Setting My Goal, Reducing My Risks.”</p> <p><i>What information do people need to avoid HIV and other STIs before they decide to have sex?</i></p> <p>Call on several students to name vital information, including the following:</p> <ul style="list-style-type: none"> • Laws about having sex • Reliable sources for information or assistance • How to know whether or not they are ready for the responsibility of having sex • How to get condoms • How to use a condom consistently and correctly
<p><u>Abstinence-only and –based Versions:</u> Introduce this lesson on sharing information about STI prevention with peers.</p>	<p><i>You have learned a lot of valuable information that you can use to protect yourself from becoming infected with HIV or another STI. Today, you will have an opportunity to share what you know with your peers. But, first, let’s review what we have learned.</i></p>

Input: Review all the information and skills learned throughout this module on HIV and STI prevention. Identify the elements of effective advocacy.

15 minutes

Instructional Steps	Script and Detailed Directions
<p>Review HIV and STI information previously taught in this module using the slides, “In Summary...”</p> 	<p>Display the charts listing facts and myths that students developed in Lesson 1. Ask students to get out their folders and review their student worksheets, “Vital STI Facts,” from Lesson 2.</p> <p><i>Please take a moment to review the facts and myths you listed. Then review the STI facts you noted on your worksheet.</i></p> <p>What do you think is the most common misinformation that young people your age believe about HIV or STIs?</p> <p>Call on students to share their ideas.</p> <p>Display the first question on the set of slides, “In Summary...”</p> <p>Which facts do you think your peers should know in order to avoid HIV infection or STIs?</p> <p>Call on students to share their ideas. Record them on the chart titled “Essential Information.” Add any additional facts noted during class that students may miss. Clarify any misinformation.</p>
<p>Review boundaries and communication skills previously taught in this module.</p>	<p><i>Next, review the plan you created in Lesson 4. It outlines the boundaries you chose—what you will and won’t do—so that you will not get infected with HIV or another STI.</i></p> <p>Pause to give students time to review their action plans from Lesson 4.</p> <p>Display the second question on the set of slides, “In Summary...”</p> <p>What are some boundaries that might help your peers avoid infection?</p> <p>Call on students to share their ideas. Record them on the chart titled “Healthy Boundaries.” Add any additional limits noted during class that students may miss. Clarify any misinformation.</p> <p>Display the third question on the set of slides, “In Summary...”</p> <p>With whom might you need to communicate about your plan?</p> <p>Call on students to share their ideas. Record them on the chart titled “People to Talk To.”</p> <p>Answers:</p> <ul style="list-style-type: none"> • A person might need to discuss what he or she will or won’t do with boyfriends/ girlfriends. • It might be helpful to tell friends about plans for staying safe from HIV and other STIs. • Talking to parents or other trusted adults will provide added support for adopting plans to stay healthy and safe. • Some people might want to talk to a clergyperson about their plans.

Review skills for avoiding and escaping risk situations that were previously taught in this module.

Display the fourth question on the set of slides, "In Summary...."

What skills have you learned that will help you avoid and escape potentially risky situations?

Call on students to share their ideas. Record them on the chart titled "Avoid and Escape."

Answers:

- Identify trouble
- Communicate limits
- Use refusal skills

How can you determine whether a situation might get you into trouble?

Answers:

- Ask questions.
- Name the trouble.
- State the consequences.

If a situation is likely to get you into trouble, what can you do?

Answers:

- Communicate your boundaries...what you will and won't do.
- Use refusal skills.

When is a good time to use refusal skills?

Answers:

- Use refusal skills to avoid risky situations and to escape risk situations.
- Refuse to do anything that could result in HIV infection or another STI.
- Refuse to do things that are dangerous, illegal, wrong, or that you don't want to do.

Abstinence-Based Addition:

Review the role of condom use in reducing the risk of infection with sex by displaying the slide, "One More Thing."




What do people need to know about reducing risk if they decide to have sex in the future?

Call on students to share their ideas. Record them on the chart titled "Risk Reduction."





Refer to the teacher reference, "Reducing the Risk With Correct Condom Use," and the student handout, "Keys for a Future Free of HIV and STIs: Abstinence and Condom Use," from Lesson 8 for possible answers.

<p>Emphasize the impact of alcohol and other drugs on preventing infection with HIV and other STIs.</p>	<p><i>We have learned a lot about preventing infection with HIV and other STIs. What impact does alcohol or other drug use have on our ability to protect ourselves from HIV and STIs?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Alcohol and other drugs reduce inhibitions and cause people to do things they wouldn't normally do. • Alcohol and other drugs impair judgment, causing people to make poor decisions. • Alcohol and other drugs can make people lose control and they can more easily be taken advantage of by others.
<p>Describe the ingredients of effective advocacy using the slide and/or poster, "Advocating for Health."</p> 	<p><i>Now that you know so much about preventing infection with HIV and other STIs, you can use your knowledge and skills to encourage others to avoid infection. Who knows what we call it when someone stands up for a position or stands up for someone else's cause?</i></p> <p>Answer: advocacy or advocate</p> <p>Display the slide and/or poster, "Advocating for Health."</p> <p><i>Armed with all you have learned, you can encourage your peers, and others you care about, to do everything they can to avoid infection with HIV and STIs. To do so effectively, you must include four elements:</i></p> <ol style="list-style-type: none"> 1. <i>Take a clear, health-enhancing position.</i> 2. <i>Support the position accurately with relevant facts.</i> 3. <i>Show appropriate awareness of target audience's perspective.</i> 4. <i>Display conviction for the position.</i> <p>Explain each element needed for effective advocacy.</p>

Application: Develop an advocacy project plan to communicate important messages about avoiding infection with HIV and other STIs to peers.

25 minutes

Instructional Steps	Script and Detailed Directions
<p>Identify health-enhancing messages for peers.</p>	<p>Ask students to take out paper and a pen or pencil.</p>  <p>Use the teacher assessment rubric or have students use the self-assessment rubric provided at the end of the lesson if you want to assess students' progress on the activity initiated in this lesson and completed in Lesson 10.</p> 

Consider what health-enhancing messages about HIV and other STIs you think are most important for young people to know. It might help you to think in terms of what messages you would want to share with a friend. You will have three minutes to list on a sheet of paper four messages about HIV, AIDS, or other STIs that you feel are most important for your peers to know. Keep in mind your peers have had a variety of experiences.



Provide examples of messages if you think your students need help getting started. Be sure the messages fall within the limits of what you are allowed to teach.

Allow three minutes for the students to record their messages.

Form small groups and develop an advocacy plan for peers using the student worksheet, "Helping Others Protect Themselves," the student handout, "Advocacy Project Possibilities," and the slide and/or poster, "Advocating for Health."



Form small groups of four to six students.

Assign students in each small group to act as leader, recorder, and spokesperson. Provide each recorder with the student worksheet, "Helping Others Protect Themselves," and the student handout, "Advocacy Project Possibilities."



If you have chosen the advocacy project, do not provide the student handout, "Advocacy Project Possibilities."

Display the poster and/or slide, "Advocating for Health."

We will have a chance to share some of our messages with others. This worksheet will guide you as you plan to share information regarding HIV and other STIs with a group of your peers. As you work, your recorder will complete your planning worksheet.



Guide students in selecting projects that stay within the boundaries of what is approved for your program in your district.

First, your group members will share the messages you have written individually. Then, each group should determine, by group consensus, the message the group thinks is most important. Consensus means that all the members of the group agree with or are willing to support a selected message.

Second, list the facts that support the message you have chosen. These facts will be useful for motivating your audience and designing your project.

Third, you will decide which group of peers you want to receive your message. In other words, who do you want to see, hear, or read your message. For example, you might want to focus on members of a certain club, a particular class, or, possibly, all students in the school. Once you know who your audience will be, describe their characteristics and their perspective on your topic so you can tailor your message to them.




The fourth step suggests that small groups of students decide upon projects to complete which share information about HIV and other STIs with their peers. Asking students to plan and implement projects of their choosing increases motivation and ownership in the projects. However, if your time and/or resources are limited, you may want to select a project for the students to complete as a class. You might consider those listed on the handout, "Advocacy Project Possibilities."

	<p><i>Fourth, your small group will create a way to communicate your message to a group of your peers. Look at the handout, "Advocacy Project Possibilities," for ideas, or come up with an idea of your own.</i></p> <p><i>You will have 15 minutes to plan during today's lesson. In 15 minutes, I will ask each group's spokesperson to share the group's ideas.</i></p>
Share advocacy plans with the class.	<p>After 15 minutes, ask each group's spokesperson to briefly share their plan with the class. Ask other students to clarify or make suggestions on each plan.</p> <p><i>I will collect your planning worksheets today to review and approve them. During our next lesson, you will have time to finalize your plans and create your project.</i></p>

Closure: Summarize advocacy messages for peers.

2 minutes

Instructional Steps	Script and Detailed Directions
Summarize the lesson, emphasizing the advocacy messages for peers.	<p><i>What kinds of messages do you think your peers would find appealing or would make a difference with kids your age?</i></p> <p>Gather ideas from the students.</p> <p><i>You can keep these ideas in mind as you complete your advocacy plans during our next lesson.</i></p> <p>Collect the planning worksheets to review and approve prior to the next lesson.</p> <p> Be prepared to clarify or set limits on the advocacy information to be shared so that the information is consistent with your district's guidelines for HIV education.</p>
Introduce the next lesson on sharing advocacy projects.	<p><i>In our next health lesson, you will put your advocacy plans into action and will share information about HIV and other STIs.</i></p>





In Summary...

- Which facts do you think kids your age should know in order to avoid HIV infection or STIs?





In Summary...

- What are some boundaries that might help your peers avoid infection?





In Summary...

- With whom might you need to communicate about your plan?





In Summary...

- What skills have you learned that will help you avoid and escape potentially risky situations?





One More Thing

- What do people need to know about reducing risk when they decide to have sex in the future?



Advocating for Health



1. Take a clear, health-enhancing position.
2. Support the position accurately with relevant facts.
3. Show appropriate awareness of the target audience's characteristics and their perspective.
4. Display conviction for the position.



Directions: Prepare an advocacy message.

1. Decide which health-enhancing message, or messages, your small group wants to communicate to other peers.
2. List the supportive facts for your selected message(s).
3. Decide what audience of peers will receive your message(s) and describe their characteristics and perspective.
4. Plan a way to communicate the message(s) clearly and with conviction.

Helping Others Protect Themselves



1. We have decided to communicate this health-enhancing message:

2. These facts support our health-enhancing message:

3. Our audience of peers is:

Our audience's characteristics and perspective is:

4. Our plan for communicating the message clearly and with conviction is:

We will complete our plan by (date, time) _____.

We will complete our plan at (location) _____.

In order to be successful, our group members have the following jobs:

Person

Job

Approved by: _____

Suggestions or comments:



Advocacy Project Possibilities

The following are some examples of ways to communicate your advocacy message:

- Make posters for the lunch room, halls, or main office.
- Design public service announcements that can be read over the public address system during morning announcements.
- Create buttons with a prevention slogan on them.
- Write a letter to a local, state, or national official making him or her aware of the key messages.
- Design a class bulletin board with individual messages from each person.
- Write a short article or letter to the editor for the local newspaper.
- Create a guidebook for parents on talking with youth about HIV and other STIs.
- Do a presentation for another class or grade.
- Make a display for the nurse's office.
- Make a short video. Ask the local movie theatre to play it prior to movies or post it to YouTube or TeacherTube.
- Write an advice column for the school paper.
- Prepare pamphlets on HIV and STIs for distribution to peers.
- Design a webpage or page on a social networking site with appropriate controls.
- Design a blog and invite peers to comment on your advocacy messages.





Assessment Rubric: Helping Others Protect Themselves

Elements in the Lesson

- Decide which health-enhancing message, or messages, your small group wants to communicate to other peers.
- List the supportive facts for your selected message(s).
- Decide what audience of peers will receive your message(s) and describe their characteristic and perspective.
- Plan (Lesson 9) and implement (Lesson 10) a way to communicate the message(s) clearly and with conviction.

The following **holistic** rubric can be used for assessing student ability to advocate for healthy choices. The student has demonstrated the elements listed above through a written assignment and a project.

To access an **analytic** rubric for this assignment or a **generic, holistic** rubric that can be used for any assignment, check the resources for Lesson 9 on the flash drive that came with your manual.

Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Health-Enhancing Message With Supportive Facts	<ul style="list-style-type: none"> • Promotes a very clear, health-enhancing message(s). • Strongly and accurately supports the message(s) with extensive, relevant, and documented facts. 	<ul style="list-style-type: none"> • Promotes a clear, health-enhancing message(s). • Supports the message(s) accurately with relevant facts. 	<ul style="list-style-type: none"> • Promotes a health-enhancing message(s). • Some of the support for the message(s) may be inaccurate or may include irrelevant facts. 	<ul style="list-style-type: none"> • Promotes an unhealthy or unclear message(s). • Most or all of the support for the message(s) is inaccurate or includes irrelevant facts. 	
Audience Awareness	Shows strong awareness of the audience's characteristics and perspective.	Shows appropriate awareness of the audience's characteristics and perspective.	Shows limited awareness of the audience's characteristics and perspective.	Shows no awareness of the audience's characteristics and perspective.	
Completing the Plan	A time and location are identified.	A time and location are identified.	A time or location is identified.	A time and location are not identified.	
Persuasive Conviction	Displays strong, persuasive conviction for the message.	Displays conviction for the message.	Displays minimal conviction for the message.	Does not display conviction for the message.	



Helping Others Protect Themselves

This rubric can be used for assessing your ability to advocate for healthy choices.

Review the rubric and circle the number with the statements that best represents your work for this assignment. Record any comments you have about your assessment in the "Comments" column.

Elements	Exceeds Expectations 4	Meets Expectations 3	Progressing Toward Expectations 2	Does Not Meet Expectations 1	Comments
Health-Enhancing Message With Supportive Facts	<ul style="list-style-type: none"> Our plan and project provide a very clear, health-enhancing message(s). We strongly and accurately supported the message(s) with extensive, relevant, and documented facts. 	<ul style="list-style-type: none"> Our plan and project provide a clear, health-enhancing message(s). We supported the message(s) accurately with relevant facts. 	<ul style="list-style-type: none"> Our plan and project provide a health-enhancing message(s). Some of our support for the message(s) may be inaccurate or may include irrelevant facts. 	<ul style="list-style-type: none"> Our plan and project provide an unhealthy or unclear message(s). Most or all of our support for the message(s) is inaccurate or includes irrelevant facts. 	
Audience Awareness	Our plan and project show strong awareness of the audience's characteristics and perspective. We identified a time and location.	Our plan and project show appropriate awareness of the audience's characteristics and perspective. We identified a time and location.	Our plan and project show limited awareness of the audience's characteristics and perspective. We identified a time or location.	Our plan and project show no awareness of audience's characteristics and perspective. We didn't identify a time or location.	
Completing the Plan	Our plan and project display strong, persuasive conviction for our message.	Our plan and project display conviction for our message.	Our plan and project display minimal conviction for our message.	Our plan and project do not display conviction for our message.	
Persuasive Conviction	Our plan and project display strong, persuasive conviction for our message.	Our plan and project display conviction for our message.	Our plan and project display minimal conviction for our message.	Our plan and project do not display conviction for our message.	

LESSON 10

Spreading the Word

Student Learning Objective:

- Demonstrate the ability to be positive peer role models in the school and community.

National Health Education Standard:

- Advocacy

Lesson Synopsis

Connect this lesson on implementing advocacy projects about preventing infection with HIV and other STIs with the previous lesson on creating advocacy plans. Provide feedback to small groups on their advocacy project plans. Complete the advocacy plans for sharing information about preventing infection with HIV and other STIs. Implement their advocacy plans. Summarize how student decisions will determine their risks of becoming infected with HIV and other STIs and emphasize the power of their advocacy.



Activity	Time	Materials Needed
Introduction	3 minutes	<ul style="list-style-type: none"> • None
Input	2 minutes	Teacher Manual Resources <ul style="list-style-type: none"> • Teacher Reference–Assessment: “Assessment Rubric: Helping Others Protect Themselves” (from Lesson 9) • Student Self-Assessment Rubric: “Helping Others Protect Themselves” (from Lesson 9) Supplied by the Teacher <ul style="list-style-type: none"> • Feedback on the student worksheet, “Helping Others Protect Themselves” (from Lesson 9)
Application	38 minutes	Supplied by the Teacher <ul style="list-style-type: none"> • Student folders with worksheets and handouts from previous lessons • Writing paper • Pens or pencils • Materials needed for the advocacy projects designed by the students
Closure	2 minutes	Supplied by the Teacher <ul style="list-style-type: none"> • Student folders from Lesson 1
TOTAL	45 minutes	

Preparation

- Prior to the Lesson**
- **Determine** which version of the lesson has been approved by your Board of Education to be taught in your class, abstinence-based or abstinence-only.
 - **Decide if you want to assess** student progress. A rubric is provided for your use at the end of Lesson 9, “Assessment Rubric: Helping Others Protect Themselves.” This rubric assesses the activity initiated in Lesson 9 and completed in this lesson.
 - **Decide if you want students to assess** their own progress. **Duplicate** the rubric, “Helping Others Protect Themselves,” for students if you plan to have them use it. This rubric assesses the activity initiated in Lesson 9 and completed in this lesson. It is found at the end of Lesson 9.
 - **Decide** how much time you will allocate for implementation of the advocacy project. Depending on the projects you and your students select, this lesson may take more than one day.
 - **Review** and provide feedback on the completed student worksheets, “Helping Others Protect Themselves,” from Lesson 9 prior to class and be prepared to redistribute them to the students.

LESSON PROCEDURE





Introduction: Connect this lesson on implementing advocacy projects about preventing infection with HIV and other STIs with the previous lesson on creating advocacy plans.

3 minutes

Instructional Steps	Script and Detailed Directions
<p>Introduce the lesson by reviewing the important messages young people need about preventing infection with HIV and other STIs.</p>	<p><i>What are some important messages for young people to know about preventing infection with HIV or other STIs?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Refuse to have sexual intercourse. • Refuse to share needles. • Adopt an action plan to stay safe and healthy. • Communicate what you will and won't do to others. • Identify trouble before you are in the middle of a risky situation. • Know how to refuse risky situations. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><u>Abstinence-Based Addition:</u> Answer:</p> <ul style="list-style-type: none"> • Use a latex or polyurethane condom consistently and correctly when having sex. </div>
<p>Introduce this lesson on advocacy project implementation.</p>	<p><i>Today, you will work in your small groups to complete and implement your plan for sharing information about HIV infection and other STIs. You will put your advocacy messages out where your peers can hear them.</i></p>

Input: Provide feedback on advocacy project plans.

2 minutes

Instructional Steps	Script and Detailed Directions
<p>Provide feedback to small groups on their advocacy project plans using the completed student worksheet, "Helping Others Protect Themselves," from Lesson 9.</p> 	<p>Re-form the small groups from the previous lesson.</p> <p>Redistribute the student worksheet, "Helping Others Protect Themselves," from Lesson 9 with your comments and suggestions.</p> <p><i>Since our last health lesson, I have reviewed each group's advocacy project plan and provided you with feedback. I will circulate as you continue your work to discuss my comments and answer any questions you might have.</i></p>  <p>Use the teacher assessment rubric or have students use the self-assessment rubric provided at the end of Lesson 9 if you want to assess students' progress on the activity initiated in Lesson 9 and completed in this lesson.</p>  

Application: Complete the advocacy plans for sharing information about preventing infection with HIV and other STIs. Implement student advocacy plans.

38 minutes minimum—variable, depending on the plans

Instructional Steps	Script and Detailed Directions
<p>Incorporate feedback and complete advocacy plans in small groups.</p>	<p>Allow time for the students to complete the action plans they have created, incorporating any feedback they received from classmates during the previous lesson or from your comments.</p> <p>Circulate to each small group to discuss their plan and clarify your feedback.</p>
<p>Provide students with the materials needed to prepare their projects and implement the plans.</p>	<p>Allow time for the students to carry out their action plans. This may involve preparing pamphlets or posters and distributing them, or it might involve preparing presentations and scheduling times to make the presentations in the future. This may require multiple days depending on the project selected.</p>

Closure: Summarize how student decisions will determine their risks of becoming infected with HIV and other STIs and emphasize the power of their advocacy.

2 minutes

Instructional Steps	Script and Detailed Directions
<p>Summarize the lesson, emphasizing personal power over risk behaviors that can result in infection.</p>	<p><i>You now know what you can do to prevent yourself from becoming infected with HIV or another STI. However, it is up to you to act on what you know. You have the power. What actions must you take if you want to avoid HIV and STIs?</i></p> <p>Call on volunteers to share their ideas:</p> <p>Answers:</p> <ul style="list-style-type: none">• Abstain from sexual intercourse (vaginal, anal, and oral).• Abstain from needle sharing.• Avoid contact with rashes, sores, and discharges.

Abstinence-based Addition

Answer:

- Use a condom consistently and correctly when having sex.

You also have a great deal of positive influence with your peers. Be an advocate and encourage your peers to make health-enhancing decisions.

What can you do to be an advocate on your own in the future?

Call on several students to share their ideas.

You may take home your folders with all the information and work you collected during this module. I hope you will refer to it whenever you or your friends have a question or concern.

Summarize the module.

This is our last lesson on the topic of HIV and other STIs, but acting on your plan to protect yourselves is a daily commitment.

You are not alone. There are many people available to help you and many reliable sources of information.



Review the resource list from Lesson 3 as time allows.

If you need help or information about HIV, AIDS, or other STIs, remember all the people who are available to help you, and call or talk to them.

Showcase the advocacy projects.

When the advocacy projects are completed, consider showcasing them by having students create posters of their experiences and displays of the products they produced to reach their audiences.

Make time during a later class to discuss the advocacy plan implementation.

Process the students' experiences as peer advocates. Discuss:

- ***What did you learn about advocating for others to avoid HIV and other STIs?***
- ***Which parts of your advocacy efforts did you think were effective? How do you know?***
- ***What might you do differently next time?***
- ***How will you continue to be an advocate in the future?***



Assessment Available for The Michigan Model for Health™

Growing Up and Staying Healthy: Understanding HIV and Other STIs **A Module for Grades 7-8**

There are three forms of assessment in the *Michigan Model for Health™* lessons. One form, curriculum-embedded assessment, is present at the end of the lessons in the form of rubrics and checklists for scoring student work. These assessments were developed specifically for the instructional activities in the lessons and are excellent classroom-level tools for assessing student performance on the knowledge and skills taught in *Growing Up and Staying Healthy: Understanding HIV and Other STIs*. Embedded assessments are listed in the Time and Materials Chart and noted in the Preparation section at the beginning of each lesson.

A second type of assessment consists of items that have been selected from the database of the State Collaborative on Assessment and Student Standards, Health Education Assessment Program (SCASS-HEAP), a project sponsored by the Council of Chief State School Officers (CCSSO). The items were selected based on their alignment with *Growing Up and Staying Healthy: Understanding HIV and Other STIs* lessons, and are suitable for classroom, building, and district-level assessments in health education. The item numbers published in the charts that follow, represent assessment items in the SCASS-HEAP database, available in flash drive or web-based formats. In order for you to access the items, your state must be participating in the national SCASS-HEAP project. If you are teaching in a SCASS-HEAP state, the items may be accessed by school staff who sign a security agreement and receive training in the use of the items. As you access the items, you need to be sure to select the version you are using: abstinence-based or abstinence-only.

Also included behind this tab is the third form of assessment, a pre-test and post-test for this module. This instrument will help educators assess the change in knowledge, skills, and attitudes as a result of teaching this curriculum. Electronic copy masters of the tests are included on the Teacher Resources flash drive packaged with this manual.



SCASS~HEAP Assessment Items That Correlate With HIV 7-8

The items listed below, which continue through the top of page 5, are appropriate for use in all districts, whether they take an abstinence-only or abstinence-based approach.

Item#	Health Topic	National Health Standard	Grade Level	Item Type	Lesson Number											
					1	2	3	4	5	6	7	8	9	10		
1	Family Life & Sexuality	Core Concept (CC)	High School	Multiple Choice							X					
2	Family Life & Sexuality	Core Concept (CC)	High School	Multiple Choice	X											
3	Family Life & Sexuality	Core Concept (CC)	High School	Multiple Choice	X											
4	Family Life & Sexuality	Core Concept (CC)	High School	Multiple Choice	X											
5	Family Life & Sexuality	Core Concept (CC)	Elementary	Multiple Choice	X	X										
6	Family Life & Sexuality	Core Concept (CC)	Elementary	Multiple Choice	X											
7	Family Life & Sexuality	Core Concept (CC)	Elementary	Multiple Choice	X	X										
8	Family Life & Sexuality	Core Concept (CC)	Elementary	Multiple Choice	X											
9	Family Life & Sexuality	Core Concept (CC)	High School	Multiple Choice		X										
10	Family Life & Sexuality	Core Concept (CC)	High School	Multiple Choice		X										
11	Family Life & Sexuality	Core Concept (CC)	Middle School	Multiple Choice	X											
12	Family Life & Sexuality	Core Concept (CC)	Middle School	Multiple Choice	X	X										
13	Family Life & Sexuality	Core Concept (CC)	Middle School	Multiple Choice							X					
14	Family Life & Sexuality	Analyzing Influences (INF)	Elementary	Short Answer							X					
15	Family Life & Sexuality	Core Concept (CC)	Elementary	Multiple Choice	X	X										
16	Family Life & Sexuality	Accessing Information (AI)	Elementary	Multiple Choice					X							
17	Family Life & Sexuality	Core Concept (CC)	Elementary	Multiple Choice	X	X										
18	Family Life & Sexuality	Core Concept (CC)	Elementary	Multiple Choice	X											
19	Family Life & Sexuality	Self Management (SM)	Elementary	Multiple Choice	X	X										
20	Family Life & Sexuality	Self Management (SM)	Elementary	Short Answer	X	X				X						
21	Family Life & Sexuality	Accessing Information (AI)	Elementary	Extended Response					X							
22	Family Life & Sexuality	Core Concept (CC)	Middle School	Multiple Choice	X	X										
23	Family Life & Sexuality	Interpersonal Communication (COM)	Middle School	Multiple Choice							X					
24	Family Life & Sexuality	Interpersonal Communication (COM)	Middle School	Multiple Choice		X										
25	Family Life & Sexuality	Interpersonal Communication (COM)	Middle School	Multiple Choice									X			
26	Family Life & Sexuality	Interpersonal Communication (COM)	Middle School	Short Answer								X				

SCASS~HEAP Assessment Items

Item#	Health Topic	National Health Standard	Grade Level	Item Type	Lesson Number															
					1	2	3	4	5	6	7	8	9	10						
27	Family Life & Sexuality	Core Concept (CC)	Middle School	Multiple Choice	X															
28	Family Life & Sexuality	Core Concept (CC)	Middle School	Multiple Choice		X														
29	Family Life & Sexuality	Core Concept (CC)	Middle School	Multiple Choice	X															
30	Family Life & Sexuality	Core Concept (CC)	Middle School	Multiple Choice		X														
31	Family Life & Sexuality	Accessing Information (AI)	Middle School	Short Answer			X													
32	Family Life & Sexuality	Self Management (SM)	Middle School	Short Answer	X															
33	Family Life & Sexuality	Core Concept (CC)	Middle School	Multiple Choice	X			X												
34	Family Life & Sexuality	Interpersonal Communication (COM)	Middle School	Multiple Choice				X												
35	Family Life & Sexuality	Core Concept (CC)	Middle School	Multiple Choice		X														
36	Family Life & Sexuality	Interpersonal Communication (COM)	Middle School	Multiple Choice						X										
37	Family Life & Sexuality	Goal Setting (GS)	Middle School	Multiple Choice					X											
38	Family Life & Sexuality	Interpersonal Communication (COM)	Middle School	Short Answer						X					X					
39	Family Life & Sexuality	Advocacy (AV)	Middle School	Extended Response																X
40	Family Life & Sexuality	Core Concept (CC)	Middle School	Multiple Choice		X														
41	Physical Activity	Advocacy (AV)	High School	Short Answer	X															
42	Family Life & Sexuality	Core Concept (CC)	High School	Multiple Choice		X			X											
43	Family Life & Sexuality	Advocacy (AV)	High School	Short Answer					X											
44	Family Life & Sexuality	Interpersonal Communication (COM)	High School	Short Answer						X										
45	Family Life & Sexuality	Advocacy (AV)	High School	Extended Response																X
46	Family Life & Sexuality	Core Concept (CC)	High School	Multiple Choice											X					
47	Family Life & Sexuality	Interpersonal Communication (COM)	High School	Multiple Choice											X					
48	Family Life & Sexuality	Core Concept (CC)	High School	Multiple Choice						X										
49	Family Life & Sexuality	Self Management (SM)	High School	Multiple Choice						X										
50	Family Life & Sexuality	Core Concept (CC)	High School	Multiple Choice																X
51	Family Life & Sexuality	Core Concept (CC)	High School	Multiple Choice											X					
52	Family Life & Sexuality	Core Concept (CC)	High School	Multiple Choice																
53	Family Life & Sexuality	Core Concept (CC)	High School	Multiple Choice		X														X

SCASS~HEAP Assessment Items

Item#	Health Topic	National Health Standard	Grade Level	Item Type	Lesson Number															
					1	2	3	4	5	6	7	8	9	10						
54	34406	Family Life & Sexuality	Core Concept (CC)	High School	Multiple Choice	X														
55	34410	Family Life & Sexuality	Accessing Information (AI)	High School	Short Answer			X												
56	34411	Family Life & Sexuality	Accessing Information (AI)	High School	Extended Response			X												
57	34504	Family Life & Sexuality	Core Concept (CC)	High School	Multiple Choice	X														
58	34506	Family Life & Sexuality	Core Concept (CC)	High School	Multiple Choice		X													
59	34507	Family Life & Sexuality	Decision Making (DM)	High School	Multiple Choice	X														
60	34509	Family Life & Sexuality	Interpersonal Communication (COM)	High School	Short Answer					X										
61	34511	Family Life & Sexuality	Goal Setting (GS)	High School	Extended Response				X											
62	51801	Family Life & Sexuality	Interpersonal Communication (COM)	Middle School	Performance Task															
63	60001	Family Life & Sexuality	Advocacy (AV)	High School	Performance Task															X
64	62701	Family Life & Sexuality	Accessing Information (AI)	High School	Performance Task	X														
65	14111-BRL1	Family Life & Sexuality	Accessing Information (AI)	Middle School	Short Answer			X												
66	14111-BRL2	Family Life & Sexuality	Accessing Information (AI)	Middle School	Short Answer			X												
67	14111-BRL3	Family Life & Sexuality	Accessing Information (AI)	Middle School	Short Answer			X												
68	14111-BRL4	Family Life & Sexuality	Accessing Information (AI)	Middle School	Extended Response			X												
69	14111-BRL5	Family Life & Sexuality	Accessing Information (AI)	Middle School	Extended Response			X												
70	14111-BRL6	Family Life & Sexuality	Accessing Information (AI)	Middle School	Performance Task			X												
71	34410-BRL1	Family Life & Sexuality	Accessing Information (AI)	High School	Short Answer			X												
72	34410-BRL2	Family Life & Sexuality	Accessing Information (AI)	High School	Short Answer			X												
73	34410-BRL5	Family Life & Sexuality	Accessing Information (AI)	High School	Extended Response			X												
74	34410-BRL6	Family Life & Sexuality	Accessing Information (AI)	High School	Performance Task			X												

SCASS-HEAP Assessment Items

Item#	Health Topic	National Health Standard	Grade Level	Item Type	Lesson Number												
					1	2	3	4	5	6	7	8	9	10			
75	34511-BRL1	Goal Setting (GS)	Middle School	Extended Response				X									
76	34511-BRL2	Goal Setting (GS)	Middle School	Extended Response				X									
77	34511-BRL3	Goal Setting (GS)	Middle School	Extended Response				X									
78	34511-BRL4	Goal Setting (GS)	Middle School	Extended Response				X									
79	34511-BRL5	Goal Setting (GS)	Middle School	Extended Response				X									

In addition to the above, districts that take an abstinence-based approach may use the following items.

Item#	Health Topic	National Health Standard	Grade Level	Item Type	Lesson Number												
					1	2	3	4	5	6	7	8	9	10			
1	02405	Family Life & Sexuality	Middle School	Multiple Choice		X											
2	03137	Family Life & Sexuality	High School	Multiple Choice		X											
3	14109	Family Life & Sexuality	Elementary	Short Answer													X
4	34005	Family Life & Sexuality	High School	Multiple Choice													X
5	34106	Family Life & Sexuality	High School	Multiple Choice													X
6	34502	Family Life & Sexuality	High School	Multiple Choice													X
7	34510	Family Life & Sexuality	High School	Short Answer													X
8	34511-BRL3	Goal Setting (GS)	Middle School	Extended Response													X
9	34511-BRL4	Goal Setting (GS)	Middle School	Extended Response												X	



INSTRUCTION GUIDE



Michigan Model for Health™ Pre-/Post-Test

The *Michigan Model for Health™ (Michigan Model) Pre-/Post-Test* is an evaluation instrument for the Grade 7-8 *Michigan Model Curriculum*. This *Instruction Guide* provides information on the *Michigan Model Pre-/Post-Test* and how to use it in your evaluation.

There are three parts to this *Instruction Guide*:

- **Part 1** provides an overview of the *Michigan Model Pre-/Post-Test* and describes the different sections of the instrument,
- **Part 2** provides instructions on how to administer the *Michigan Model Pre-/Post-Test* to students, and
- **Part 3** discusses how to score, analyze, and interpret the *Michigan Model Pre-/Post-Test* results.

Part 1: Overview of Pre-/Post-Test

Purpose of the Pre-/Post-Test

The *Michigan Model for Health™ (Michigan Model)* is a comprehensive health education curriculum that facilitates skills-based learning through lessons that include a variety of teaching and learning techniques to build positive lifestyle behaviors in students and families. **In addition, the *Michigan Model* targets all of the most serious health challenges faced by students at elementary and secondary grades**, including social and emotional health; nutrition and physical activity; alcohol, tobacco and other drugs; safety; personal health and wellness (elementary); and HIV (upper elementary and secondary).

Because the *Michigan Model* is comprehensive in nature, there are many potential variables that could be included in an evaluation of the program. In addition, those interested in the impact of the *Michigan Model* program are likely to have a variety of reasons for conducting an evaluation. Some may be primarily interested in examining changes in attitudes among students while others may be interested in examining changes in skills taught in the program.

The *Michigan Model Pre-/Post-Test* has several important features:

- **Each module has a separate test¹:** For example: (a) Nutrition and Physical Activity; (b) Tobacco; and (c) HIV/STI Prevention.
- **Each test measures a variety of variables**, including concepts, skills, attitudes, and/or behaviors. See the following page for the variables measured and item numbers of each test.
- **Each test is reliable and valid.** The test items showed adequate test-retest reliability over a three-week period and were judged by a panel health education experts to measure the intended constructs.

¹ Some items adapted from the following sources: Centers for Disease Control and Prevention (2000). *Youth Risk Behavior Surveillance—1999*. Washington, DC: Government Printing Office; CCSSO. (2004). *Improving Teaching and Learning: CCSSO–SCASS HEAP project*; Bosworth K, Espelage D. (1995). *Teen Conflict Survey*. Bloomington, IN: Center for Adolescent Studies, Indiana University.

Grade 7-8: Pre-/Post-Test Variables and Item Numbers

Nutrition and Physical Activity	Item #s
Behaviors	1 – 9
Concepts	10 – 22
Skills	23 – 28
Goal-Setting Behaviors	29 – 33

Tobacco	Item #s
Attitudes	1 – 6
Concepts	7 – 15
Skills	16 – 27

HIV/STI Prevention	Item #s
Concepts	1 – 15
Skills	16 – 23
Goal-Setting Behaviors	24 – 25

Part 2: Administering the Pre-/Post-Test

Pre-/Post-Test Schedule

The **Pre-Test** assessment should take place before starting the *Michigan Model* curriculum. Administering the Pre-Test within a week before starting *Michigan Model* is best.

The **Post-Test** assessment should be conducted after the program has been completed. Administering the Post-Test within a week after completing *Michigan Model* is best.

Follow-up Post-Test assessments are desirable to determine whether any changes emerged or were sustained over a long-term period. Any Follow-up Post-Tests should occur after enough time has passed (at least one month is best) to allow students to practice the skills they've learned.

Pre-/Post-Test Options

If more than one module of the *Michigan Model* will be taught (e.g., Social and Emotional, and Nutrition and Physical Activity), there are at least two options for conducting the Pre-/Post-Tests: (a) conduct all of the tests corresponding to those units at one time for the Pre-Test, prior to teaching any units, and conduct tests of all the units at the Post-Test, after all units are taught; or (b) conduct the Pre-/Post-Test for each unit separately, just before and after each unit is taught.

If the entire *Michigan Model* Grade 7-8 curriculum will be taught and you plan to pre-test all of the units before beginning to teach, two sessions for each test (e.g., Pre-Test) are recommended in order to maximize student concentration and minimize fatigue. For example, the first testing session could include Social and Emotional, Safety, and Personal Health and Wellness. The second testing session could cover Alcohol, Tobacco, and Other Drugs; and Nutrition and Physical Activity.

Pre-/Post-Test Data Collection

Data collection should be done consistently to ensure reliable results. Here are some suggested guidelines:

1. Prior to the survey, make sure each student:

- has a copy of the survey,
- has a pen or pencil, and
- is seated far enough away from others to ensure his or her answers can remain private.

2. To begin the survey, read the following script to the students:

(Pre-Test assessment only) *“We would like you to answer some questions. We are interested in how students your age act, think, and feel. We hope that you will have fun and find it interesting to answer these questions.”*

(Post-Test assessment only) *“We know that most of you have completed this survey before. However, we are interested in what your answers are to the questions NOW.”*

“Give the best answer you can. Work quickly but carefully. The questions will give you different options for answering. Remember, choose that answer that best fits you. Be sure to fill in the circle completely. Make sure that you fill in only one circle for each question.

“Your information will be kept private. Do not say your answers out loud. If you don’t want to answer a question, leave it blank. If you do not understand a question, raise your hand and I will help you.”

Part 3: Scoring and Analyzing the Results

Scoring the Results

For most purposes, the best scoring method is to tally the number correct for each student. Use the attached answer key to score each item. Each correct item is worth one point.

If percentages are needed to determine whether a performance goal was met (e.g., at least 80% correct), calculate the **percent correct** by adding up the number correct and dividing by the total number of items for that test.

EXAMPLE: Calculate Percent Correct

Nutrition and Physical Activity Pre-/Post-Test (33 items):

	Pre-Test		Post-Test	
	# correct	% correct	# correct	% correct
01	10	10/33 = 30%	18	18/33 = 55%
02	16	16/33 = 48%	30	30/33 = 91%
03	28	28/33 = 85%	32	32/33 = 97%

Grade 7-8: Pre-/Post-Test Answer Key

Test/Variable	Item #(s)	Correct Answer	Test/Variable	Item #	Correct Answer
Nutrition and Physical Activity (NPA)			HIV/STI Prevention		
Behaviors	1 - 4	A	Concepts	1	A
	5 - 6	B		2 - 3	D
	7	A		4 - 5	A
	8	D		6 - 8	D
	9	A		9 - 10	A
Concepts	10	B		11 - 12	D
	11	D		13	A
	12	C		14	D
	13	B		15	A
	14	D		16	B
	15 - 18	A	Skills	17	A
	19	D		18	D
	20	B		19	B
	21 - 22	D		20 - 21	D
Skills	23	A		22	C
	24 - 25	D		23a - 23e	A
	26 - 27	C	Goal-Setting	24 - 25	A or B
	28	B			
Goal-Setting	29 - 33	A or B			
Tobacco					
Attitudes	1 - 2	D			
	3 - 5	A			
	6	D			
Concepts	7	A			
	8 - 11	D			
	12	C			
	13	A			
	14	D			
	15	A			
Skills	16 - 17	C			
	18	D			
	19	A			
	20	B			
	21 - 22	D			
	23 - 25	C			
	26	A			
	27	D			

Analyzing the Results

Analyzing data can involve tests for “statistical” significance and “social” significance. Tests of statistical significance reflect whether the observed results are reliable and not due to chance. Statistical testing involves technical skills that may require assistance from a program evaluator or other expert.

Tests for social significance, or “real-world” impact, are usually based upon whether the observed results meet a pre-determined performance level (e.g., at least 80% correct).

The following are questions that help analyze the social significance of the results.

- **Were the outcomes in the expected direction?** The direction of change is a basic yet important indicator, especially when the outcomes did not meet or exceed the performance goal(s), because at least you’ll know whether you are moving in the right direction. If the outcomes are in the opposite direction or not as robust as expected, a careful review of the program and process evaluation should occur.
- **Did the outcomes meet or exceed the expected performance level(s)?** This is the “bottom-line” question of your analysis, because it relates directly to the expected outcome.
- **Were the outcomes different for various groups (e.g., males vs. females)?** Not all subgroups may have similar outcomes, so it may be important to report any differences. In addition, any subgroup differences should be considered and monitored as part of program improvements in subsequent years.
- **Were there unintended positive or negative outcomes?** Not all outcomes can be anticipated, so it’s important to identify and report any unintended results. Typically, unintended or negative outcomes emerge and can be understood better when a variety of stakeholders, such as those comprising a school health advisory council, are involved in the interpretation of the results. For example, high prevalence of attitudes favoring drug use among a few students may reveal an isolated problem noticed by teachers or parents.
- **How clearly were the outcomes attributable to the program?** There are various levels of confidence in attributing student outcomes to programming. Generally speaking, more confidence in the link between programs and outcomes results from implementing evidence-based programs such as the *Michigan Model for Health™*, because such programs have a track record of effectiveness when implemented with fidelity. An additional approach to determining a positive program effect is the use of a *comparison group or control group*.² These groups have not received the program, but are otherwise similar to the program group (e.g., in age, gender composition, and risk status). If the program group changed in the expected direction, but the comparison/control group did not, there is strong evidence of successful, program-related outcomes.

What If the Pre-/Post-Test Results Are Negative?

Usually, the concern about negative results lies in whether an intended performance goal was achieved. Although negative results can be demoralizing, they shouldn’t be minimized or ignored, but rather seen as an opportunity for stakeholders, such as those comprising a school health advisory council, to reflect upon the program and related factors that may have accounted for the unwanted results.

² Essentially, a control group and comparison group serve the same purpose, but a control group is selected through random assignment, whereas a comparison group is chosen through non-random methods. The clearest link between student outcomes and programming is made by using a control group. However, random assignment is a sophisticated process and is not always practical, so check with a professional evaluator for advice and assistance.

It is also important to realize that negative results can emerge even after years of successful programming and outcomes, which might be attributable to changes in the student population, and/or shifts in community attitudes (e.g., toward drug use).

Negative results could be due to one or more of the following reasons, all of which should be considered in efforts to improve program outcomes in future years:

- **The Pre-/Post-Test was not administered properly.** Negative results could be due to a variety of poor testing conditions, including incomplete test directions, hurrying the respondents, or even the attitude of the test administrator. Make sure that the administration procedures (provided in Part 2) are followed and that the same procedures are used for each testing session.
- **The program was not implemented completely or competently (with “fidelity”).** Negative results commonly originate from poor or incomplete planning and execution of the program. The Pre-/Post-Test for each unit (e.g., Safety) is designed under the assumption that all lessons for that unit have been implemented with fidelity by a person trained to teach the *Michigan Model for Health*™.
- **There were unexpected roadblocks.** Even if the *Michigan Model* is implemented with fidelity by trained teachers, there may be unforeseen roadblocks to successful outcomes. For example, the program may have been received poorly by the students, or students did not participate as planned. It’s also possible that an event in the district, such as a recent lapse in enforcement of rules against violence, may have weakened the prevention message. Because unanticipated roadblocks are possible, it’s critical to detect them early and take steps to overcome them.
- **The performance goal was not realistic.** If negative results were found despite implementing the program with fidelity by a trained teacher without incurring significant roadblocks, consider whether the original goals were on track. Was the timeline for change too short? Was the targeted behavior too resistant to change? Were the students more at-risk than originally believed? Finding answers to these questions usually involves a thorough needs assessment that includes not only a general review of objective risk factors and protective factors in the student population, but also reactions from trusted program participants and other students to determine their unmet needs and concerns.

HIV/STI Prevention

These questions are about HIV/STI prevention. Choose the best answer.

- Human Immunodeficiency Virus (HIV) causes HIV infection.
 Yes
 Maybe
 Maybe not
 No
- Most people got infected with HIV through sharing needles.
 Yes
 Maybe
 Maybe not
 No
- The second major cause of HIV infection is sexual intercourse.
 Yes
 Maybe
 Maybe not
 No
- A person with HIV can live a long time.
 Yes
 Maybe
 Maybe not
 No
- People infected with HIV are able to transmit HIV to others even if they feel well and look healthy.
 Yes
 Maybe
 Maybe not
 No
- Which of the following is an STI?
 Herpes
 Gonorrhea
 Chlamydia
 Human Papillomavirus (HPV)
 All of the above
- Which of the following puts somebody at risk for HIV and Sexually Transmitted Infections (STIs)?
 Sexual intercourse
 Sharing needles for drugs, body piercing, or tattooing
 Contact with blood, sores, or rashes
 All of the above.
- Which of the following increases the risk for STIs?
 Vaginal intercourse with a person with a STI
 Oral sex with a person with a STI
 Anal sex with a person with a STI
 All of the above.
- Which of the following has no known cure?
 Herpes
 Gonorrhea
 Chlamydia
 Syphilis

10. Which of the following is a way drug use results in HIV infection?

- Sharing needles to use drugs.
- Taking too many pills.
- Sharing my asthma inhaler with someone else who is having trouble breathing.
- Taking pills you got from a friend when you have a headache.

11. Which of the following actions would put a person at the MOST risk of getting HIV?

- Hugging
- Sneezing
- Eating lunch together
- Injecting illegal drugs with a needle

12. Emma wants to learn more about HIV and STIs. Which resource would be able to help Emma?

- A health website sponsored by the government or a university.
- A health professional such as a physician or nurse.
- Local counseling agencies or organizations that give information about HIV and STIs.
- All of the above.

13. Which of the following is the BEST Internet source to learn more about the dangers of HIV and STIs?

- A website ending in .gov or .edu.
- A website ending in .com.
- A website ending in .tv.
- None of the above, don't use the Internet.

14. Which of the following is a potentially risky situation for engaging in sexual activity?

- Going out with someone you don't know very well.
- Going to parties where alcohol and other drugs are being used.
- Going to houses where no parents or other adults are supervising.
- All of the above.

15. Most U.S. students in grade 7, 8 and 9 have not had sexual intercourse.

- True.
- False.

16. José is a student playground aide. One day a girl fell and cut her knee. How could José help the bleeding student?

- Put his hand over the cut to stop the bleeding.
- Ask another student to get an adult to help.
- Ask another student to put his or her hand over the cut.
- Ignore the student because it wasn't that bad a cut.

17. Jessi's boyfriend wants to take her to a party where there will be kids using alcohol and other drugs, but her boyfriend wants her to go anyway. What is the BEST way for Jessi to tell her boyfriend that she does not want to go?

- In a firm voice (without yelling), say, "I am your girlfriend, but I don't want to go to the party."
- Say, "Maybe I could go for a short time, as long as I don't have to talk with anybody."
- Go with her boyfriend, but leave her mom a message about where she is.
- In a soft voice, say, "I really shouldn't go to the party."

18. Which of the following is a good way to communicate nonverbally (without using words)?

- Stand or sit straight and tall.
- Use eye contact when speaking.
- Stand face-to-face.
- All of the above.

19. To improve communication when a friend is talking, you should do the following:
- While your friend is talking, be thinking about what you'll say next.
 - Ask questions to understand what he or she is saying.
 - Continue to do something else, but quietly.
 - Look behind your friend to see if anything else is happening.
20. Which of the following is an effective way to refuse to do something?
- Say a direct "no."
 - Suggest another activity.
 - Repeat the same phrase over and over again.
 - Walk away.
 - All of the above.
21. Which questions should a person answer before deciding to have sex?
- What are my values and beliefs about sex?
 - What would my parents or family think about me being in a sexual relationship?
 - Am I feeling pressured to have sex?
 - All of the above.
22. Which of the following is NOT a way to show friendship and caring for someone who is infected with HIV or has AIDS:
- Ask if he or she would like to join your games and activities.
 - Treat him or her like you would any other friend.
 - Show concern by telling others about someone's HIV infection, even if you don't have permission.
 - Listen when he or she feels like talking.

For the next questions (23a-e), choose "Yes," "No," or "I don't know."

23. Andrew wants to encourage, or advocate for, people to follow guidelines for avoiding HIV and STIs. He should:
- a. Take a clear health-enhancing stand.
 - Yes
 - No
 - I don't know
 - b. Support his position with relevant facts.
 - Yes
 - No
 - I don't know
 - c. Show an awareness of the person(s) he is addressing.
 - Yes
 - No
 - I don't know
 - d. Encourage others to make healthy choices.
 - Yes
 - No
 - I don't know
 - e. Demonstrate passion or conviction for the issues.
 - Yes
 - No
 - I don't know
24. Do you set goals for yourself?
- Yes, always
 - Yes, most times
 - Yes, sometimes
 - No
25. When you set a goal, do you plan what you will need to do to reach it?
- Yes, always
 - Yes, most times
 - Yes, sometimes
 - No



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A-K Correlation With***Growing Up and Staying Healthy: Understanding HIV and Other STIs***

Due to Michigan laws related to sex education in public schools, districts will need to examine their sex education programs to make sure they are in compliance. This document is designed to assist schools using *Growing Up and Staying Healthy: Understanding HIV and Other STIs* (grades 7-8) to meet the legal requirements for sex education curriculum as stated in section 380.1507b of Michigan Compiled Laws. The following chart outlines the curriculum requirements, topics addressed and not addressed in this curriculum, including the lessons addressing each law.

Material and instruction in the sex education curriculum under section 1507 that discusses sex shall be age-appropriate, shall not be medically inaccurate, and shall do at least all of the following:

Criteria Required by Michigan Law	Lesson #	Addressed	Not Addressed
a. Discuss the benefits of abstaining from sex until marriage and the benefits of ceasing sex if a pupil is sexually active.	1, 2, 4	<ul style="list-style-type: none"> • Benefits of abstaining from sex • Benefits of ceasing sex if sexually active 	
b. Include a discussion of the possible emotional, economic, and legal consequences of sex.	4, 7	<ul style="list-style-type: none"> • Emotional consequences • Legal consequences • Economic consequences • Sex offender list 	
c. Stress that unplanned pregnancy and sexually transmitted diseases are serious possibilities of sex that are not fully preventable except by abstinence.	2	<ul style="list-style-type: none"> • STIs covered • Pregnancy mentioned 	
d. Advise pupils of the laws pertaining to their responsibility as parents to children born in and out of wedlock.	4	<ul style="list-style-type: none"> • Reasons to set healthy limits are discussed, including parental responsibilities 	
e. Ensure that pupils are not taught in a way that condones the violation of the laws of this state pertaining to sexual activity , including, but not limited to, sections 158, 335a, 338, 338a, 338b, and 520b to 520e of the Michigan penal code, 1931 PA 328, MCL 750.158, 750.335a, 750.338, 750.338a, 750.338b, and 750.520b to 750.520e.	1-10	<ul style="list-style-type: none"> • No lessons condone violation of laws 	
f. Teach pupils how to say “no” to sexual advances and that it is wrong to take advantage of, harass, or exploit another person sexually.	5, 6, 7	<ul style="list-style-type: none"> • Refusal skills • Harassment or exploitation 	

Criteria Required by Michigan Law	Lesson #	Addressed	Not Addressed
g. Teach refusal skills and encourage pupils to resist pressure to engage in risky behavior.	5, 6, 7	<ul style="list-style-type: none"> Refusal skills Resisting pressure to engage in risky behavior 	
h. Teach that the pupil has the power to control personal behavior. Pupils shall be taught to base their actions on reasoning, self-discipline, a sense of responsibility, self-control, and ethical considerations such as respect for self and others	4	<ul style="list-style-type: none"> Individual control over personal behavior Personal responsibility Self control Respect for self and others 	
i. Provide instruction on healthy dating relationships and on how to set limits and recognize a dangerous environment.	4, 5, 6, 7	<ul style="list-style-type: none"> How to set limits How to identify trouble Escaping risky situations 	<ul style="list-style-type: none"> Healthy dating relationships are addressed in <i>Michigan Model</i> module, "The Two R's for Stopping Assault and Preventing Violence," including skills to develop healthy relationships, characteristics of dating abuse, and sexual harassment.
j. Provide information for pupils about how young parents can learn more about adoption services and about the provisions of the safe delivery of newborns law, chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.1 to 712.20.	3	<ul style="list-style-type: none"> Adoption services Safe delivery 	
k. (k) Include information clearly informing pupils that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment and that 1 of the other results of being convicted of this crime is to be listed on the sex offender registry on the internet for up to 25 years.	4, 7	<ul style="list-style-type: none"> Laws governing sexual conduct Inform crime punishable by imprisonment Sex offender registry 	

National Health Education Standards Addressed Within Growing Up and Staying Healthy: Understanding HIV and Other STIs

Lesson #	Core Concepts	Analyzing Influences	Accessing Information	Interpersonal Communication	Decision Making	Goal Setting	Self Management	Advocacy
Lesson 1: The 4-1-1 on HIV and AIDS	X							
Lesson 2: HIV and Other STIs– Evaluating the Risks	X	X					X	
Lesson 3: Finding Help and Information			X					
Lesson 4: Create a Plan to Stay Within the Boundaries						X	X	
Lesson 5: Communicating Our Boundaries				X			X	
Lesson 6: Identifying and Refusing Trouble Situations				X			X	
Lesson 7: Avoiding and Escaping Risk Situations				X			X	
Lesson 8: Someday, But Not Now	X					X		
Lesson 9: Sharing Our Expertise								X
Lesson 10: Spreading the Word								X



Health Education Grade Level Content Expectations Addressed Within Growing Up and Staying Healthy: Understanding HIV and Other STIs

Lesson Titles, Student Learning Objectives, and National Health Education Standards

Lessons	
Student Learning Objectives	National Health Education Standards
Lesson 1: The 4-1-1 on HIV and AIDS	
Explain how HIV is and is not transmitted.	Core Concepts
Distinguish between facts and myths regarding HIV infection and AIDS.	Core Concepts
Lesson 2: HIV and Other STIs—Evaluating the Risks	
Analyze behaviors and situations that may result in increased risk for HIV and other sexually transmitted infections (STIs).	Self Management
Summarize the benefits of staying within behavioral limits and remaining abstinent.	Core Concepts
Examine viewpoints of parents and other trusted adults regarding teen relationships, abstinence, and sexual decisions.	Analyzing Influences
Evaluate the impact of alcohol and other drug use on decisions regarding sexual behavior.	Analyzing Influences
Lesson 3: Finding Help and Information	
Explain when it is important to get adult, medical, and/or counseling help.	Accessing Information
Locate sources of accurate information and assistance in one's community.	Accessing Information
Describe sources of accurate information and assistance in one's community.	Accessing Information
Lesson 4: Create a Plan to Stay Within the Boundaries	
Set personal boundaries and limits related to physical intimacy and sexual behavior.	Self Management
Create a plan to stay within behavioral limits which protect one from HIV and STIs.	Goal Setting
Lesson 5: Communicating Our Boundaries	
Analyze behaviors and situations that may result in increased risk for HIV and other sexually transmitted infections (STIs).	Self Management
Demonstrate the ability to communicate one's behavioral limits or boundaries and to show respect for the limits or boundaries of others related to physical intimacy and sexual behavior.	Interpersonal Communication

Student Learning Objectives	National Health Education Standards
Lesson 6: Identifying and Refusing Trouble Situations	
Analyze behaviors and situations that may result in increased risk for HIV and other sexually transmitted infections (STIs).	Self Management
Analyze situations where assertive communication and refusal skills can be used to avoid and escape risky situations.	Self Management
Demonstrate the ability to use verbal and non-verbal ways to refuse participation in sexual behavior.	Interpersonal Communication
Lesson 7: Avoiding and Escaping Risk Situations	
Analyze situations where assertive communication and refusal skills can be used to avoid and escape risky situations.	Self Management
Demonstrate skills to avoid and escape risky situations.	Self Management
Demonstrate the ability to use verbal and non-verbal ways to refuse participation in sexual behavior.	Interpersonal Communication
Lesson 8: Someday, But Not Now	
Describe the potential negative consequences of having sexual intercourse and ways to reduce risks, including abstinence and condom use.	Core Concepts
Create a plan to reduce the risks of having sex in the future.	Goal Setting
Lesson 9: Sharing Our Expertise	
Demonstrate the ability to be positive peer role models in the school and community.	Advocacy
Lesson 10: Spreading the Word	
Demonstrate the ability to be positive peer role models in the school and community.	Advocacy

HIV/STI and Sex Education in Michigan Public Schools

HIV/STI and Sex Education in Michigan Public Schools A Summary of Legal Obligations and Best Practices



This chart was revised to reflect the changes in laws affected by Public Acts 165 and 166 of 2004, effective June 4, 2004. Michigan Compiled Laws (MCL) numbers are cited, and a key is included below.

Key to Michigan Compiled Laws Regarding HIV/STI and Sex Education

MCL No.	Public Act	Last Action	Focus
380.1169	School Code	Amended 6/2004	Dangerous communicable diseases; human immunodeficiency virus infection and acquired immunodeficiency virus infection; teacher training; teaching materials; curricula; teaching of abstinence from sex.
380.1506	School Code	Amended 11/1977	Program of instruction in reproductive health; supervision; request to excuse pupil from attendance; "reproductive health" defined.
380.1507	School Code	Amended 6/2004	Instruction in sex education; instructors, facilities, and equipment; stressing abstinence from sex; elective class; notice to parent or guardian; request to excuse pupil from attendance; qualifications of teacher; sex education advisory board; public hearing; distribution of family planning drug or device prohibited; "family planning," "class," and "course" defined.
380.1507a	School Code	Added 7/1996	Notice of excuse from class; enrollment.
380.1507b	School Code	Amended 6/2004	Sex education and instruction; curriculum requirements.
388.1766	State Aid Act	Amended 7/1996	Dispensing or distributing family planning or drug or device, dispensing prescriptions for family planning drug, or making referrals for abortion; forfeiture.
388.1766a	State Aid Act	Added 6/2004	Instruction in reproductive health or other sex education; complaint process.

Mandated HIV and Allowed Sex Education	<p>School districts are required to teach about dangerous communicable diseases, including, but not limited to, HIV/AIDS. §380.1169 Instruction regarding dangerous communicable diseases, including, but not limited to, HIV/AIDS, must be offered at least once a year at every building level (elementary, middle/junior, senior high).</p> <p>School districts can choose to teach sex education. If they do, they must do so in accordance with those sections of the Michigan Compiled Laws related to sex education and reproductive health. (§380.1506, §380.1507, §380.1507a, §380.1507b, §388.1766, §388.1766a)</p>
Parental Rights and Exclusion From Instruction	<p>For HIV/AIDS and sex education instruction, parents and/or legal guardians must be notified in advance of:</p> <ul style="list-style-type: none"> • The content of the instruction. • Their right to review materials in advance. • Their right to observe instruction. • Their right to excuse their child without penalty. (§380.1507, §388.1766) <p>For sex education only, if a parent or legal guardian files a continuing written notice (i.e., a request to have their child permanently excluded from sex education classes), the student shall not be enrolled in the class(es) unless the parent or legal guardian submits a written authorization for that enrollment. (§380.1507a)</p>

<p>Sex Education Advisory Board Membership</p>	<p>Every district that chooses to implement sex education must have a sex education advisory board.</p> <ul style="list-style-type: none"> • The local school board determines the terms of service, the number of members, and a membership selection process that reasonably reflects the school district population. • The advisory board must include: parents of children attending the district's schools, pupils in the district's schools, educators, local clergy, and community health professionals. • At least half of the members must be parents who have a child attending a school operated by the school district. A majority of those parent members must not be employed by a school district. • Members must be given two weeks written or electronic notice of meetings. (§380.1507)
<p>Advisory Board Chairs</p>	<p>Two co-chairs must be appointed by the school board to chair the sex education advisory board, at least one of whom is a parent of a child attending a school operated by the school district. (§380.1507)</p>
<p>Sex Education Advisory Board Role</p>	<p>The advisory board is responsible for:</p> <ul style="list-style-type: none"> • Establishing program goals and objectives for pupil knowledge and skills that are likely to reduce the rates of sex, pregnancy, and STDs. • Reviewing and recommending materials and methods to the 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. • 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. (§380.1507)
<p>Sex Education Supervisor</p>	<p>Every district choosing to have a sex education program must have a sex education supervisor, approved by the Michigan Department of Education (MDE), who oversees the program of instruction. (§380.1506, §380.1507)</p>
<p>Required Content Including Emphasis on Abstinence</p>	<p>Instruction in HIV/AIDS and sex education must stress that abstinence from sex is a responsible and effective method of preventing unplanned or out-of-wedlock pregnancy, and that it is the only protection that is 100% effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted HIV infection and AIDS. (§380.1169, §380.1507, §380.1507b)</p> <p>Instruction in HIV/AIDS must include the principal modes by which dangerous communicable diseases are spread and the best methods for the restriction and prevention of these diseases. (§380.1169)</p> <p>Sex education material discussing sex must be age-appropriate, must not be medically inaccurate, and must do all of the following:</p> <ol style="list-style-type: none"> Discuss the benefits of abstaining from sex until marriage and the benefits of ceasing sex if a pupil is sexually active. Include a discussion of the possible emotional, economic, and legal consequences of sex. Stress that unplanned pregnancy and sexually transmitted diseases are serious possibilities of sexual intercourse that are not fully preventable except by abstinence. Advise pupils of the laws pertaining to their responsibility as parents to children born in and out of wedlock. Ensure that pupils are not taught in a way that condones the violation of laws of this state pertaining to sexuality, including, but not limited to, those relating to sodomy, indecent exposure, gross indecency, and criminal sexual conduct in the first, second, third, and fourth degrees. Teach pupils how to say "no" to sexual advances and that is wrong to take advantage of, harass, or exploit another person sexually. Teach refusal skills and encourage pupils to resist pressure to engage in risky behavior.

Appendix D: HIV/STI and Sex Education in Michigan Public Schools (continued)

<p>Required Content Including Emphasis on Abstinence (cont.)</p>	<p>h. Teach that the pupil has the power to control personal behavior, and teach pupils to base their actions on reasoning, self-discipline, a sense of responsibility, self-control, and ethical considerations, such as respect for self and others.</p> <p>i. Provide instruction on healthy dating relationships and on how to set limits and recognize a dangerous environment.</p> <p>j. Provide information for pupils about how young parents can learn more about adoption services and about the provisions of the Safe Delivery of Newborns Law.</p> <p>k. Include information clearly informing pupils that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment and that one of the other results of being convicted of this crime may be listed on the sex offender registry for 15 years, 25 years, or life, and posted on the internet. (§380.1507b, 2011 PA 17-19)</p>
<p>Allowed Content Regarding Risk Reduction</p>	<p>School districts must teach about the best methods for the restriction and prevention of dangerous communicable diseases, including, but not limited to HIV/AIDS. (§380.1169)</p> <p>Districts are not prohibited from teaching about behavioral risk reduction strategies, including the use of condoms, within their sex education program. (§380.1507)</p>
<p>Prohibited Content or Actions</p>	<p>Clinical abortion cannot be considered a method of family planning, nor can abortion be taught as a method of reproductive health. (§380.1507) “Reproductive health” means that state of an individual’s well-being which involves the reproductive system and its physiological, psychological, and endocrinological functions. (§380.1506)</p> <p>A person cannot dispense or otherwise distribute a family planning drug or device, dispense prescriptions for a family planning drug, or make referrals for abortions in a public school or on public school property. (§380.1507, 388.1766)</p>
<p>Definition of Sex Education</p>	<p>Many districts have found it useful to develop or adopt a definition of sex education that aligns with existing definitional language in the law. The definition determines which content and materials are considered “sex education” and need to go through the approval and parent notification process detailed in §380.1507 and §388.1766a.</p>
<p>Approval Process</p>	<p>Curricula that are used as a part of HIV/STD or sex education instruction offered by a school district must go through the formal approval process, including two public hearings and school board approval. (§380.1169, §380.1507)</p> <p>Curricula, materials, and methods must be approved in advance regardless of the:</p> <ul style="list-style-type: none"> • class in which it is taught (e.g., health class, school-wide assembly, English class); • person providing the instruction (teacher, school nurse, guest speaker); • time of day the instruction is offered (during the school day versus after school); or • place the instruction takes place (within the building versus off the school premises).
<p>Teacher Training</p>	<p>Each person who teaches K-12 pupils about HIV/AIDS shall have training in HIV and AIDS education for young people. (§380.1169)</p> <p>In order to teach sex education, teachers must be qualified to teach health. (§380.1507) At the secondary level, this means teachers must have either the MA (health), MX (health, physical education, recreation and dance), or KH (family and consumer science) endorsement. In addition, ongoing professional development for teachers is strongly recommended. The Office of Professional Preparation Services at MDE accepts applications from districts for full-year permits that allow certified teachers to teach without the required endorsements, while pursuing coursework toward earning the endorsement.</p> <p>Trainings in both HIV/AIDS and sex education/reproductive health are usually offered through the regional Intermediate School District (ISD) school health coordinator that services that school district. Guest speakers are not required by law to go through these trainings. A trained teacher, however, should always be in the classroom when guest speakers are presenting.</p>

<p>Complaint Process</p>	<p>If a parent or legal guardian of a pupil enrolled in a district or intermediate district (ISD) believes that the district or intermediate district has violated the following sections of Michigan law pertaining to HIV/AIDS instruction or sex education (§380.1169, §380.1506, §380.1507, §388.1766a), the person can file a complaint with the superintendent or chief administrator of the district or ISD in which the pupil is enrolled. The district has 30 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action.</p> <p>If the parent is not satisfied with the investigation or findings made by the superintendent, the parent can appeal the findings to the ISD in which the district is located. The ISD has 30 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action.</p> <p>If the parent is not satisfied with the investigation or findings made by the ISD superintendent, the parent can appeal the findings to the MDE. The MDE has 90 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action. (§380.1766)</p>
<p>Penalties</p>	<p>If an investigation conducted by MDE (see Complaint Process section) reveals that a district or ISD has committed one or more violations of the following sections of the Revised School Code or State School Aid Act (§380.1169, §380.1506, §380.1507, §388.1766a) the district or intermediate district shall forfeit an amount equal to 1% of its total state school aid allocation. (§388.1766a)</p> <p>A district in which a school official, member of a board, or other person dispenses or otherwise distributes a family planning drug or device, dispenses prescriptions for any family planning drug, or makes referrals for abortions shall forfeit 5% of its total state aid appropriation. (§388.1766)</p>
<p>State Board Policy</p>	<p>The Michigan State Board of Education adopted a Policy to Promote Health and Prevent Disease and Pregnancy in September of 2003. The policy recommends that local school boards select, adopt, and implement comprehensive sexuality education programs that are based on sound science and proven principles of instruction. For a copy, go to www.michigan.gov/hived, under Law and Policy, click “State Board of Education Policy to Promote Health and Prevent Disease and Pregnancy.”</p>
<p>Health Education Standards and Model Curricula</p>	<p>In 2007, the Michigan State Board of Education adopted the Grade Level Content Expectations (GLCEs) for Grades K-8 and Michigan Merit Curriculum Credit Guidelines (MMC) for Grades 9-12 for Health Education. The GLCEs and MMC for Health Education Strands 6 and 7 provide recommendations for content to include in HIV prevention, growth and development, and sex education at specific grade levels.</p> <p>Michigan’s model health education curriculum, the <i>Michigan Model for Health</i>[®], is aligned with the GLCEs and MMC and is used by a majority of school districts in Michigan. It includes model curricula on HIV/STD prevention for Grades 4 and 5, 7-8, and 9-12. Districts can choose to adopt, adapt, or disregard the model curriculum and implement commercially or locally developed curricula.</p>

For more information on HIV/STI and Sex Education in Michigan schools, go to the Michigan Department of MDE web site, www.michigan.gov/hived. Questions should be directed to Laurie Bechhofer, MDE Consultant, 517-335-7252, bechhoferl@Michigan.gov.

This summary should not be used to replace statute. For the exact language of the MCL, go to www.michiganlegislature.org. Concerns regarding interpretation should be directed to legal counsel.

Resources for Complying With Michigan's Sex Education Laws*

Parent Notification

- A sample parent notification form is available on the Michigan Department of Education website: http://michigan.gov/documents/mde/1_Sample_Parent_Notification_Form_251745_7.pdf

Another way to locate this document is to go to: www.michigan.gov/hived and scroll down to Sample Parent Notification Form.

Child Support (requirement d)

- Information about Michigan's child support law is on the Michigan Department of Health and Human Services website: www.michigan.gov/childsupport.
- An order form to get free materials related to child support from the Michigan Department of Health and Human Services: http://www.michigan.gov/documents/dhs/MDHHS-1454_285930_7.pdf
- A free booklet, "Understanding Child Support: A Handbook for Parents" from the Michigan Department of Health and Human Services: http://michigan.gov/documents/dhs/DHS-PUB-748_209001_7.pdf

Safe Delivery of Newborns (requirement j)

- Information about Michigan's Safe Delivery law is on the Michigan Department of Health and Human Services website: www.michigan.gov/safedelivery.
- General provisions of the Safe Delivery of Newborns law at the Michigan Department of Health and Human Services website: http://www.michigan.gov/documents/mdhhs/DHS-SafeDelivery-FAQs_220347_7.pdf
- Downloadable information on the safe delivery act targeting teens, as well as young adults, from the Michigan Department of Health and Human Services: http://www.michigan.gov/documents/DHS-PUB-0864_162165_7.pdf

Adoption (requirement j)

- Comprehensive information about adoption is available at Michigan's adoption website: www.michigan.gov/adoption
- Adoption Information from the Michigan Department of Health and Human Services: http://www.michigan.gov/mdhhs/0,1607,7-124-5452_7116-14705--,00.html
- "Adopting a Child in Michigan" (Pub823) from Michigan Department of Health and Human Services: http://www.michigan.gov/documents/mdhhs/DHS-PUB-0823_221566_7.pdf
- Updated lists of public and private licensed adoption agencies at the Michigan Adoption Resource Exchange (MARE) website: <http://www.mare.org/MIAgencies/MIAgencies.html>

* See Appendix D for an explanation of Michigan's sex education laws and requirements a through k.

Sex Under the Age of Consent (requirement K)

- Information about teaching students about the current Sex Offender Registry Act is available at the Michigan Department of Education website:
http://www.michigan.gov/documents/mde/memo_2011_SORA_and_Sex_Ed_366707_7.pdf

* See Appendix D for an explanation of Michigan's sex education laws and requirements a through k.

Sample Parent/Family Letter Introducing *Growing Up and Staying Healthy: Understanding HIV and Other STIs*

Dear Parent or Family Member,

Our school is using an exciting health curriculum called the *Michigan Model for Health™*. Your child will have the chance to take part in units designed to develop life-long health habits related to nutrition, physical activity, and drug and violence prevention.

As your partners in education, your Board of Education has approved a unit called *Growing Up and Staying Healthy: Understanding HIV and Other STIs*. These lessons were selected after careful scrutiny by parents, teachers, students, clergy, and medical personnel from our community. These lessons will be taught beginning the week of **(insert date)**.

Your child will have the opportunity to learn many things in this unit, including: **(Tailor this list to match the lessons approved by your school board.)**

- Facts about sexually transmitted infections and ways to prevent them
- Behaviors that have no risk of transmitting infections and those that are risky
- Possible legal, financial, health, social, and emotional consequences of sexual activity
- How to communicate with family members and other trusted adults about sexual decisions and potential consequences
- How to set personal limits and communicate them to peers
- How to identify risky sexual situations and avoid or escape them
- Abstinence skills
- Methods for reducing the risk of sexually transmitted infections or pregnancy **(abstinence-based option)**
- Reliable sources of information and resources
- Goal-setting and advocacy skills

The lessons will give your child information and opportunities to build health skills that will prevent HIV and other sexually transmitted infections. However, we need your help! You are your child's first and most important teacher! Your child will be encouraged to talk to you about relationships and to ask you questions. Interviews with a parent or another trusted adult will be assigned as homework in order to promote open communication. By working together, schools and families can more effectively equip children to develop healthy habits and avoid health risks.

Please read the attached information: **(Attach the following as relevant)**

- Outline of topics that will be included in the unit.
- Invitation to a brief meeting to allow you to preview the lessons and materials.
- Exclusion request form to be returned if you decide your child should not participate fully.

You may make an appointment to review the materials or observe the class being taught if you wish. You may have your child excused from any of the lessons without penalty if you decide that is best. Please contact me if you have any questions or would like to discuss this information further. I may be reached by phone at **(Insert phone number)** or e-mail at **(Insert e-mail address)**.

We are looking forward to working together to keep our youth healthy.

Sincerely,

(Signature of teacher or principal)

Dear Parent or Family Member,

If you decide that your child should not participate in part or all of the lessons in *Growing Up and Staying Healthy: Understanding HIV and Other STIs* he or she will be excused without penalty. To do so, complete the Exclusion Request and return it to school office at **(Insert address)**.

Exclusion Request

1. If you want your child to participate in the lessons described on the attached outline, you do not need to return this form.
2. If you want your child to be excused from part or all of the lessons, please:

Initial this box.

Complete this form.

Circle the lessons on the attached list from which you want your child excluded, and return the list and this form to the address above.

Student Name: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____

Human Immunodeficiency Virus Fact Sheet

The Human Immunodeficiency Virus (HIV) is a blood-borne pathogen. A pathogen is a microorganism that causes infection or symptoms of illness. Therefore, a blood-borne pathogen is a microorganism that is found in a person's blood and can cause infection or illness if another person is exposed to the infected blood.

A virus must invade a living body cell in order to live and multiply. HIV most often invades the CD4+ T-lymphocyte, a kind of white blood cell. This CD4+ T cell is often called the "general" of the protective army of white blood cells within a person's body because it directs many of the activities of the other kinds of white blood cells in our immune system. The immune system protects us from many pathogens that we come in contact with every day. HIV is found in the blood of an infected person and in the blood cells of other body fluids, such as semen, vaginal fluids, and breast milk.

When HIV gets into a person's blood stream it looks for a CD4+ T cell to invade. Once HIV is inside the cell, it begins a complex biochemical process that enables the virus to substitute its genetic material for that of the CD4+ T cell. When this process is completed, the CD4+ T cell becomes a factory for the production of more HIV. The CD4+ T cell can no longer function in its "general" role and is eventually destroyed. Over time, when enough of the CD4+ T cells are destroyed, the body loses its ability to fight off disease, and it is susceptible to many other infections. These infections are called opportunistic infections because they take advantage of the opportunity to make people sick when their immune system cannot fight them off in the usual manner. The condition that results when the CD4+ T cells are destroyed and opportunistic infections take hold is Acquired Immune Deficiency Syndrome (AIDS).

HIV can also infect other body cells, such as those in the brain and the lining of the intestines. Glial cells coat the nerve cells of the brain ensuring that nerve transmissions are uninterrupted, similar to the insulation on copper wiring. When HIV invades the glial cells of the brain, interference with the ability to think and remember results. Digestive problems result when HIV damages the lining of the intestines.

Four Stages of HIV Disease

- **Acute HIV Infection:** If a person is exposed to HIV in very small quantities, the immune system may be able to kill it before it has an opportunity to attack the CD4+ T cells and replicate. One of the CD4+ T cell's leadership activities is to activate the body's system to produce special proteins called antibodies that are specifically made to destroy HIV. However, when HIV is transmitted from one person to another in sufficient quantity to invade more cells than the body's defense system can destroy immediately, the person is said to have been "infected" with HIV and has acute HIV infection. Within the first two to four weeks after infection, the virus is multiplying rapidly, causing a sharp rise in the number of viruses in a person's blood. This is one of the stages of the disease during which the amount of HIV in the blood, or viral load, is highest. During this time, the body's defense system, which is still healthy, is fighting this infection by sending other types of white blood cells to "search and destroy" the foreign protein invaders. This immune system response can result in a flu-like illness during these first few weeks, including fever, fatigue, red rash, headache, sore throat, muscle pain, swollen lymph nodes, vomiting, and upset stomach. Others may not have any symptoms of illness.

- **Asymptomatic HIV Disease:** Next, the person enters an asymptomatic stage of HIV infection, feels well and looks healthy, but is now carrying HIV and can transmit it to someone else. The white cells and the antibodies have destroyed HIV that is free-floating in the blood, but cannot destroy HIV that is hiding within cells. The level of virus in the blood has decreased, but HIV is replicating in the CD4+ T cells. Even though a person's viral load may reduce to undetectable limits, the person is still infected and can pass the virus to others. Most people have HIV for eight to ten years before experiencing symptoms. This is the longest stage of HIV infection. About 5% of people infected with HIV are long-term non-progressors who may not progress to having symptoms of illness.
- **Chronic Symptomatic Stage:** During this time, the virus is very slowly destroying CD4+ T cells and the viral load is increasing and the infected person begins to feel sick all the time. Symptoms include fatigue, swollen lymph nodes, fever, night sweats, weight loss, diarrhea, neurological problems, respiratory problems, skin problems, severe headaches, general pain, and thrush. Women often experience vaginal yeast infections, pelvic inflammatory disease, cervical changes, and menstrual irregularities. The average length of time between infection and the appearance of severe immune suppression symptoms is eleven years or more, depending on overall health.
- **Advanced HIV Disease or AIDS:** This is the other stage during which the amount of virus in the blood is highest. Eventually, the immune system is worn down until it cannot fight off even simple infections. The usual number of CD4+ T cells in a healthy person's blood is between 800 and 1,200 per microliter of blood. When the number of CD4+ T cells is reduced to 500 per microliter, symptoms often, but not always, begin to occur because the body is unable to fight off infections. When the CD4+ T cell level is below 200 per microliter of blood or accounts for less than 14 percent of all lymphocytes, the person is said to have advanced HIV disease or AIDS, with or without diagnoses of other infections or conditions associated with a severely damaged immune system.

HIV Transmission - Facts and Myths

The major ways in which HIV is transmitted have been clearly identified and have not changed as scientists have learned more about the virus.

HIV is transmitted:

1. by unprotected sexual intercourse with an infected person.

Unprotected sexual intercourse, including vaginal, oral, or anal sex, results in contact with infected body fluids: blood, semen, and vaginal fluids. Semen and vaginal fluids contain many white blood cells, including CD4+ T cells. The virus hiding within these cells can be spread from someone with HIV when their semen or vaginal fluids enter the body of someone without HIV through mucous membranes that line the vagina, mouth and anus, or (rarely) through small cuts, abrasions, or sores in the skin.

2. by needle-sharing.

Infected blood left on or in a needle can gain entrance into another person's bloodstream when the needle is used by more than one person. This can happen when using needles for any purpose, such as tattooing, body piercing, and injecting steroids or other drugs. Blood may also be left in the "works" that are shared by injecting drug users. The "works" are drug injecting equipment, such as needles, syringes, spoons, mixing dishes, filters, water, and citric acid.

3. to a baby born to a woman with HIV.

The transmission of the virus from the mother to the baby occurs during fetal development or birth, and through breast-feeding after birth. Breast milk contains a large quantity of white blood cells which, if infected, may spread HIV to the baby. Approximately one-quarter (25%) of babies born to women with HIV have the virus; the rest are born HIV free. With proper treatment during pregnancy and delivery, babies are much less likely to be born infected.

4. through exposure to infected blood or blood products.

Transmission via infected blood or blood products is very rarely seen in the United States today because blood donors are screened and blood donations are tested for HIV. Exposure can occur in health care settings via accidental contact with infected blood, such as “needlestick” injuries or blood splashes into the mucous membranes of eyes, mouth, or nose, or into open cuts or sores on a person’s skin. This mode of transmission is also rare because of the use of techniques called “universal precautions.” Blood, semen, or vaginal fluids should always be handled using universal precautions which include the use of latex gloves, hand washing, and careful disposal of latex gloves and anything blood soaked. These techniques prevent exposure to body fluids.

The list above is ranked according to the number of AIDS cases that have resulted from each kind of transmission. Transmission through sexual intercourse is responsible for the largest number of HIV infections and AIDS cases.

HIV is NOT transmitted by:

1. air or environmental surfaces.

HIV does not survive well outside of the human body. If infected blood or other body fluids dry on surfaces, such as toilets, dishes, floors, or clothing, the amount of live virus is decreased by 90 to 99 percent. Family members living with infected persons have not been infected by casual contact (i.e. eating, bathing, playing together). In the rare instances where HIV has been transmitted between family members, there has been contact between broken skin or mucous membranes and infected blood. Family members must not share personal items that can transfer blood, such as razors and toothbrushes, to minimize this risk.

2. kissing.

Casual contact through closed-mouth or “social” kissing is not a risk for transmission of HIV. Because of the potential for contact with blood during “French” or open-mouth kissing, CDC recommends against engaging in this activity with a person known to be infected. However, the risk of acquiring HIV during open-mouth kissing is believed to be extremely unlikely.

3. saliva, tears, sweat, urine, and feces.

HIV has been found in tiny quantities in the saliva and tears of some people living with HIV infection. These amounts are so small that they cannot produce infection. No cases of HIV infection have ever been shown to be caused by transmission through saliva and tears. HIV has not been found in the sweat of people with HIV. Of course, if blood is present in any of these fluids, the risk for transmission of the disease increases.

4. insects.

Biting insects, such as mosquitoes, do not inject blood into their victims. They inject saliva. Therefore, they do not inject HIV. Also, HIV cannot be grown in insects and will not reproduce inside an insect. The pattern of HIV infection among people would look different than it currently does if insects transmitted the virus. For example, if mosquitoes transmitted HIV, the pattern of infection would resemble that of malaria; it would be spread equally among every age group, and there would be a greater concentration of cases where there are lots of insects.

Testing and Diagnosis

Testing for and Diagnosis of HIV Infection

The only way to know whether or not someone has been infected with HIV is to test them for the presence of HIV or, most often, for the antibodies that are formed when the body tries to kill HIV.

Antibodies are manufactured by the body's immune system in response to an invasion of any foreign protein, such as a virus. They are specific to the foreign protein. For instance, an antibody manufactured against HIV would not attack the virus that causes measles. Antibodies are not manufactured by the body until a specific foreign protein gets into the body. Therefore, if a person's test is positive for the presence of the antibody for HIV, it means HIV has gotten into the person's body. Antibody tests for HIV are very accurate and reliable.

In the case of HIV infection, it usually takes about 25 days to three months for the body to manufacture enough antibodies to be detected in a test. This period of time between when a person is infected with HIV and when enough antibodies are manufactured to be detected by a test is called "the window period." During this time, a person is infected and can transmit the virus to other people. However, routine antibody testing would not show any evidence of infection.

Three testing methods for HIV infection are most commonly used:

- The most common way to test for HIV infection is to test for antibodies against HIV by taking a swab of the cells that line the inside of the mouth; this test is called the "oral test." This test is sometimes called the "saliva test," even though it doesn't actually test the saliva.
- Another way to test for HIV antibodies consists of collecting a blood sample, either from a vein or fingerstick, and then conducting a test on this blood sample. The most common test is called the ELISA. If the first test comes out positive, which means that HIV antibodies are present, the ELISA test is repeated again on the same sample of blood. If this second sample is again positive, a different test is done. This test is called the Western Blot and is used to confirm the presence of HIV antibodies. If the Western Blot test comes back positive, the person is considered to be infected with HIV or HIV positive.
- Tests can also be done to detect the virus itself in the blood stream. These tests are very expensive. Consequently, they are not used for routine testing. They are most often used to test infants born to HIV-infected women. An infant born to a woman with HIV will show the presence of antibodies in his/her blood at birth. These antibodies may be those of the mother since a mother's antibodies are passed across the placenta membrane in utero; in this case, the baby might not be infected. Alternately, the antibodies may be those produced by the baby if s/he was truly infected. A test

called PCR (polymerase chain reaction) is used to detect the actual virus in newborns. If the baby is infected, health care providers can start treatment on these babies immediately. About 25% of babies born to HIV-infected women are infected by their mothers during pregnancy or at the time of birth, without proper treatment. With proper treatment during pregnancy, delivery, and in the first few weeks of life, only 2% of babies are likely to be born infected.

Antibody testing is done:

- if a person goes to a health care provider and requests a test because he/she knows that he/she has been practicing an HIV risk behavior or thinks he/she may have been infected through potential contact with contaminated blood.
- on each blood donation so that a person who gives blood has an antibody test every time he/she donates.
- routinely on people who enter the armed services, and then, randomly on those in the military service.
- routinely by physicians on all of their pregnant patients who consent.
- on persons charged and/or convicted of certain crimes in Michigan.

Diagnosis of AIDS

The diagnosis of AIDS is made when an HIV-positive person comes down with at least one of the 26 identified AIDS-defining conditions that are the result of a person having a damaged immune system. An HIV-positive person with a CD4+ T cell count of under 200 per microliter of blood, or whose CD4+ T cells account for less than 14 percent of all their lymphocytes, with or without accompanying diseases or conditions, is also said to have AIDS.

In 1993, the federal Centers for Disease Control and Prevention broadened their definition of what diseases and conditions had to be present for a diagnosis of AIDS to be made. The new definition includes more diseases and conditions that are seen in women and children who are HIV positive. It also includes tuberculosis (TB), a disease which was more common earlier in the 1900's and is now showing up in people with HIV.

Treatment of HIV Infection and AIDS

The goal of treatment for persons with HIV is to keep them as healthy as possible for as long as possible. If a person knows that he/she is HIV positive, he/she can do many things to assist the health care providers who are helping him/her. It is important that he/she begins to live as healthy a lifestyle as possible. This means choosing a well-balanced diet, getting sufficient rest, effectively managing stress, taking their prescribed medications as directed, and avoiding illicit drugs, alcohol, and other risk behaviors. It also means avoiding re-infection with HIV or any STIs. This will prevent any additional strain on the person's immune system.

A person with HIV needs to be monitored on a regular basis by health care providers who understand the progression and recommended treatment of this infection. When the CD4+ T-cell count is down to 500 per microliter of blood (from the normal count of 800-1,200 per microliter), treatment with medication prescribed by a physician is recommended. Drug treatment is always advised for persons whose CD4+ T-cell count is below 200 per microliter.

Currently, there are a number of drugs approved for use with HIV-positive and AIDS patients, including AZT, ddI, ddC, and D4T, and more. One group of these medications are called nucleoside reverse transcriptase inhibitors (NRTI) and they work by interrupting the duplication of the virus, which may slow down the progression of the disease. Another group of medications, called protease inhibitors (PI), interrupt the virus replication at a later step in the virus life cycle. Other medications for AIDS are also used; some of these drugs act to interfere with the virus's ability to multiply; others keep HIV from attacking the CD4+ T cells. Doctors prescribe stringent regimens of drug combinations, called Highly Active Antiretroviral Therapy (HAART) to treat HIV-infected individuals. Often these drugs have unpleasant, and often serious, side effects. Some patients are unable to use them. A woman infected with HIV who receives treatment with anti-retroviral medication prescribed by a physician during her pregnancy can greatly reduce the chances of her baby being born infected with HIV.

The other treatment goal is to treat the opportunistic infections and conditions that affect the person as the immune system becomes less effective in protecting the body. The most common of the opportunistic infections is a form of pneumonia called PCP (pneumocystis carinii pneumonia). As many as 80% of all people with HIV have one or more bouts of PCP during the course of their illness. It is often the cause of death in patients with AIDS. There are several medicines that work to effectively treat this infection and to prevent reoccurrence. Infections of the digestive, reproductive, and neurological systems are also common in people with HIV. Doctors are using combinations of many medications more effectively to treat these infections. It is critically important that the person with HIV and the person who has progressed to AIDS have access to health care resources so that early intervention for these opportunistic infections and conditions is available to them.

Scientists are working to find a vaccine to prevent HIV, just as we can now prevent measles and polio. However, it is unknown when a vaccine will be ready. To produce the vaccines we have against the measles and polio viruses, scientists take the measles or polio virus itself and weaken or kill it. Then, they inject it into a person whose body makes antibodies against the virus without ever getting infected. When this person is exposed to a measles or polio virus, the body is armed with antibodies to fight the disease. This has not worked with HIV because of its ability to mutate. That is, the virus has the ability to change its appearance in the body. When it mutates, it isn't recognizable by an antibody that has been produced to attack the original virus. Think of HIV as a virus that has the ability to change its coat (its protein outer layer). An antibody produced to attack a "brown-coated" HIV would not be effective against a "green-coated" HIV. HIV mutates rapidly.

Newer vaccines that use genetic material or protein parts of HIV show more promise. However, it will still take many years before a vaccine is ready for use with the general population. Prevention of infection is the best defense.

HIV Infection Among Adolescents

HIV infection is almost entirely preventable since transmission routes and the behaviors that lead to HIV infection are well known.

The behaviors that prevent HIV infection are also well known:

- Abstinence from sexual intercourse with an infected partner and abstinence from sharing needles with an infected person would stop transmission of HIV infection immediately in over 95 percent of cases.

- Risk reduction behaviors of correct and consistent condom use and needle exchange or correct and consistent needle cleaning would also significantly reduce the rate of infection for those who choose not to be abstinent.

Abstinence from sexual intercourse and from sharing needles means that a person has made a commitment to his or her health and to acting in ways that will prevent the spread of this disease. Use of alcohol and other drugs interferes with a person's ability to think clearly and make wise choices. Consequently, abstaining from alcohol and other drug use will increase the likelihood that a person will live up to his or her commitments. For those who have decided to have sexual intercourse, using a latex condom consistently and correctly will reduce their risk of exposure to HIV.

However, new monthly and annual statistics on AIDS cases show that neither abstinence behaviors nor risk reduction behaviors are being adopted by a majority of adolescents. AIDS was almost unknown among adolescents and young adults in their twenties in 1981, but over the years it has become the seventh leading cause of death for people 20 to 24 years of age and the sixth leading cause of death for people 25 to 34 years of age in the United States.¹

According to the Centers for Disease Control and Prevention (CDC),² 13% of the persons receiving a diagnosis of HIV infection or AIDS in 2004 were adolescents ages 13-24. African Americans were disproportionately affected by HIV infection, accounting for 55% of all HIV infections reported among persons aged 13-24. Young men who have sex with men, especially those of minority races or ethnicity, are at higher risk for HIV infection than other adolescents. During 2001-2004, 62% of the 13-24 year-olds given a diagnosis of HIV/AIDS were males; 38% were females, tripling the number of females infected since 1987.

Survey data from a representative sample of Michigan high school students show that:

- 65% of teenagers have had intercourse by the time they graduate from high school.
- 22% have had four or more partners by their senior year in high school.
- 61% of those who recently had sexual intercourse report using a condom, but that percentage goes down over the high school years and is lower for seniors than for freshmen.³

Risk Factors and Prevention of HIV Infection Among Adolescents

According to the CDC,⁴ the following are the risk behaviors and corresponding prevention strategies that impact adolescent HIV infection:

- Sexual Risk Factors
 - Early age at sexual initiation. According to CDC's Youth Risk Behavioral Survey (YRBS), many young people begin having sexual intercourse at early ages: 47% of high school students have had sexual intercourse, and 7.4% of them reported first sexual intercourse before age 13. HIV/AIDS education needs to take place at correspondingly young ages, before young people engage in sexual behaviors that put them at risk for HIV infection.

1 CDC, 2009, http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_08.pdf

2 CDC, HIV/AIDS among Youth, <http://www.cdc.gov/hiv/resources/factsheets/PDF/youth.pdf>

3 2009 Michigan Youth Risk Behavior Survey, www.michigan.gov/yrebs

4 CDC, 2008, HIV/AIDS among Youth, <http://www.cdc.gov/hiv/resources/factsheets/PDF/youth.pdf>

- Heterosexual transmission. Young women, especially those of minority races or ethnicities, are increasingly at risk for HIV infection through heterosexual contact. Young women are at risk for sexually transmitted HIV for several reasons, including biologic vulnerability, lack of recognition of their partners' risk factors, inequality in relationships, and having sex with older men who are more likely to be infected with HIV.
 - Men who have sex with men (MSM). Young MSM are at high risk for HIV infection, but their risk factors and the prevention barriers they face differ from those of persons who become infected through heterosexual contact. According to a CDC study, 55% of young MSM (aged 15–22) did not let other people know they were sexually attracted to men. MSM who do not disclose their sexual orientation are less likely to seek HIV testing and are likely to have one or more female sex partners; therefore, MSM who become infected may transmit the virus to women as well as to men.
 - Sexually transmitted infections (STIs). The presence of an STI greatly increases a person's likelihood of acquiring or transmitting HIV. Some of the highest STI rates in the country are those among young people, especially young people of minority races and ethnicities.
- **Substance Abuse:** Young people in the United States use alcohol, tobacco, and other drugs at high rates. Both casual and chronic substance users are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol. Runaways and other homeless young people are at high risk for HIV infection if they are exchanging sex for drugs, money, or shelter.
 - **Lack of Awareness:** Research has shown that a large proportion of young people are not concerned about becoming infected with HIV. Adolescents need accurate, age-appropriate information about HIV infection and AIDS, including how to talk with their parents or other trusted adults about HIV and AIDS, how to reduce or eliminate risk factors, how to talk with a potential partner about risk factors, where to get tested for HIV, how to use a condom correctly. Information should also include the concept that abstinence is the only 100% effective way to avoid infection.
 - **Poverty and Out-of-School Youth:** Nearly 1 in 4 African Americans and 1 in 5 Hispanics live in poverty. The socioeconomic problems associated with poverty, including lack of access to high-quality health care, can directly or indirectly increase the risk for HIV infection. Young people who have dropped out of school are more likely to become sexually active at younger ages and to fail to use contraception.
 - **HIV-Positive Children Coming of Age:** Many young people who contracted HIV through perinatal transmission are facing decisions about becoming sexually active. They will require ongoing counseling and prevention education to ensure that they do not transmit HIV.

Clearly, HIV prevention is complex and uses a multifaceted approach to HIV/AIDS prevention, which includes individual, peer, familial, school, church, and community programs, is necessary to reduce the incidence of HIV/AIDS in young people.⁵

⁵ CDC, "Guidelines for Effective School Health Education to Prevent the Spread of AIDS," <http://www.cdc.gov/HealthyYouth/sexualbehaviors/guidelines/guidelines.htm>

Glossary of STI Terms

Abstinence:

Choosing not to engage in certain behaviors, such as drug use or sexual intercourse, including vaginal, oral, or anal sex.

Acquired:

A condition which is not inherited.

Acute:

Having severe symptoms that last a short time.

AIDS:

The acronym that stands for Acquired Immune Deficiency Syndrome. AIDS is an infection/condition that results from damage to the immune system by the Human Immunodeficiency Virus (HIV). AIDS was first recognized in 1981.

Antibiotic:

A chemical compound that is prescribed to cure and/or prevent infections. It destroys bacteria and other microorganisms by killing them or by keeping them from reproducing.

Antibodies:

Proteins produced by blood cells in response to invasion by foreign objects, called antigens. Antibodies defend the body against antigens by removing or destroying them. The presence of antibodies provides immunity should exposure recur.

Antigens:

Foreign substances that enter the body and cause the immune system to form antibodies. Antigens may be germs, toxins, cells from another organism, or cells within the body that are not recognized as "self."

Antiretroviral:

A drug (medicine) that interferes with HIV's ability to reproduce.

Anus:

The opening at the end of the digestive tract through which undigested, solid, waste matter (feces) is expelled from the body. The anus has a muscular sphincter at its opening and is lined with mucous membranes.

Asymptomatic infection:

A condition in which a person is infected with an infection, but has no apparent sign of the infection.

Bacteria:

Single-celled living organisms that exist throughout nature. Some cause diseases, such as syphilis and gonorrhea. Others are beneficial, such as penicillin.

Bacterial vaginosis:

The most common kind of vaginitis. It results when bacteria in the vagina get out of balance, resulting in the overgrowth of harmful bacteria. It is not necessarily transmitted by sex.

Blood donor:

A person who gives blood to be stored and used for a transfusion.

Body fluids:

Liquids of the body, including blood, semen, vaginal secretions, urine, feces, sweat, tears, and breast milk. In relation to HIV infection, blood, semen, vaginal secretions, and breast milk have been documented as body fluids that may transmit HIV from person to person.

Carrier:

A person who has an infection-causing microorganism in his/her body, but does not show obvious signs of illness, and is able to transmit the microorganism to others.

Casual contact:

The kind of touching between people that happens in families, at school, and at social events. It would include things like holding hands, hugs, sharing common household utensils, and riding the bus together. It is different from the intimate touching which occurs during sexual activity.

Cervix:

The narrow neck at the lower end of the uterus where it opens into the vagina.

Chancre/Lesion:

The painless sore that marks the site of the initial infection with the bacteria that causes syphilis. It eventually goes away, even without treatment, but the person remains infected, unless treated.

Chancroid:

A sexually transmitted infection that is characterized by painful ulcers and may lead to abscesses and swollen glands in the groin. It is caused by Haemophilus ducreyi, a bacteria.

Chlamydia:

The most common sexually transmitted infection in this country. Most people cannot tell they are infected. If untreated, it can lead to infertility. It is caused by Chlamydia trachomatis, a bacteria.

Chronic:

Having symptoms that last a long time and show little change or very slow progression.

Cleaning needles (works):

In relation to HIV risk reduction, it means cleaning any needles and syringes (or syringe-like equipment) that have been shared in drug injection by flushing them three times with a chlorine bleach and three times with clear water in order to kill any HIV that might be in the needle or works.

Communicable infection:

An infection that can be passed from one person to another.

Condom (female):

A thin protective sheath made of polyurethane which lines the vagina, and is used to prevent contact with body fluids during sexual intercourse. Also called a “vaginal pouch.”

Condom (male):

A thin protective sheath for the penis, generally made of latex or polyurethane, and used to prevent contact with body fluids during sexual intercourse. Natural membrane condoms are not effective in preventing STIs, but are effective in preventing pregnancy.

Condyloma:

Another name for genital warts, it is a wart-like growth on the skin or mucous membrane, usually of the genitals or anus.

Congenital:

Present at and existing from the time of birth.

Conjunctivitis:

Inflammation of the mucous membrane around the eye.

Direct transmission:

Movement of a infection-causing organism from the host to a susceptible person or animal by contact with the host.

ELISA blood test:

Screening test most commonly used to detect the presence of antibodies to the Human Immunodeficiency Virus. ELISA is an acronym for enzyme linked immuno-sorbent assay.

Epidemic:

A disease or infection that affects many people in a region at the same time and spreads rapidly.

Epidemiology:

The study of the spread of infections, the distribution of infections, and other factors that relate to the occurrence of infection.

Fallopian tube:

The slender tube that extends from each ovary to the uterus. Eggs released during ovulation travel through these tubes to the uterus. If fertilization takes place, it must occur when the egg is in the tube.

False positive:

A test result showing a reaction that indicates the presence of the infection or condition for which the test is designed, even though that infection or condition isn't present.

Genital warts:

Sexually transmitted warts caused by the human papillomavirus. They can lead to cancer of the cervix and anus.

Genitals or Genitalia:

The visible reproductive organs of males and females.

Genitourinary:

Pertaining to the urinary and reproductive structures.

Healthy living:

Things a person living with HIV/AIDS can do to help slow down the progression of damage to the immune system by HIV. It includes avoiding re-exposure to HIV; avoiding exposure to other sexually transmitted infections; eating a balanced diet; getting adequate rest, relaxation and sleep; avoiding drug and alcohol abuse; and accepting psychosocial support from family and friends.

Hemophiliac:

Someone having a hereditary condition in which the blood fails to clot normally.

Herpes Simplex virus:

Also called HSV, this family of viruses causes infections characterized by painful blisters on the mouth and/or genitals.

HIV:

The acronym for Human Immunodeficiency Virus, the virus that causes HIV infection and AIDS.

HIV infection:

Infected with Human Immunodeficiency Virus

HIV transmission:

The transfer of HIV from an infected person to an uninfected person.

Human Papillomavirus:

Also called HPV, this family of viruses causes genital warts, which can lead to cancer of the cervix and anus.

IDU:

Injecting drug user. Refers to a person who uses a needle to pierce the skin for the purpose of injecting drugs. Drugs can be "mainlined" into a blood vessel, injected into muscle tissue, or injected just beneath the skin (skin popping). All three methods are used to abuse drugs, and, if needles are shared, all are high risk for HIV transmission.

Immune system:

The body's system that acts to defend the body from invading microorganisms and other foreign proteins.

Immunity:

Resistance to or protection against a specific infection.

Incubation:

Period of time between the infection of an individual by a infection-producing microorganism and the appearance of symptoms related to damage to the body caused by that microorganism.

Indirect transmission:

Movement of a infection-causing organism from the host to a susceptible person or animal by contact with contaminated air, inanimate objects, or organisms.

Infection:

Invasion of the body by an organism.

Infertility:

A decrease in or absence of ability to produce offspring.

Inoculation:

The introduction of an infectious organism to the body for the purpose of providing immunity to that organism

Intravenous:

Administered by entry (usually through a needle) into a blood vein.

Kaposi's sarcoma:

A rare type of cancer that occurs in some persons who are infected with HIV. It is one of the conditions that constitutes a diagnosis of AIDS.

Latent:

Hidden or concealed. An infection state in which no symptoms are obvious.

Lesion/Chancre:

The painless sore that marks the site of the initial infection with the bacteria that causes syphilis. It eventually goes away, even without treatment, but the person remains infected, unless treated.

Lymphocytes:

A type of white blood cell important in protecting the body from invading microorganisms. One form is the CD4 T-helper cell that is one of the primary types of cells infected with HIV. The eventual destruction of these cells due to HIV infection leads to the appearance of opportunistic infections and the diagnosis of AIDS.

Monogamous relationship:

Having only one sexual partner over a long period of time (usually over a lifetime).

Neisseria gonorrhea:

The bacteria which causes gonorrhea.

Needlestick Injury:

When a needle or another sharp object accidentally pierces a person's skin. This usually occurs as an occupational hazard for healthcare workers and can transmit germs.

Opportunistic infection:

An infection that occurs because of damage to the immune system. An infection that normally would not occur or be severe happens because of the body's immune system's inability to fight it off.

Pathogenic:

Capable of causing infection or symptoms of illness.

Pedunculosis pubis:

The human parasitic insect that is commonly called pubic lice or "crabs." They infest the pubic hair and feed off the blood of the host and cause itching.

Pelvic exam:

An examination of the female reproductive organs by a medical professional. It is performed by placing the fingers of one hand inside the vagina and then using the other hand to press down on the abdomen in order to feel and move the uterus and ovaries between the two hands. Sometimes an instrument called a speculum is used to view the cervix and take test specimens. All sexually active females should have regular pelvic exams.

Pelvic inflammatory infection:

Also called PID, it is a painful inflammation of the female pelvic organs. It is a common complication of infection with gonorrhea or chlamydia and can cause infertility.

Pneumocystis carinii pneumonia:

An opportunistic fungal infection commonly affecting people infected with HIV. It is one of the infections that defines a diagnosis of AIDS.

Protease inhibitors:

A class of antiretroviral drugs used to treat HIV. See "antiretroviral."

Refusal skills:

Ability to say "no" to engaging in risk behaviors.

Risk:

An element or factor that is dangerous or hazardous.

Risk behavior:

A behavior that can threaten a person's health.

Salpingitis:

Inflammation of the Fallopian tube(s).

Semen:

The liquid that exits the male via the penis during ejaculation.

Sensitivity:

The probability a test is positive in patients who have the given infection.

Serologic test:

A laboratory test made on blood serum.

Seropositive:

Term used to describe someone who has shown the presence of HIV antibodies in both the ELISA and Western blot tests. The person is considered to be infected with HIV.

Sexual intercourse:

Sexual contact between humans involving genitalia and penetration.

Sexually transmitted infection:

Bacterial or viral infections that are transmitted through oral, anal, or vaginal sex. Also called STIs and previously called sexually transmitted diseases (STDs) or venereal diseases (VD). Bacterial STIs are curable; viral STIs are incurable.

Specificity:

The probability the test is negative in the absence of a given infection.

Susceptibility:

The capacity for becoming infected. It varies in individuals depending on a variety of factors, including the presence or absence of immunity.

Symptomatic HIV infection:

Describes a person who is showing signs or symptoms of damage due to HIV infection, but has not developed illnesses or CD4 T-lymphocyte levels that would be included in the diagnosis of AIDS.

Syphilis:

A sexually transmitted infection that presents early in the course of disease by a painless sore and/or rash, but, can spread to other organs of the body and cause serious damage to vital organs. Although all infected persons have symptoms, females usually cannot see the early symptoms. Syphilis is caused by a bacteria called a spirochete—treponema pallidum.

Transmission:

The transfer of an infection from one person to another.

Trichomoniasis:

Vaginal infection characterized by inflammation and foul-smelling discharge. This is one of several causes of vaginitis. Also called “trich,” it is transmitted by sex.

Urethritis:

Inflammation of the urethra.

Vaccine:

A form of medicine that may contain dead or weakened infection-producing microorganisms that stimulate the body to produce antibodies against a specific microorganism. It will prevent a person from acquiring the actual infection if exposed (i.e., produces immunity).

Vagina:

Female reproductive organ that forms a muscular tube lined with mucous membranes from the uterus to the outside of the body. Menstrual flow exits during menstruation. The vagina allows for sexual intercourse and entry of sperm. Babies exit via the vagina during the birth process.

Vaginitis:

Infections that affect the vagina. May be caused by a variety of germs, including bacteria, yeast, and trichomoniasis. Some cases are transmitted by sexual intercourse; others are not.

Venereal warts:

An outdated term for genital warts.

Viral load:

The amount of HIV in the blood.

Virulent:

Extremely poisonous or pathogenic. It is an adjective that is often used to characterize an infection, toxin, or pathogen.

Virus:

Submicroscopic infective agent that can only replicate inside another living organism. Viruses cause infections, such as influenza, herpes, HIV, and hepatitis C.

Western blot test:

Confirming test for presence of antibodies to HIV.

Window period:

Period of time between the infection of an individual by an infection-producing microorganism and the appearance of antibodies against the virus. After infection with HIV, it usually takes the body about 25 days to three months to develop antibodies against the virus. During this time a person can transmit the virus, but would not test positive on an ELISA or Western blot test for HIV antibodies.

Works:

Drug injecting equipment, such as needles, syringes, spoons, mixing dishes, filters, water, and citric acid. HIV, Hepatitis C, and other germs can be transmitted by sharing works. Needle exchange programs provide sterile needles and syringes to reduce transmission of disease among injection drug users. As a last resort, HIV is killed by disinfecting works with bleach between users. Hepatitis C and some other germs are not killed in this manner, so it is best not to share works.

Yeast infection:

A common form of vaginitis. Yeast is a fungus that is normally found in the vagina. An infection results when an overgrowth of yeast occurs. It is not transmitted by sex.

Human Papillomavirus (HPV) and HPV Vaccine

This appendix is divided into three sections:

- Genital Human Papillomavirus (HPV)
- Cervical Cancer
- HPV Vaccine

GENITAL HUMAN PAPILLOMAVIRUS (HPV)

Why is HPV important?

Genital HPV is a common virus that is passed on through genital contact, most often during vaginal and anal sex. About 40 types of HPV can infect the genital areas of men and women. While most HPV types cause no symptoms and go away on their own, some types can cause cervical cancer in women. These types also have been linked to other less common genital cancers, including cancers of the anus, vagina, and vulva (area around the opening of the vagina). Other types of HPV can cause warts in the genital areas of men and women, called genital warts.

How common is HPV?

At least 50% of sexually active people will get HPV at some time in their lives. Every year in the U.S., about 6.2 million people get HPV. HPV is most common in young women and men who are in their late teens and early 20s. Anyone who has ever had genital contact with another person can get HPV. Both men and women can get it – and pass it on to their sex partners – without even realizing it.

How common are Genital Warts?

About 1% of sexually active adults in the U.S. (about 1 million people) have visible genital warts at any point in time.

Is HPV the same thing as HIV or Herpes?

HPV is NOT the same as HIV or Herpes (Herpes simplex virus or HSV). While these are all viruses that can be sexually transmitted— HIV and HSV do not cause the same symptoms or health problems as HPV.

Can HPV and its associated diseases be treated?

There is no treatment for HPV. But there are treatments for the health problems that HPV can cause, such as genital warts, cervical cell changes, and cancers of the cervix, vulva, vagina and anus.

How is HPV related to cervical cancer?

Some types of HPV can infect a woman's cervix (lower part of the womb) and cause the cells to change. Most of the time, HPV goes away on its own. When HPV is gone, the cervix cells go back to normal. But sometimes, HPV does not go away. Instead, it lingers (persists) and continues to change the cells on a woman's cervix. These cell changes can lead to cancer over time, if they are not treated.

CERVICAL CANCER

How common is cervical cancer in the United States (U.S.)? How many women die from it?

The American Cancer Society estimates that in 2009, over 11,270 women will be diagnosed with cervical cancer, and 4,070 women will die from this cancer in the U.S.

Are there other ways to prevent cervical cancer?

Regular Pap tests and follow-up can prevent most, but not all, cases of cervical cancer. Pap tests can detect cell changes (or “precancers”) in the cervix before they turn into cancer. Pap tests can also detect most, but not all, cervical cancers at an early, curable stage. Most women diagnosed with cervical cancer in the U.S. have either never had a Pap test, or not had a Pap test in the last 5 years.

HPV VACCINE

The Advisory Committee on Immunization Practices (ACIP) is a national group of leading experts that advises the Centers for Disease Control and Prevention (CDC) on vaccine issues. In 2006, the ACIP recommended the first vaccine developed to prevent cervical cancer and other diseases in females caused by certain types of genital human papillomavirus (HPV). The first vaccine, Gardasil®, protects against four HPV types. It protects against the two HPV types that are responsible for 70% of cervical cancers (types 16 and 18) and the two HPV types that cause 90% of genital warts (types 6 and 11).

A second vaccine against HPV, Cervarix®, was approved in 2009 for use in preventing the two strains of HPV that cause 70% of cervical cancers (types 16 and 18).

Who should get HPV vaccine?

Both HPV vaccines were licensed by the Food and Drug Administration (FDA) for use in girls/women, ages 9-26 years. Both vaccines are recommended for 11-12 year-old girls. The vaccines can be given to girls as young as 9 years old, at the discretion (judgment) of the healthcare provider. The vaccines are also recommended for 13-26 year-old girls/women who have not yet received or completed the vaccine series. These recommendations were made by the Advisory Committee on Immunization Practices (ACIP).

In October 2009, Gardasil® was also licensed for males ages 9 to 26 years to prevent genital warts. Cervarix® has not been approved for males at this time.

Why is HPV vaccine recommended for such young girls?

Ideally, females should get vaccinated before they are sexually active—since this vaccine is most effective in girls/women who have not yet acquired any of the HPV vaccine types. Girls/women who have not been infected with any vaccine HPV type will get the full benefits of the vaccine.

Should girls/women be screened before getting vaccinated?

No. Girls/women should not get an HPV test or Pap test to determine if they should get the vaccine. An HPV test or a Pap test can tell that a woman may have HPV, but these tests cannot tell the specific HPV type(s) that a woman has. Even girls/women with one vaccine HPV type could get protection against the other vaccine HPV types they have not yet acquired.

What about vaccinating boys?

In October 2009, the FDA approved Gardasil® for use in males ages 9 to 26 to prevent genital warts that are caused by two strains of human papillomavirus (HPV). HPV can also cause penile and anal cancer in men, but Gardasil® has not been approved for this use.

How effective is HPV vaccine?

Gardasil® has mainly been studied in young women who had not been exposed to any of the four vaccine HPV types. These studies found the vaccine to be 100% effective in preventing cervical precancers caused by the HPV types prevented by the vaccine. These studies also found it to be almost 100% effective in preventing precancers of the vulva and vagina, and genital warts that are caused by the HPV types the vaccine prevents. The vaccine was less effective in young women who had already been exposed to an HPV type the vaccine prevents. This vaccine does not treat existing HPV, genital warts, precancers or cancers.

Cervarix® has been studied and shown to be effective in preventing two HPV types in women. Therefore, it prevents cervical cancer and precancer. It has not been studied to look at protection against vaginal and vulvar cancers.

Will sexually active females benefit from the vaccine?

Females who are sexually active may also benefit from the vaccines. But they may get less benefit from the vaccines since they may have already acquired one or more HPV type(s) preventable by the vaccine.

How and when is the vaccine delivered?

Both vaccines are given through a series of three injections over a six-month period. The second and third doses should be given two and six months (respectively) after the first dose.

Is the HPV vaccine safe?

The FDA has approved both HPV vaccines as safe and effective. The vaccines have been tested in over 11,000 females (ages 9-26 years) in many countries around the world. These studies have shown no serious side effects. The most common side effect is soreness at the injection site.

How much will the HPV vaccine cost?

The retail price of the vaccine is \$120 per dose (\$360 for the full series).

Will girls/women be protected against HPV and related diseases, even if they don't get all three doses?

It is not yet known how much protection girls/women would get from receiving only one or two doses of the vaccine. For this reason, it is very important that girls/women get all three doses of the vaccine.

Will girls/women who have been vaccinated still need cervical cancer screening?

Yes. There are three reasons why women will still need regular cervical cancer screening. First, the vaccines will NOT provide protection against all types of HPV that cause cervical cancer, so vaccinated women will still be at risk for some cancers. Second, some women may not get all required doses of the vaccine (or they may not get them at the right times), so they may not get the vaccine's full benefits. Third, women may not get the full benefit of the vaccine if they receive it after they've already acquired an HPV type not covered by the vaccine.

Will the HPV vaccine be covered by insurance plans?

While some insurance companies may cover the vaccine, others may not. Most large group insurance plans usually cover the costs of recommended vaccines. However, there is often a short lag-time after a vaccine is recommended, before it is available and covered by health plans.

What kind of government programs may be available to cover HPV vaccine?

Federal health programs such as Vaccines for Children (VFC) will cover the HPV vaccine. The VFC program provides free vaccines to children and adolescents under 19 years of age, who are either uninsured, Medicaid-eligible, American Indian, or Alaska Native. The VFC Program also allows children and adolescents to get VFC vaccines through Federally Qualified Health Centers or Rural Health Centers, if their private health insurance does not cover the vaccine. Some states also provide free or low-cost vaccines at public health department clinics to people without health insurance coverage for vaccines.

Will girls be required to get vaccinated before they enter school?

There are no federal laws that require children or adolescents to get vaccinated. All school and daycare entry laws are state laws—so they vary from state to state. To find out what vaccines are needed for children or adolescents to enter school or daycare in your state, check with your state health department or board of education.

What does HPV vaccine not protect against?

Because HPV vaccines do not protect against all types of HPV, they will not prevent all cases of cervical cancer or genital warts. About 30% of cervical cancers will not be prevented by vaccination, so it will be important for women to continue getting screened for cervical cancer (regular Pap tests). Also, the vaccines do not prevent about 10% of genital warts—nor will it prevent other STIs—so it will still be important for sexually active adults to reduce exposure to HPV and other STIs.

Are there other ways to prevent HPV?

The only sure way to prevent HPV is to abstain from all sexual activity. Sexually active adults can reduce their risk by being in a mutually faithful relationship with someone who has had no other or few sex partners, or by limiting their number of sex partners. But even persons with only one lifetime sex partner can get HPV, if their partner has had previous partners.

It is not known how much protection condoms provide against HPV, since areas that are not covered by a condom can be exposed to the virus. However, condoms may reduce the risk of genital warts and cervical cancer. They can also reduce the risk of HIV and some other sexually transmitted infections (STIs), when used consistently and correctly (i.e. all the time and the right way).

* This is an abbreviated version of HPV Vaccine websites from the Centers for Disease Control and Prevention. For the complete sources, go to <http://www.cdc.gov/vaccines/vpd-vac/hpv/default.htm> and <http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm> and <http://www.cdc.gov/std/hpv/STDFact-HPV-vaccine-young-women.htm>.

Hepatitis B and C Fact Sheets

HEPATITIS B

General Information



Who is at risk?

Although anyone can get hepatitis B, some people are at greater risk, such as those who:

- Have sexual contact with an infected person
- Have multiple sex partners
- Have a sexually transmitted disease
- Are men who have sexual contact with other men
- Inject drugs or share needles, syringes, or other drug equipment
- Live with a person who has chronic hepatitis B
- Are infants born to infected mothers
- Are exposed to blood on the job
- Are hemodialysis patients

What is hepatitis?

“Hepatitis” means inflammation of the liver. Hepatitis is most often caused by one of several viruses, such as hepatitis A virus, hepatitis B virus, or hepatitis C virus. Toxins, bacterial infections, certain drugs, other diseases, and heavy alcohol use can also cause hepatitis.

What is hepatitis B?

Hepatitis B is a contagious liver disease that results from infection with the hepatitis B virus. It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis B can be either “acute” or “chronic”.

Acute hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. Acute infection can — but does not always — lead to chronic infection.

Chronic hepatitis B virus infection is a long-term illness that occurs when the hepatitis B virus remains in a person’s body.

The best way to prevent hepatitis B is by getting vaccinated.

How common is hepatitis B in the United States?

The number of acute hepatitis B virus infections has been declining each year, with an estimated 46,000 new infections in 2006. Many experts believe this decline is a result of widespread vaccination of children. However, up to 1.4 million people may have chronic hepatitis B, many of whom are unaware of their infection.

How is hepatitis B spread?

Hepatitis B is usually spread when blood, semen, or another body fluid from a person infected with the hepatitis B virus enters the body of someone who is not infected. This can happen through sexual contact with an infected person or sharing needles, syringes, or other drug-injection equipment. Hepatitis B can also be passed from an infected mother to her baby at birth.

Hepatitis B is not spread through breastfeeding, sharing eating utensils, hugging, kissing, holding hands, coughing, or sneezing. Unlike some forms of hepatitis, hepatitis B is not spread by contaminated food or water.



Can hepatitis B be spread through sex?

Yes. In the United States, hepatitis B is most commonly spread through sexual contact. The hepatitis B virus is 50–100 times more infectious than HIV and can be passed through the exchange of body fluids, such as semen, vaginal fluids, and blood.



Who should get vaccinated against hepatitis B?

- Anyone having sex with an infected partner
- People with multiple sex partners
- Anyone with a sexually transmitted disease
- Men who have sexual contact with other men
- Users of injection drugs
- People who live with someone who is infected
- People with chronic liver disease, end stage renal disease, or HIV infection
- Healthcare and public safety workers exposed to blood
- Residents or staff of facilities for developmentally disabled persons
- Travelers to certain countries
- Infants or children younger than 19 who have not been vaccinated
- Anyone who wants to be protected from hepatitis B

For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis

What are the symptoms of acute hepatitis B?

Not everyone has symptoms with acute hepatitis B, especially young children. Most adults have symptoms that appear within 3 months of exposure. Symptoms can last from a few weeks to several months and include:

- Fever
- Fatigue
- Loss of appetite
- Nausea
- Vomiting
- Abdominal pain
- Dark urine
- Clay-colored bowel movements
- Joint pain
- Jaundice

What are the symptoms of chronic hepatitis B?

Many people with chronic hepatitis B remain symptom free for up to 30 years, but others experience ongoing symptoms similar to those of acute hepatitis B. Chronic hepatitis B is a serious disease that can result in long-term health problems.

How is hepatitis B diagnosed and treated?

Doctors diagnose the infection using one or more blood tests. There is no medication available to treat acute hepatitis B, so doctors usually recommend rest, adequate nutrition, and fluids. People with chronic hepatitis B virus infection should be monitored regularly for signs of liver disease, and some people benefit from treatment with specific medications.

How serious is chronic hepatitis B?

Over time, approximately 15%–25% of people with chronic hepatitis B develop serious liver problems, including liver damage, cirrhosis, liver failure and liver cancer. Every year, up to 4,000 people in the United States and more than 600,000 people worldwide die from hepatitis B-related liver disease.

Can hepatitis B be prevented?

Yes. The best way to prevent hepatitis B is by getting vaccinated. For adults, the hepatitis B vaccine series is usually given as 3 shots during a 6-month period. The entire series is needed for long-term protection. However, once a person has been infected with the hepatitis B virus, the vaccine does not provide protection against the disease.



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention

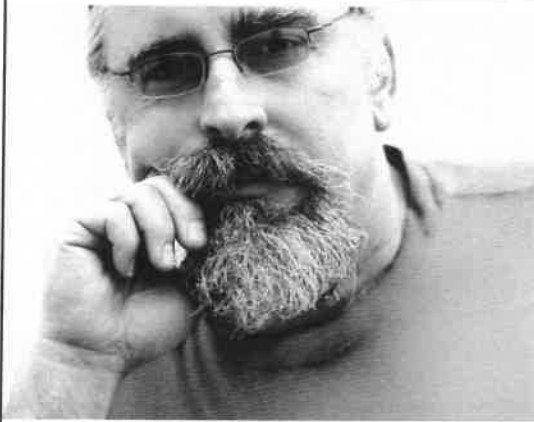
Division of Viral Hepatitis



www.cdc.gov/hepatitis

HEPATITIS C

General Information



Can hepatitis C be prevented?

Yes. To reduce the risk of becoming infected with the hepatitis C virus:

- Do not share needles or other equipment to inject drugs, steroids, or cosmetic substances
- Do not use personal items that may have come into contact with an infected person's blood, such as razors, nail clippers, toothbrushes, or glucose monitors
- Do not get tattoos or body piercings from an unlicensed facility or in an informal setting

Is there a vaccine for hepatitis C?

Although there is currently no vaccine to prevent hepatitis C, research is being conducted to develop one. Vaccines are available for hepatitis A and hepatitis B.

What is hepatitis?

"Hepatitis" means inflammation of the liver. Heavy alcohol use, toxins, certain medications, some diseases, and viral infections can cause hepatitis. Hepatitis is most often caused by one of several viruses, such as hepatitis A virus, hepatitis B virus, or hepatitis C virus.

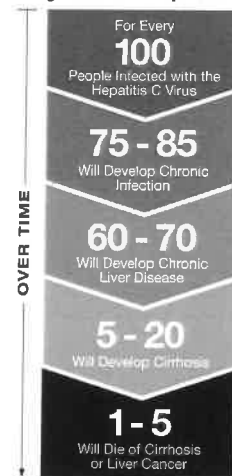
What is hepatitis C?

Hepatitis C is a contagious liver disease that results from infection with the hepatitis C virus. It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness that damages the liver. Hepatitis C can be either "acute" or "chronic".

Acute hepatitis C virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis C virus. Approximately 75%-85% of people who become infected with the hepatitis C virus develop chronic infection. For reasons that are not known, 15-25% of people "clear" the virus without treatment and do not develop chronic infection.

Chronic hepatitis C virus infection is a long-term illness that occurs when the hepatitis C virus remains in a person's body. Chronic infection can last a lifetime. Over time, it can lead to serious liver problems, including liver damage, cirrhosis, liver failure, or liver cancer (see chart).

Progression of Hepatitis C



How is hepatitis C spread?

Hepatitis C is usually spread when blood from a person infected with the hepatitis C virus enters the body of someone who is not infected. Today, most people become infected with the hepatitis C virus by sharing needles or other equipment to inject drugs. Before widespread screening of the blood supply began in 1992, hepatitis was also commonly spread through blood transfusions and organ transplants. Although rare, outbreaks of hepatitis C have occurred from blood contamination in medical settings.

Can hepatitis C be spread through sex?

Yes, although scientists do not know how frequently this occurs. Rough sex, sex with multiple partners, or having a sexually transmitted disease or HIV appears to increase a person's risk of hepatitis C. There also appears to be an increased risk for sexual transmission of hepatitis C among gay men who are HIV positive.

Can a person get hepatitis C from a tattoo or piercing?

There is little evidence that hepatitis C is spread by getting tattoos in licensed, commercial facilities. Whenever tattoos or body piercings are performed in informal settings or with non-sterile instruments, transmission of hepatitis C and other infectious diseases is possible.



Does hepatitis C cause symptoms?

Most people with hepatitis C have no symptoms. If symptoms develop with acute infection, they can appear 2 weeks to 6 months after exposure and can include: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay colored bowel movements, joint pain, and jaundice. For people with chronic hepatitis C, symptoms may take years to develop. They can be similar to acute infection and can also be a sign of advanced liver disease.

Who should get tested for hepatitis C?

People at risk include those who:

- Currently inject drugs
- Injected drugs in the past, even if it was once or many years ago
- Have HIV or AIDS
- Have abnormal liver tests or liver disease
- Received donated blood or organs before 1992
- Have been exposed to blood on the job through a needlestick or injury with a sharp object
- Are getting long term hemodialysis

How common is hepatitis C?

An estimated 3.2 million people in the United States have chronic hepatitis C, and many are unaware of their infection. Each year, about 17,000 Americans become infected with hepatitis C.

How serious is chronic hepatitis C?

Chronic hepatitis C is a serious disease that can result in long-term health problems, including liver damage, liver failure, and liver cancer. Approximately 8,000–10,000 people die every year from hepatitis C-related liver disease.

How is hepatitis C diagnosed?

Doctors diagnose both acute and chronic infection using one or more blood tests. Typically, a person first gets a screening test that looks for “antibodies” to the hepatitis C virus. Antibodies are chemicals released into the bloodstream when a person becomes infected. They remain in the bloodstream, even if the person clears the virus. If the screening test is positive for hepatitis C antibodies, different blood tests are needed to determine whether the infection has been cleared or has become a chronic infection.



How is hepatitis C treated?

Acute hepatitis C rarely causes symptoms and often goes undiagnosed. When it is diagnosed, doctors recommend rest, adequate nutrition, fluids, and antiviral medications. People with chronic hepatitis C should be monitored regularly for signs of liver disease. Even though a person may not have symptoms or feel sick, damage to the liver can still occur. Antiviral medication can be used to treat some people with chronic hepatitis C, although not everyone needs or can benefit from treatment. For many, treatment can be successful and results in the virus no longer being detected.

What can people infected with hepatitis C do to take care of their liver?

People with chronic hepatitis C virus infection should see a doctor regularly. They also should ask their health professional before taking any prescription pills or over-the-counter medications—including herbal supplements or vitamins—as they can potentially damage the liver. People with chronic infection should also avoid alcohol since it can accelerate liver damage.

For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
Division of Viral Hepatitis



www.cdc.gov/hepatitis

Rubber Dams

Rubber dams, also called dental dams, are flat, thin sheets of latex. They are square or rectangular in shape and are usually translucent white or green. They were developed for dentists to use during dental procedures. The dentist uses a rubber dental dam to isolate a tooth so debris from the procedure doesn't fall into the mouth and to keep the surrounding surfaces from contaminating the area being worked on.

More recently, rubber dams are used during oral sex to create a barrier. Rubber dams can prevent sexually transmitted infections and gastrointestinal infections from being transmitted during oral sex. Rubber dams are available at pharmacies and medical supply stores, or online at condom stores. A rectangular latex barrier can also be made from a condom by using scissors to cut off the tip and cut down one side. Rubber dams are also available in polyurethane for those with latex allergies.

For more information on rubber dams and other risk reduction strategies, visit:

- <http://www.teachingsexualhealth.ca/teacher/resources/dentaldamdemo.html>
 - http://www.teachingsexualhealth.ca/media/pdf/demo_dentaldam_notes.pdf
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Condoms and STDs:

Fact Sheet for Public Health Personnel

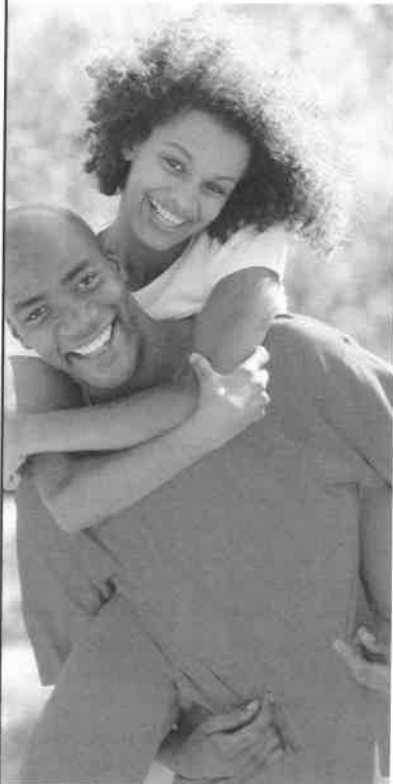


Condoms and STDs:

Fact Sheet for Public Health Personnel

Consistent and correct use of male latex condoms can reduce (though not eliminate) the risk of STD transmission. To achieve the maximum protective effect, condoms must be used both consistently and correctly. Inconsistent use can lead to STD acquisition because transmission can occur with a single act of intercourse with an infected partner. Similarly, if condoms are not used correctly, the protective effect may be diminished even when they are used consistently. The most reliable ways to avoid transmission of sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV), are to abstain from sexual activity or to be in a long-term mutually monogamous relationship with an uninfected partner. However, many infected persons may be unaware of their infections because STDs are often asymptomatic or unrecognized.

This fact sheet presents evidence concerning the male latex condom and the prevention of STDs, including HIV, based on information about how different STDs are transmitted, the physical properties of condoms, the anatomic coverage or protection that condoms provide, and epidemiologic studies assessing condom use and STD risk. This fact sheet updates previous CDC fact sheets on male condom effectiveness for STD prevention by incorporating additional evidence-based findings from published epidemiologic studies.



Sexually Transmitted Diseases, Including HIV Infection

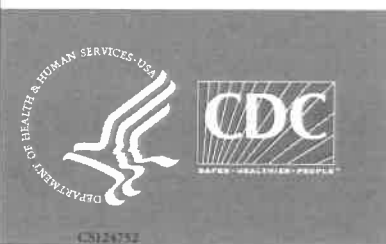
Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS. In addition, consistent and correct use of latex condoms reduces the risk of other sexually transmitted diseases (STDs), including diseases transmitted by genital secretions, and to a lesser degree, genital ulcer diseases. Condom use may reduce the risk for genital human papillomavirus (HPV) infection and HPV-associated diseases, e.g., genital warts and cervical cancer.

There are two primary ways that STDs are transmitted. Some diseases, such as HIV infection, gonorrhea, chlamydia, and trichomoniasis, are transmitted when infected urethral or vaginal secretions contact mucosal surfaces (such as the male urethra, the vagina, or cervix). In contrast, genital ulcer diseases (such as genital herpes, syphilis, and chancroid) and human papillomavirus (HPV) infection are primarily transmitted through contact with infected skin or mucosal surfaces.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical and empirical basis for protection. Condoms can be expected to provide different levels of protection for various STDs, depending on differences in how the diseases are transmitted. Condoms block transmission and acquisition of STDs by preventing contact between the condom wearer's penis and a sex partner's skin, mucosa, and genital secretions. A greater level of protection is provided for the diseases transmitted by genital secretions. A lesser degree of protection is provided for genital ulcer diseases or HPV because these infections also may be transmitted by exposure to areas (e.g., infected skin or mucosal surfaces) that are not covered or protected by the condom.

Epidemiologic studies seek to measure the protective effect of condoms by comparing risk of STD transmission among condom users with nonusers who are engaging in sexual intercourse. Accurately estimating the effectiveness of condoms for prevention of STDs,



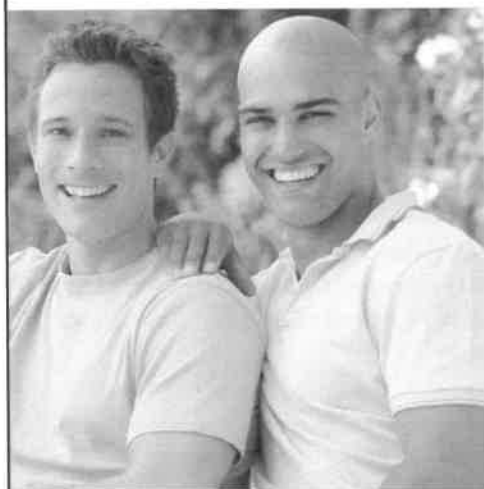
however, is methodologically challenging. Well-designed studies address key factors such as the extent to which condom use has been consistent and correct and whether infection identified is incident (i.e., new) or prevalent (i.e. pre-existing). Of particular importance, the study design should assure that the population being evaluated has documented exposure to the STD of interest during the period that condom use is being assessed. Although consistent and correct use of condoms is inherently difficult to measure, because such studies would involve observations of private behaviors, several published studies have demonstrated that failure to measure these factors properly tends to result in underestimation of condom effectiveness.

Epidemiologic studies provide useful information regarding the magnitude of STD risk reduction associated with condom use. Extensive literature review confirms that the best epidemiologic studies of condom effectiveness address HIV infection. Numerous studies of discordant couples (where only one partner is infected) have shown consistent use of latex condoms to be highly effective for preventing sexually acquired HIV infection. Similarly, studies have shown that

condom use reduces the risk of other STDs. However, the overall strength of the evidence regarding the effectiveness of condoms in reducing the risk of other STDs is not at the level of that for HIV, primarily because fewer methodologically sound and well-designed studies have been completed that address other STDs. Critical reviews of all studies, with both positive and negative findings (referenced here) point to the limitations in study design in some studies which result in underestimation of condom effectiveness; therefore, the true protective effect is likely to be greater than the effect observed.

Overall, the preponderance of available epidemiologic studies have found that when used consistently and correctly, condoms are highly effective in preventing the sexual transmission of HIV infection and reduce the risk of other STDs.

The following includes specific information for HIV infection, diseases transmitted by genital secretions, genital ulcer diseases, and HPV infection, including information on laboratory studies, the theoretical basis for protection and epidemiologic studies.



HIV, the virus that causes AIDS

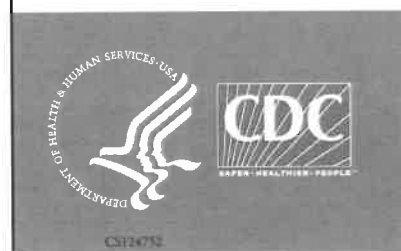
Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS

HIV infection is, by far, the most deadly STD, and considerably more scientific evidence exists regarding condom effectiveness for prevention of HIV infection than for other STDs. The body of research on the effectiveness of latex condoms in preventing sexual transmission of HIV is both comprehensive and conclusive. The ability of latex condoms to prevent transmission of HIV has been scientifically established in “real-life” studies of sexually active couples as well as in laboratory studies.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of HIV.

Theoretical basis for protection. Latex condoms cover the penis and provide an effective barrier to exposure to secretions such as urethral and vaginal secretions, blocking the pathway of sexual transmission of HIV infection.

Epidemiologic studies that are conducted in real-life settings, where one partner is infected with HIV and the other partner is not, demonstrate that the consistent use of latex condoms provides a high degree of protection.



Other Diseases transmitted by genital secretions, including Gonorrhea, Chlamydia, and Trichomoniasis

Latex condoms, when used consistently and correctly, reduce the risk of transmission of STDs such as gonorrhea, chlamydia, and trichomoniasis.

STDs such as gonorrhea, chlamydia, and trichomoniasis are sexually transmitted by genital secretions, such as urethral or vaginal secretions.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. The physical properties of latex condoms protect against diseases such as gonorrhea, chlamydia, and trichomoniasis by providing a barrier to the genital secretions that transmit STD-causing organisms.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of STDs such as chlamydia, gonorrhea and trichomoniasis.



Genital ulcer diseases and HPV infections

Genital ulcer diseases and HPV infections can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Consistent and correct use of latex condoms reduces the risk of genital herpes, syphilis, and chancroid only when the infected area or site of potential exposure is protected. Condom use may reduce the risk for HPV infection and HPV-associated diseases (e.g., genital warts and cervical cancer).

Genital ulcer diseases include genital herpes, syphilis, and chancroid. These diseases are transmitted primarily through “skin-to-skin” contact from sores/ulcers or infected skin that looks normal. HPV infections are transmitted through contact with infected genital skin or mucosal surfaces/secretions. Genital ulcer diseases and HPV infection can occur in male or female genital areas that are covered (protected by the condom) as well as those areas that are not.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Protection against genital ulcer diseases and HPV depends on the site of the sore/ulcer or infection. Latex condoms can only protect against transmission when the ulcers or infections are in genital areas that are covered or protected by the condom. Thus, consistent and correct use of latex condoms would be expected to protect against transmission of genital ulcer diseases and HPV in some, but not all, instances.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms provide limited protection against syphilis and herpes simplex virus-2 transmission. No conclusive studies have specifically addressed the transmission of chancroid and condom use, although several studies have documented a reduced risk of genital ulcers associated with increased condom use in settings where chancroid is a leading cause of genital ulcers.

Condom use may reduce the risk for HPV-associated diseases (e.g., genital warts and cervical cancer) and may mitigate the other adverse consequences of infection with HPV; condom use has been associated with higher rates of regression of cervical intraepithelial neoplasia (CIN) and clearance of HPV infection in women, and with regression of HPV-associated penile lesions in men. A limited number of prospective studies have demonstrated a protective effect of condoms on the acquisition of genital HPV.

While condom use has been associated with a lower risk of cervical cancer, the use of condoms should not be a substitute for routine screening with Pap smears to detect and prevent cervical cancer, nor should it be a substitute for HPV vaccination among those eligible for the vaccine

Selected References are available at:

www.cdc.gov/condomeffectiveness/references.html





Michigan Web-Based Resources

EDUCATION AND LAWS

HIV/STD and Sexuality Education

<http://www.michigan.gov/hived>

The HIV and sexuality education webpage on the Michigan Department of Education website includes information about laws and policies, advisory boards, parent notification form, parent resources, curriculum, qualified teachers, statistics, and related state programs.

Michigan Model for Health Clearinghouse (MMHC)

www.mmhclearinghouse.org

Housed by Michigan Model for Health Clearinghouse, the website includes information about school health in Michigan, the Michigan Model for Health® curriculum, the “A Silent Crisis: Creating Safe Schools for Sexual Minority Youth” resource guide, and other key resources.

Michigan Legislature

<http://www.legislature.mi.gov>

This website includes current legislation and bills that have been introduced in Michigan. Site users can access laws using Michigan Compiled Laws (MCL) numbers, Public Act (PA) numbers, or key words.

Safe Delivery

www.michigan.gov/safedelivery

The Safe Delivery webpage of the Michigan Department of Health and Human Services website includes information about Safe Delivery laws, Frequently Asked Questions (FAQs), fact sheets, public service announcements, publications, and other resources.

Child Abuse and Neglect

<http://www.michigan.gov/mandatedreporter>

The Michigan Department of Health and Human Services website includes reporting forms and information about laws and signs of abuse. It also has a link for a document for teachers titled, “School Personnel Guide for Reporting Suspected Child Abuse and Neglect: You Are a Mandated Reporter.” This document can be accessed directly at <http://chanceatchildhood.msu.edu/pdf/MandatedReporterSchools.pdf>.

HIV and STIs

HIV/STD/Hepatitis in Michigan

<http://www.michigan.gov/hivstd>

The Michigan Department of Health and Human Services webpage with information on HIV, sexually transmitted diseases, and hepatitis includes information on prevention and care, surveillance and statistics, counseling and testing, HIV-related laws, and training opportunities within Michigan.

Michigan AIDS Hotline

Michigan HIV hotline: 800-872-2437

This hotline provides answers to questions about HIV and AIDS during daytime hours. After hours, it forwards callers to the CDC Hotline for assistance.

Michigan HIV News

<http://www.mihivnews.com/>

Published by the Michigan AIDS Coalition, with support from the Michigan Department of Health and Human Services, this website is a news and information service for professionals and volunteers in HIV prevention and care services. This site includes news, a calendar, prevention information, research, resources, statistics, and testing information.

Michigan Association of Local Public Health (MALPH)

<http://www.malph.org/>

MALPH maintains a current directory for Michigan's Local Public Health Departments that provide prevention education, confidential and anonymous testing, and speakers.

Positive Perspectives

This free program brings HIV-positive speakers into the classroom. To request a speaker, call (517) 241-5900. Ask for the coordinator of the Positive Perspectives program. This program is coordinated by the Michigan Department of Health and Human Services, Division of Health, Wellness and Disease Control, HIV/AIDS Prevention and Intervention Section (HAPIS).

DOMESTIC AND SEXUAL VIOLENCE

Michigan Coalition Against Domestic and Sexual Violence

www.mcadsv.org

The coalition is a statewide organization dedicated to developing and promoting efforts aimed at the elimination of all domestic and sexual violence in Michigan. The website's home page includes links to resources for specific populations, information, training, and a list of local service providers.

Michigan Resource Center on Domestic and Sexual Violence

<http://www.resourcecenter.info/>

The Michigan Resource Center on Domestic and Sexual Violence is owned by the Michigan Domestic Violence Prevention and Treatment Board (MDVPTB). This website includes information about how to access books, videos, journals, and other media resources.

Teen Dating Violence

<http://www.michigan.gov/datingviolence>

This website of the Michigan Domestic Violence Prevention and Treatment Board (MDVPTB) includes fact sheets, a youth education packet, and links to key resources on issues pertaining to dating and sexual violence. The MDVPTB was established within the Department of Human Services to lead statewide efforts for the elimination of domestic and sexual violence in Michigan.

PREGNANCY PREVENTION AND ADOLESCENT HEALTH

Teen Pregnancy Prevention Initiative

www.michigan.gov/teenpregnancy

The Teen Pregnancy Prevention Initiative (TPPI) is a comprehensive pregnancy prevention program of the Michigan Department of Health and Human Services. This website provides teen pregnancy prevention PSAs, conference and funding information, reports, data, and information for TPPI grantees, healthcare providers, teens and parents, educators, and vulnerable populations.

Child & Adolescent Health Center Program

www.michigan.gov/cahc

The Michigan Department of Community Child and Adolescent Health Centers promote the health of children, adolescents and their families by providing important primary, preventative, and early intervention health care services. These centers provide primary care, preventive care, comprehensive health assessment, vision and hearing screening, medication, immunization, treatment of acute illness, co-management of chronic illness, health education and mental health care. They also provide pregnancy testing, STI and HIV testing, diagnosis and treatment for adolescents. This website provides program information, data, and contacts.

National Resources

HIV and STIs

National HIV and STD Testing Resources

<http://www.hivtest.org/>

This website is a service of the Centers for Disease Control and Prevention (CDC) and includes a national database that provides users with locations for HIV and STD testing in local communities across the United States based on zip code.

CDC-INFO

1-800-CDC-INFO or 1-800-232-4626

This 24-hour, nationwide, information hotline is a service of the Centers for Disease Control and Prevention. Information about health and diseases, including HIV and STDs, is available by selecting the topics from a list of options provided to the caller.

HIV/AIDS

www.cdc.gov/hiv/

This CDC website on HIV/AIDS includes basic information, statistics, testing information, questions and answers, fact sheets, and other key resources organized by topic and format.

Kaiser Family Foundation

<http://www.kff.org/hivaids/index.cfm>

This website includes a variety of resources on HIV/AIDS that can be accessed by topic or resource type, such as surveys, fact sheets, charts, and data.

Sexually Transmitted Diseases

www.cdc.gov/std/

This CDC website on STDs includes fact sheets, personal health questions, data and statistics, news, and publications organized by topic.

American Social Health Association

<http://www.ashastd.org/>

This national organization's website provides an emphasis on sexual health and a focus on preventing sexually transmitted diseases and their harmful consequences. This site includes overview, factsheets, ask the experts, statistics, prevention tips, and a glossary.

KidsHealth

http://kidshealth.org/kid/health_problems/infection/hiv.html

This site has been developed specifically for children and includes information about HIV and AIDS in an easy to read format and as an audio recording.

Planned Parenthood

<http://www.plannedparenthood.org/health-topics/stds-hiv-safer-sex-101.htm>

This national organization's website provides information on many STIs, risk reduction, testing, and a brief questionnaire to help visitors decide whether or not to be tested.

DOMESTIC AND SEXUAL VIOLENCE

Choose Respect

<http://www.cdc.gov/chooserespect/>

Choose Respect is an initiative to help adolescents form healthy relationships to prevent dating abuse before it starts. Their website includes resources, tips for getting involved at school, and tips for making communities safer.

Family Violence Prevention Fund

(www.knowmoresaymore.org)

www.endabuse.org

The Family Violence Prevention Fund works to prevent violence within the home, and in the community, and to help those whose lives are devastated by violence because everyone has the right to live free of violence. Projects include the Reproductive Health Initiative, Know More Say More Campaign, Coaching Boys Into Men, and efforts to address reproductive coercion. Resources include publications and educational materials.

Rape, Abuse and Incest National Network (RAINN)

<http://www.rainn.org/>

RAINN is the nation's largest anti-sexual assault organization. This site includes news, information, policies, and information on reporting and recovery, as well as the 24-hour National Sexual Assault Hotline, 1-800-656-HOPE or 4673.

National Teen Dating Abuse Helpline

<http://www.loveisrespect.org/>

This is the website of the national dating abuse hotline, 1-866-331-9474. The site includes live chat options with a trained peer advocate.

SEXUAL HEALTH AND PREGNANCY PREVENTION

Answer–Rutgers University

<http://answer.rutgers.edu/>

This website provides sexuality education resources to young people and the adults who teach them. The site includes links to the “Sex, Etc.” site by teen for teens, trainings and resources for professionals, and resources for parents.

TeensHealth, Sexual Health

http://kidshealth.org/teen/sexual_health/

This website from Nemours Foundation is geared toward teens and includes information on changing bodies, STDs, and birth control. The birth control section includes a chart listing effectiveness of each method.

The National Campaign to Prevent Teen and Unplanned Pregnancy

<http://www.thenationalcampaign.org/>

This website includes national and state data, and resources about and for a variety of audiences.

Unintended Pregnancy Prevention: Contraception

<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>

This CDC website provides information on methods of contraception that have been approved by the Food and Drug Administration.

Consent for Care and Confidential Health Information

Michigan Laws Related to Right of a Minor to Obtain Health Care Without Consent or Knowledge of Parents

Laws regarding consent to medical and surgical care by minors.	Is parental consent required?	Is parental access to the minor's information permitted?
<p>General Rule: A minor is a person 17 years or younger</p> <p><i>Emancipation of Minors Act, MCL 722.1; Age of Majority Act, MCL 722.52.</i></p>	Required	Yes
<p>Emancipation/Emancipated Minor <i>Emancipation of Minors Act, MCL 722.1 –722.6</i></p> <p>1. An emancipation occurs by court order via a petition filed by a minor with the family division of circuit court.</p> <p>2. An emancipation also occurs by operation of law under any of the following circumstances:</p> <ul style="list-style-type: none"> • When a minor is validly married. • When a person reaches the age of 18 years. • During the period when the minor is on active duty with the armed forces of the United States. • For the purposes of consenting to routine, nonsurgical medical care or emergency medical treatment to a minor, when the minor is in the custody of a law enforcement agency and the minor's parent or guardian cannot be promptly located. • For the purposes of consenting to his or her own preventive health care or medical care including surgery, dental care, or mental health care, except vasectomies or any procedure related to reproduction, during the period when the minor is a prisoner committed to the jurisdiction of the department of corrections and is housed in a state correctional facility; or the period when the minor is a probationer residing in a special alternative incarceration unit. 	Not required	No

Laws regarding consent to medical and surgical care by minors.	Is parental consent required?	Is parental access to the minor's information permitted?
<p>Abortion <i>The Parental Rights Restoration Act, MCL 722.901 – 722.909</i></p>	<p>Required</p> <ul style="list-style-type: none"> • Written consent of one parent/legal guardian or a judicial waiver (court order) of parental consent from probate court. • Minors also must comply with the 24-hour waiting period prior to obtaining an abortion. 	<p>Yes, unless a judicial waiver is granted.</p>
<p>Birth Control</p> <ul style="list-style-type: none"> • There are no specific MI statutes on this issue; this is a Federal Constitutional “right of privacy.” • Title X Agencies: Family planning agencies funded under Title X of the Public Health Service Act must provide family planning and related services without regard to age or marital status. 42 CFR 59.5. 	<p>Provider discretion applies for providers not funded by Title X</p> <ul style="list-style-type: none"> • There are no specific MI statutes on this issue; this is a Federal Constitutional “right of privacy.” • Generally, practitioners must be aware that there is no statutory authority or protection for their actions. <p>Parental consent not required for services provided by Title X funded agencies. See section on “Title X agencies”.</p>	<p>Provider discretion applies for providers not funded by Title X.</p> <ul style="list-style-type: none"> • There are no specific MI statutes on this issue; this is a Federal Constitutional “right of privacy.” • Generally, practitioners must be aware that there is no statutory authority or protection for their actions. <p>Access not permitted when services provided by Title X funded agencies. See section on “Title X agencies”.</p>
<p>Emergency Care</p> <ul style="list-style-type: none"> • Parent or guardian consent is required. • Governor has power to issue executive orders and directives, which could allow prophylaxis or medical care to an unaccompanied minor during a declared emergency or disaster under Emergency Management Act, MCL 30.401 <i>et seq.</i> 	<p>Required, other than life-threatening circumstances, immediate medical attention needed, and parents cannot be located.</p> <p>Potential for Governor to waive consent requirements that interfere with response to an emergency or disaster.</p>	<p>Yes</p>

Laws regarding consent to medical and surgical care by minors.	Is parental consent required?	Is parental access to the minor's information permitted?
<p>Mental Health – Inpatient Care <i>Mental Health Code, MCL 330.1498d</i></p> <ul style="list-style-type: none"> Parents may admit for inpatient care. Minor may consent to limited inpatient care if 14 years or older. 	<p>Required</p> <ul style="list-style-type: none"> A minor of any age may be hospitalized for mental health reasons if a parent/legal guardian or agency requests and the minor is found to be suitable for hospitalization. A minor of <u>14 years or older may request</u> and if found suitable be hospitalized. Suitability, in either case, shall not be based solely on one or more of the following: epilepsy; developmental delay; brief periods of intoxication; juvenile offenses; or sexual, religious or political activity. 	<p>Yes</p>
<p>Mental Health – Outpatient Care <i>Mental Health Code, MCL 330.1707</i></p> <ul style="list-style-type: none"> Minor may consent to limited outpatient care if 14 years of older. 	<p>Not required</p> <ul style="list-style-type: none"> A minor age 14 or older may request and receive up to 12 outpatient sessions or four months of outpatient counseling. 	<p>Provider discretion applies.</p> <ul style="list-style-type: none"> Information <u>may</u> be given to parent, guardian, or person in loco parentis for a <u>compelling</u> reason based on a substantial probability of harm to the minor or to another individual; mental health professional must notify minor of his/her intent to inform parent.

Laws regarding consent to medical and surgical care by minors.	Is parental consent required?	Is parental access to the minor's information permitted?
<p>Prenatal and Pregnancy-Related Health Care Public Health Code, MCL 333.9132</p> <ul style="list-style-type: none"> Minor may consent to maintain life and preserve health of the minor or the minor's child or fetus. 	<p>Not required</p> <ul style="list-style-type: none"> The consent of any other person, including the father of the baby or spouse, parent, guardian, or person in loco parentis, is not necessary to authorize health care to a minor or to a child of a minor. At the initial visit permission <u>must</u> be requested of the patient to contact her parents for any additional medical information that may be necessary or helpful. See section on "Title X agencies", if services provided to minor by Title X funded agency. 	<p>Provider discretion applies.</p> <ul style="list-style-type: none"> Before providing care the patient must be informed that notification may take place. For medical reasons information <u>may</u> be given to or withheld from spouse, parent, guardian or person in loco parentis without consent of the minor and notwithstanding her express refusal to the providing of the information. <p>Access not permitted when services provided to minor by Title X funded agency. See section on "Title X agencies".</p>
<p>The provision of health care for a child of the minor Public Health Code, MCL 333.9132</p> <ul style="list-style-type: none"> Minor may consent to maintain life and preserve health of the minor or the minor's child or fetus. 	<ul style="list-style-type: none"> The <u>minor mother</u> shall consent to care for her child. The <u>consent of any other person</u>, including the father of the baby or spouse, parent, guardian, foster parent, is <u>not necessary</u> to authorize health care to a child of a minor. 	<p>Minor Mother</p>
<p>Substance Abuse Services Public Health Code, MCL 333.6121</p> <ul style="list-style-type: none"> Minor may consent 	<p>Not required</p>	<p>Provider discretion applies.</p> <ul style="list-style-type: none"> For <u>medical reasons</u> information as to the treatment given or needed, <u>may</u> be given to or withheld from the spouse, parent, guardian or person in loco parentis without consent of the minor and notwithstanding the express refusal of the minor to the providing of the information.

Laws regarding consent to medical and surgical care by minors.	Is parental consent required?	Is parental access to the minor's information permitted?
<p>Venereal Disease (STI) / HIV <i>Public Health Code, MCL 333.5127, MCL 333.5133, and MCL 722.623.</i></p> <ul style="list-style-type: none"> • Minor may consent to medical or surgical care for diagnoses and treatment of a venereal disease or HIV. • MCL 333.5127 does not apply to medical care to <i>prevent</i> a venereal disease, such as a vaccine. • Reportable as reasonable cause to suspect <u>child abuse</u> if pregnancy or venereal disease found in child over <u>1 month but less than 12 years of age</u>. 	<p>Not required for diagnosis or treatment.</p> <p>Also not required for medical care to prevent sexually transmitted infection or HIV (e.g. vaccine) if services provided by Title X funded agency. See section on "Title X agencies".</p>	<p>Provider discretion applies as to the treatment given or needed.</p> <ul style="list-style-type: none"> • For <u>medical reasons</u> information as to the treatment given or needed, <u>may</u> be given to or withheld from the spouse, parent, guardian or person in loco parentis without consent of the minor and notwithstanding the express refusal of the minor to the providing of the information. <p>Access not permitted when services provided to minor by Title X funded agency. See section on "Title X agencies".</p>

Other Michigan Laws Related to Right of a Minor to Obtain Health Care Without or Consent of Knowledge of Parents

<p>Reporting of Abuse or Neglect <i>Child Protection Act, MCL 722.622, MCL 722.623</i></p> <ul style="list-style-type: none"> The following individuals are <u>required</u> to report suspected “child abuse or neglect” to Child Protective Services: <ul style="list-style-type: none"> audiologist certified social worker dentist law enforcement officer licensed professional counselor marriage and family therapist medical examiner member of the clergy nurse person licensed to provide emergency medical care physician physician’s assistant psychologist registered dental hygienist regulated child care provider school administrator school counselor or teacher social worker social worker technician 	<ul style="list-style-type: none"> “Child abuse” means harm or threatened harm to a child’s health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, <u>by a parent, a legal guardian, or any other person responsible for the child’s health or welfare or by a teacher, a teacher’s aide, or a member of the clergy.</u> “Child neglect” means harm or threatened harm to a child’s health or welfare <u>by a parent, legal guardian, or any other person responsible for the child’s health or welfare</u> that occurs through either of the following: <ol style="list-style-type: none"> Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care. Placing a child at an unreasonable risk to the child’s health or welfare by failure of the parent, legal guardian, or other person responsible for the child’s health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk. For reporting purposes, pregnancy of a child less than 12 years of age or the presence of a venereal disease in a child who is over 1 month of age but less than 12 years of age <u>is reasonable cause to suspect child abuse and/or neglect have occurred.</u>
<p>Medical Records Access Act, MCL 333.26261-MCL 333.26271</p> <ul style="list-style-type: none"> Provides for and regulates access to and disclosure of medical records. 	<ul style="list-style-type: none"> Under this act, a minor’s parent, guardian, or person acting in loco parentis has the right to review and obtain a copy of the minor’s medical record, <u>unless the minor lawfully obtained health care without the consent or notification of a parent, guardian, or other person acting in loco parentis, in which case the minor has the exclusive right to exercise the rights of a patient under this act with respect to those medical records relating to that care.</u>

Availability of Laws on the Internet:

Michigan Statutes: www.legislature.mi.gov

Federal Statutes: <http://uscode.house.gov/search/criteria.shtml>

Federal Regulations: <http://ecfr.gpoacss.gov>

Matrix information compiled by the Michigan Department of Health and Human Services, Office of Legal Affairs (OLA),
May 23, 2006, revised May 27, 2009.

OLA thanks the Henry Ford Health System for providing the original matrix that served as a model for this matrix.

Disclaimer:

This document is for informational purposes only. This document represents OLA’s understanding of various laws, and is not intended as a legal position from the State of Michigan or the Michigan Department of Health and Human Services. For legal advice, readers should consult with their own counsel. While every attempt has been made to assure the information presented is accurate as of May 2009, laws do change, and readers will need to confirm accuracy of various laws cited.

Overview of Laws Related to Minors in Michigan*

- **Abortions:** Parental consent or a court order is required (MCL 722.901-909). Minors also have to comply with the 24-hour waiting period prior to obtaining an abortion (MCL 333.17015).
- **Abstinence education:** There are state and federal guidelines for children from 9-17 years of age to participate in abstinence programs (PA 114 of 1999, section 1106a - Appropriations).
- **Adoptions:** In a written document signed by a witness and by the parent or guardian in the presence of the witness, a parent or guardian having legal and physical custody of a child may authorize a child placing agency to make a temporary placement of the child under section 23d of this chapter. If the parent of the child being temporarily placed is an unemancipated minor, the authorization is not valid unless it is also signed in the presence of the witness by a parent or guardian of that minor parent. (MCL 710.23b (3)).
- **Alcohol:** Alcoholic liquor shall not be sold or furnished to anyone under 21 (MCL 436.1701).
- **Criminal sexual conduct (CSC):** Michigan law allows minors to consent to sexual activity if they are 16 or older (MCL 750.520a-750.5201).
- **Curfew:** A minor under the age of 16 shall not be in public between 12 midnight and 6 a.m. unless with parent or guardian (MCL 722.752).
- **Driving:** The secretary of state shall not approve the application of a person who is 17 years of age or less for an operator's license unless the application is signed by the parent or guardian of the applicant and the person has satisfied the appropriate requirements of section 310e. (MCL 257.308).
- **Employment:** The minimum age for employment is 14 years of age, subject to exceptions and limitations (MCL 409.103).
- **Family planning devices and birth control information:** Minors may purchase contraceptive devices and receive family planning information (Carey v. Population Services International). Additionally, in Doe v. Irwin (U.S. Court of Appeals, 6th Circuit, 1980) the court held that the distribution of family planning devices to minors without notice to parents was valid. There are no state laws affirming or prohibiting a minor's access to contraceptive services.
- **Health and physical education:** Health and physical education for students shall be established and provided in all public schools. Each student who is physically fit and capable of doing so shall take the course in physical education (MCL 380.1502). One credit of health education and physical education, aligned with the guidelines developed by the Michigan Department of Education, is required for graduation (380.1278a).
- **HIV and AIDS education:** All public schools are required to teach HIV and AIDS prevention to all students at least once at every building level (MCL 380.1169).
- **Hunting:** A minor must be accompanied by someone 18 years of age or older (MCL 324.43517).
- **Mandated HIV & STI testing:** Persons arrested and charged with a crime that could transmit STIs or HIV may be required to be tested for HIV and other STIs. If the victim was exposed to body fluids, he or she will be provided with the test results (MCL 333.5129).
- **Mandatory reporting:** Michigan's Child Protection Law requires certain individuals, such as teachers, health care workers, etc. (see statute for complete list) to report to Department of Health and Human Services (DHHS) "the pregnancy of a child less than 12 years of age or the presence of a venereal disease in a child who is over 1 month of age but less than 12 years of age." This is reason to suspect child abuse and neglect (MCL 722.623).

- **Marriage:** A marriage shall not be contracted by a person who is under 16 years of age (MCL 551.51).
- **Outpatient mental health:** A minor age 14 or older may request and receive up to 12 outpatient sessions for four months of outpatient counseling without parental consent. (MCL 330.1707). Regarding mental health hospitalization a minor may be hospitalized if a parent or agency requests hospitalization and the minor is found suitable for hospitalization (MCL 330.1498). There is no law regulating inpatient care.
- **Pregnant students:** A person who has not completed high school may not be expelled or excluded from a public school because of being pregnant (MCL 380.1301 and R340.1121 of the Michigan Administrative Code).
- **Prenatal and pregnancy-related health care:** Minors may consent to prenatal and pregnancy-related care regardless of their marital status. A minor may also consent to the health care of his/her child (MCL 333.9132).
- **Sexuality education:** Schools may, but are not required to, teach sexuality education. See Appendix D for a complete list of requirements. Family planning devices or drugs may not be dispensed or distributed in a public school (MCL 380.1507).
- **Sexually explicit information:** Unlawful to disseminate information to minors (MCL 722.675).
- **Sexually transmitted infections and HIV:** Minors may consent to medical or surgical care for diagnoses and treatment of a venereal disease or HIV (MCL 333.5127).
- **Substance abuse:** Minors may consent to treatment or services without parental consent. (MCL 333.6121).
- **Tattooing:** Prior written informed consent of the minor's parent or legal guardian is necessary before tattooing, branding or body-piercing on the minor (MCL 333.13101-333.13103).

- **Tobacco products:** A person under 18 years of age shall not possess or smoke cigarettes or cigars, or possess or chew, suck, or inhale chewing tobacco or tobacco snuff, etc. in public places (MCL 722.642).

Confidentiality Issues*

- **Explanation of benefits:** All health insurance companies may send an explanation of benefits to the policy holder, usually the parent, when a minor child receives medical care. However, teens enrolled in Medicaid managed care programs who receive confidential medical services do not receive an EOB. (Medicaid regulation and MDCH policy)
- **Family planning services:** Under Title X of the Public Health Service Act (42 USC 300a) and under the Medicaid program (42 USC 1386), teens may be provided with confidential contraceptive services. In addition, the federal constitutional right to privacy protects an adolescent's decision to attempt to avoid unwanted pregnancy. (*Carey v. Population Services, Intern.*, 431 U.S. 678, 97 S.Ct. 2010, U.S.N.Y., 1977) This right supersedes any claim parents may bring against a clinician for providing non-negligent family planning services to the minor (*Doe v. Pickett*, 480 F. Supp. 1218, 1223 - 1979).
- **Mandatory reporting:** Michigan's Child Protection Law requires certain individuals, such as teachers, health care workers, etc. (see statute for complete list), to report to Department of Human Services (DHS) "the pregnancy of a child less than 12 years of age or the presence of a venereal disease in a child who is over 1 month of age but less than 12 years of age. This is reason to suspect child abuse and neglect (MCL 722.623).
- **Mental health services:** Information on mental health services shall be kept confidential and not open to public inspection (MCL 330.1748). However, a psychologist may share the information under certain circumstances, if the patient is a minor (MCL 333.18237).

- **Privileged communications and disclosure of confidential information:** The confidential relations and communications between a licensed professional counselor or a limited licensed counselor and a client of the licensed professional counselor or a limited licensed counselor are privileged communications, and this law does not require a privileged communication to be disclosed, except as otherwise provided by law. Confidential information may be disclosed only upon consent of the client, unless the counselor is required to do so in the case of child abuse or neglect. (MCL 333.18117; 333.16281)
- **Sexually transmitted infections and HIV:** Minors may consent to medical or surgical care for diagnoses and treatment of a venereal disease or HIV without parental consent (MCL 333.5127 and MCL 333.5133). For medical reasons, physicians may, but do not have to, tell parents about the treatment needed (MCL 333.5127).

Definitions as recognized by Michigan law:

- **Minor:** *Anyone under 18 years of age.*
- **Emancipated minor:** *A child who reaches the age of 18; is determined by court order to be emancipated (released from parental care and responsibility); is married; or on active duty in the armed forces (MCLA 722.4).*
- **General rule:** *The law generally does not treat the provision of any confidential health care to minors as a crime, except for abortions in some states. However, parents may file civil lawsuits against medical providers and collect money damages when their minor child is provided medical services without their permission, on the theory that a minor cannot give effective consent to medical care, but there are many exceptions.*

For full text of the laws cited, visit the Michigan Combined Laws Search at <http://www.legislature.mi.gov/mileg.asp?page=MCLBasicSearch> .



Requirements of Michigan Law: Resources and Information for Michigan Teachers Who Teach HIV Prevention or Sex Education

Michigan law requires schools to provide specific information when teaching HIV prevention or sexuality education. For more information regarding the law, review Appendix D. This appendix includes four sections to equip teachers to meet these requirements for instruction:

1. Laws Governing Sexual Conduct
2. Resources on Adoption and the Safe Delivery of Newborns
3. Criminal Sexual Conduct
4. Michigan Laws Pertaining to Responsibility of Parents For Children Born In and Out of Wedlock

1. Laws Governing Sexual Conduct

This section is particularly useful for Michigan teachers complying with the requirement that states: (2) Material and instruction in the sex education curriculum under section 1507 that discusses sex shall... (e) Ensure that pupils are not taught in a way that condones the violation of the laws of this state pertaining to sexual activity, including, but not limited to, sections 158, 335a, 338, 338a, 338b, and 520b to 520e of the Michigan penal code, 1931 PA 328, MCL 750.158, 750.335a, 750.338, 750.338a, 750.338b, and 750.520b to 750.520e. (subsection E of Section 1507b of the Michigan School Code)

The information provided in this reference is for your use in answering any questions raised by students.

Michigan Penal Code

750.158. Crime against nature or sodomy.

“Any person who shall commit the abominable and detestable crime against nature either with mankind or with any animal shall be guilty of a felony.”

It is punishable by imprisonment in the state prison.

While the law does not specifically state what the crimes against nature or sodomy are, they are generally accepted by the courts as anal sex and bestiality.

750.335. Lewd and lascivious cohabitation and gross lewdness.

“Any man or woman, not being married to each other, who shall lewdly and lasciviously associate and cohabit together, and any man or woman, married or unmarried, who shall be guilty of open and gross lewdness and lascivious behavior, shall be guilty of a misdemeanor.”

It is punishable by imprisonment in the county jail or a fine.

This is also referred to as adultery or fornication.

750.335a. Indecent exposure.

“Any person who shall knowingly make any open or indecent exposure of his or her person or of the person of another shall be guilty of a misdemeanor.”

It is punishable by imprisonment in the county jail, a fine, or imprisonment in the state prison.

750.338. Gross indecency: between male persons.

“Any male person who, in public or in private, commits or is a party to the commission of or procures or attempts to procure the commission by any male person of any act of gross indecency with another male person shall be guilty of a felony.”

It is punishable by imprisonment in the state prison or a fine.

This is different from sodomy, as gross indecency includes oral or manual sex acts. Generally, though not always, this is referring to public acts, and or nonconsensual acts, and/or acts with minors.

750.338a. Gross indecency: between female persons.

“Any female person who, in public or in private, commits or is a party to the commission of, or any person who procures or attempts to procure the commission by any female person of any act of gross indecency with another female person shall be guilty of a felony.”

It is punishable by imprisonment in the state prison or a fine.

This is the same as 750.338, but applies to women.

750.338b. Gross indecency: between male and female persons.

“Any male person who, in public or in private, commits or is a party to the commission of any act of gross indecency with a female person shall be guilty of a felony. Any female person who, in public or in private, commits or is a party to the commission of any act of gross indecency with a male person shall be guilty of a felony. Any person who procures or attempts to procure the commission of any act of gross indecency by and between any male person and any female person shall be guilty of a felony.”

It is punishable by imprisonment in the state prison or a fine.

This is the same as 750.338, but applies to men and women.

750.520a. Definitions.

“Actor” means a person accused of criminal sexual conduct.

“Intimate parts” induces the primary genital area, groin, inner thigh, buttock, or breast of a human being.

“Personal injury” means bodily injury, disfigurement, mental anguish, chronic pain, pregnancy, disease, or loss or impairment of a sexual or reproductive organ.

“Sexual contact” includes the intentional touching of the victim’s or actor’s intimate parts or the intentional touching of the clothing covering the immediate area of the victim’s or actor’s intimate parts, if that intentional

touching can reasonably be construed as being for the purpose of sexual arousal or gratification, done for a sexual purpose, or in a sexual manner for: (i) Revenge, (ii) To inflict humiliation, (iii) Out of anger.

“Sexual penetration” means sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person’s body or of any object into the genital or anal openings of another person’s body, but emission of semen is not required.

“Victim” means the person alleging to have been subjected to criminal sexual conduct.

These definitions are drawn from the law, but do not include all of the terms defined.

750.520b. First degree criminal sexual conduct.

“(1) A person is guilty of criminal sexual conduct in the first degree if he or she engages in sexual penetration with another person and if any of the following circumstances exists:

- (a) That other person is under 13 years of age.
- (b) That other person is at least 13 but less than 16 years of age and any of the following:
 - (i) The actor is a member of the same household as the victim.
 - (ii) The actor is related to the victim by blood or affinity to the fourth degree.
 - (iii) The actor is in a position of authority over the victim and used this authority to coerce the victim to submit.
 - (iv) The actor is a teacher, substitute teacher, or administrator of the public school, nonpublic school, school district, or intermediate school district in which that other person is enrolled.
 - (v) The actor is an employee or a contractual service provider of the public school, nonpublic school, school district, or intermediate school district in which that other person is enrolled, or is a volunteer who is not a student in any public school or nonpublic school, or is an employee of this state or of a local unit of government of this state or of the United States assigned to provide any service to that public school, nonpublic school, school district, or intermediate school district, and the actor uses his or her employee, contractual, or volunteer status to gain access to, or to establish a relationship with, that other person.
- (c) Sexual penetration occurs under circumstances involving the commission of any other felony.
- (d) The actor is aided or abetted by 1 or more other persons and either of the following circumstances exists:
 - (i) The actor knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless.
 - (ii) The actor uses force or coercion to accomplish the sexual penetration. Force or coercion includes but is not limited to any of the circumstances listed in subdivision (f).
- (e) The actor is armed with a weapon or any article used or fashioned in a manner to lead the victim to reasonably believe it to be a weapon.
- (f) The actor causes personal injury to the victim and force or coercion is used to accomplish sexual penetration. Force or coercion includes but is not limited to any of the following circumstances:
 - (i) When the actor overcomes the victim through the actual application of physical force or physical violence.
 - (ii) When the actor coerces the victim to submit by threatening to use force or violence on the victim, and the victim believes that the actor has the present ability to execute these threats.
 - (iii) When the actor coerces the victim to submit by threatening to retaliate in the future against the victim, or any other person, and the victim believes that the actor has the ability to execute this threat. As used in this subdivision, “To retaliate” includes threats of physical punishment, kidnapping, or extortion.
 - (iv) When the actor engages in the medical treatment or examination of the victim in a manner or for purposes which are medically recognized as unethical or unacceptable.
 - (v) When the actor, through concealment or by the element of surprise, is able to overcome the victim.
- (g) The actor causes personal injury to the victim, and the actor knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless.
- (h) That other person is mentally incapable, mentally disabled, mentally incapacitated, or physically helpless, and any of the following:
 - (i) The actor is related to the victim by blood or affinity to the fourth degree.
 - (ii) The actor is in a position of authority over the victim and used this authority to coerce the victim to submit.”

(2) Criminal sexual conduct in the first degree is a felony punishable as follows:

- (a) Except as provided in subdivisions (b) and (c), by imprisonment for life or for any term of years.
- (b) For a violation that is committed by an individual 17 years of age or older against an individual less than 13 years of age by imprisonment for life or any term of years, but not less than 25 years.
- (c) For a violation that is committed by an individual 17 years of age or older against an individual less than 13 years of age, by imprisonment for life without the possibility of parole if the person was previously convicted of a violation of this section or section 520c, 520d, 520e, or 520g committed against an individual less than 13 years of age or a violation of law of the United States, another state or political subdivision substantially corresponding to a violation of this section or section 520c, 520d, 520e, or 520g committed against an individual less than 13 years of age.
- (d) In addition to any other penalty imposed under subdivision (a) or (b), the court shall sentence the defendant to lifetime electronic monitoring under section 520n.

(3) The court may order a term of imprisonment imposed under this section to be served consecutively to any term of imprisonment imposed for any other criminal offense arising from the same transaction.

Two key determinants for First Degree Criminal Sexual Conduct are: sexual penetration occurs, the perpetrator causes personal injury.

750.520c. Second degree criminal sexual conduct.

“(1) A person is guilty of criminal sexual conduct in the second degree if the person engages in sexual contact with another person and if any of the following circumstances exists:

- (a) That other person is under 13 years of age.
- (b) That other person is at least 13 but less than 16 years of age and any of the following:
 - (i) The actor is a member of the same household as the victim.
 - (ii) The actor is related to the victim by blood or affinity to the fourth degree.
 - (iii) The actor is in a position of authority over the victim and used this authority to coerce the victim to submit.
 - (iv) The actor is a teacher, substitute teacher, or administrator of the public school, nonpublic school, school district, or intermediate school district in which that other person is enrolled.
 - (v) The actor is an employee or a contractual service provider of the public school, nonpublic school, school district, or intermediate school district in which that other person is enrolled, or is a volunteer who is not a student in any public school or nonpublic school, or is an employee of this state or of a local unit of government of this state or of the United States assigned to provide any service to that public school, nonpublic school, school district, or intermediate school district, and the actor uses his or her employee, contractual, or volunteer status to gain access to, or to establish a relationship with, that other person.
- (c) Sexual contact occurs under circumstances involving the commission of any other felony.
- (d) The actor is aided or abetted by 1 or more other persons and either of the following circumstances exists:
 - (i) The actor knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless.
 - (ii) The actor uses force or coercion to accomplish the sexual contact. Force or coercion includes but is not limited to any of the circumstances listed in sections 520 b(1)(f).
- (e) The actor is armed with a weapon or any article used or fashioned in a manner to lead the victim to reasonably believe it to be a weapon.
- (f) The actor causes personal injury to the victim and force or coercion is used to accomplish sexual contact. Force or coercion includes but is not limited to any of the circumstances listed in section 520b(1)(f).
- (g) The actor causes personal injury to the victim, and the actor knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless.
- (h) That other person is mentally incapable, mentally disabled, mentally incapacitated, or physically helpless, and any of the following:
 - (i) The actor is related to the victim by blood or affinity to the fourth degree.
 - (ii) The actor is in a position of authority over the victim and used this authority to coerce the victim to submit.”
- (i) That other person is under the jurisdiction of the department of corrections and the actor is an employee or a contractual employee of, or a volunteer with, the department of corrections who knows that the other person is under the jurisdiction of the department of corrections.

(j) That other person is under the jurisdiction of the department of corrections and the actor is an employee or a contractual employee of, or a volunteer with, a private vendor that operates a youth correctional facility under section 20g of the corrections code of 1953, 1953 PA 232, MCL 791.220g, who knows that the other person is under the jurisdiction of the department of corrections.

(k) That other person is a prisoner or probationer under the jurisdiction of a county for purposes of imprisonment or a work program or other probationary program and the actor is an employee or a contractual employee of or a volunteer with the county or the department of corrections who knows that the other person is under the county's jurisdiction.

(l) The actor knows or has reason to know that a court has detained the victim in a facility while the victim is awaiting a trial or hearing, or committed the victim to a facility as a result of the victim having been found responsible for committing an act that would be a crime if committed by an adult, and the actor is an employee or contractual employee of, or a volunteer with, the facility in which the victim is detained or to which the victim was committed.

(2) Criminal sexual conduct in the second degree is a felony punishable as follows:

(a) By imprisonment for not more than 15 years.

(b) In addition to the penalty specified in subdivision (a), the court shall sentence the defendant to lifetime electronic monitoring under section 520n if the violation involved sexual contact committed by an individual 17 years of age or older against an individual less than 13 years of age.

The key determinant for Second Degree Criminal Sexual Conduct is: sexual contact occurs. Personal injury does not need to be caused.

750.520d. Third degree criminal sexual conduct.

(1) A person is guilty of criminal sexual conduct in the third degree if the person engages in sexual penetration with another person and if any of the following circumstances exist:

(a) That other person is at least 13 years of age and under 16 years of age.

(b) Force or coercion is used to accomplish the sexual penetration. Force or coercion includes but is not limited to any of the circumstances listed in section 520b(1)(f)(i) to (v).

(c) The actor knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless.

(d) That other person is related to the actor by blood or affinity to the third degree and the sexual penetration occurs under circumstances not otherwise prohibited by this chapter. It is an affirmative defense to a prosecution under this subdivision that the other person was in a position of authority over the defendant and used this authority to coerce the defendant to violate this subdivision. The defendant has the burden of proving this defense by a preponderance of the evidence. This subdivision does not apply if both persons are lawfully married to each other at the time of the alleged violation.

(e) That other person is at least 16 years of age but less than 18 years of age and a student at a public school or nonpublic school, and either of the following applies:

(i) The actor is a teacher, substitute teacher, or administrator of that public school, nonpublic school, school district, or intermediate school district. This subparagraph does not apply if the other person is emancipated or if both persons are lawfully married to each other at the time of the alleged violation.

(ii) The actor is an employee or a contractual service provider of the public school, nonpublic school, school district, or intermediate school district in which that other person is enrolled, or is a volunteer who is not a student in any public school or nonpublic school, or is an employee of this state or of a local unit of government of this state or of the United States assigned to provide any service to that public school, nonpublic school, school district, or intermediate school district, and the actor uses his or her employee, contractual, or volunteer status to gain access to, or to establish a relationship with, that other person.

(f) That other person is at least 16 years old but less than 26 years of age and is receiving special education services, and either of the following applies:

(i) The actor is a teacher, substitute teacher, administrator, employee, or contractual service provider of the public school, nonpublic school, school district, or intermediate school district from which that other person receives the special education services. This subparagraph does not apply if both persons are lawfully married to each other at the time of the alleged violation.

(ii) The actor is a volunteer who is not a student in any public school or nonpublic school, or is an employee of this state or of a local unit of government of this state or of the United States assigned to provide any service to that public school, nonpublic school, school district, or intermediate school district, and the actor uses his or her employee, contractual, or volunteer status to gain access to, or to establish a relationship with, that other person.

(2) Criminal sexual conduct in the third degree is a felony punishable by imprisonment for not more than 15 years.

The key determinant for Third Degree Criminal Sexual Conduct is: sexual penetration occurs. Personal injury does not need to be caused. The prosecutor is given discretion in whether to charge First Degree or Third Degree Criminal Sexual Conduct.

750.520e. Fourth degree criminal sexual conduct.

(1) A person is guilty of criminal sexual conduct in the fourth degree if he or she engages in sexual contact with another person and if any of the following circumstances exist:

(a) That other person is at least 13 years of age but less than 16 years of age, and the actor is 5 or more years older than that other person.

(b) Force or coercion is used to accomplish the sexual contact. Force or coercion includes, but is not limited to, any of the following circumstances:

(i) When the actor overcomes the victim through the actual application of physical force or physical violence.

(ii) When the actor coerces the victim to submit by threatening to use force or violence on the victim, and the victim believes that the actor has the present ability to execute that threat.

(iii) When the actor coerces the victim to submit by threatening to retaliate in the future against the victim, or any other person, and the victim believes that the actor has the ability to execute that threat. As used in this subparagraph, "to retaliate" includes threats of physical punishment, kidnapping, or extortion.

(iv) When the actor engages in the medical treatment or examination of the victim in a manner or for purposes which are medically recognized as unethical or unacceptable.

(v) When the actor achieves the sexual contact through concealment or by the element of surprise.

(c) The actor knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless.

(d) That other person is related to the actor by blood or affinity to the third degree and the sexual contact occurs under circumstances not otherwise prohibited by this chapter. It is an affirmative defense to a prosecution under this subdivision that the other person was in a position of authority over the defendant and used this authority to coerce the defendant to violate this subdivision. The defendant has the burden of proving this defense by a preponderance of the evidence. This subdivision does not apply if both persons are lawfully married to each other at the time of the alleged violation.

(e) The actor is a mental health professional and the sexual contact occurs during or within 2 years after the period in which the victim is his or her client or patient and not his or her spouse. The consent of the victim is not a defense to a prosecution under this subdivision. A prosecution under this subsection shall not be used as evidence that the victim is mentally incompetent.

(f) That other person is at least 16 years of age but less than 18 years of age and a student at a public school or nonpublic school, and either of the following applies:

(i) The actor is a teacher, substitute teacher, or administrator of that public school, nonpublic school, school district, or intermediate school district. This subparagraph does not apply if the other person is emancipated or if both persons are lawfully married to each other at the time of the alleged violation.

(ii) The actor is an employee or a contractual service provider of the public school, nonpublic school, school district, or intermediate school district in which that other person is enrolled, or is a volunteer who is not a student in any public school or nonpublic school, or is an employee of this state or of a local unit of government of this state or of the United States assigned to provide any service to that public school, nonpublic school, school district, or intermediate school district, and the actor uses his or her employee, contractual, or volunteer status to gain access to, or to establish a relationship with, that other person.

(g) That other person is at least 16 years old but less than 26 years of age and is receiving special education services, and either of the following applies:

(i) The actor is a teacher, substitute teacher, administrator, employee, or contractual service provider of the public school, nonpublic school, school district, or intermediate school district from which that other person receives the special education services. This subparagraph does not apply if both persons are lawfully married to each other at the time of the alleged violation.

(ii) The actor is a volunteer who is not a student in any public school or nonpublic school, or is an employee of this state or of a local unit of government of this state or of the United States assigned to provide any service to that public school, nonpublic school, school district, or intermediate school district, and the actor uses his or her employee, contractual, or volunteer status to gain access to, or to establish a relationship with, that other person.

(2) Criminal sexual conduct in the fourth degree is a misdemeanor punishable by imprisonment for not more than 2 years or a fine of not more than \$500.00, or both.

Given that young people may date individuals 5 or more years older or younger, this crime is particularly important for young people to understand.

2. Resources on Adoption and the Safe Delivery of Newborns

This section is particularly useful for Michigan teachers complying with the requirement that states: (2) Material and instruction in the sex education curriculum under section 1507 that discusses sex shall... (j) Provide information for pupils about how young parents can learn more about adoption services and about the provisions of the safe delivery of newborns law, chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.1 to 712.20. (subsection J of Section 1507b of the Michigan School Code)

Adoption

- Comprehensive information about adoption is available at Michigan's adoption website: www.michigan.gov/adoption
- Adoption Information from the Michigan Department of Health and Human Services: http://www.michigan.gov/mdhhs/0,1607,7-124-5452_7116-14705--,00.html
- "Adopting a Child in Michigan" (Pub823) from Michigan Department of Health and Human Services: http://www.michigan.gov/documents/mdhhs/DHS-PUB-0823_221566_7.pdf
- Updated lists of public and private licensed adoption agencies at the Michigan Adoption Resource Exchange (MARE) website: <http://www.mare.org/MIAgencies/MIAgencies.html>

Safe Delivery of Newborns

- Information about Michigan's Safe Delivery law is on the Michigan Department of Health and Human Services website: www.michigan.gov/safedelivery.
- General provisions of the Safe Delivery of Newborns law at the Michigan Department of Health and Human Services website: http://www.michigan.gov/documents/mdhhs/DHS-SafeDelivery-FAQs_220347_7.pdf
- Downloadable information on the safe delivery act targeting teens, as well as young adults, from the Michigan Department of Health and Human Services: http://www.michigan.gov/documents/MDHHS-PUB-0864_162165_7.pdf

Sources:

- Michigan Legislature www.michiganlegislature.org

Additional Resources on Child Support:

- Information about Michigan's child support law is on the Michigan Department of Health and Human Services website: www.michigan.gov/childsupport.
- An order form to get free materials related to child support:
http://www.michigan.gov/documents/dhs/MDHHS-1454_285930_7.pdf
- Understanding Child Support: A Handbook for Parents
http://michigan.gov/documents/dhs/MDHHS-PUB-748_209001_7.pdf

Laws Regarding Sexual Harassment

Title IX of the Education Amendments of 1972:

- States “No person in the United States shall on the basis of sex be excluded from participating in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance.”
- Prohibits discrimination on the basis of sex in educational programs or activities that receive federal financial assistance.
- Covers both employees and students and virtually all activities of a school district.
- Covers discrimination in employment of teachers and other school personnel as well as in admissions, financial aid, and access to educational programs and activities.
- Is enforced by the Office of Civil Rights of the Department of Education.
- Allows students to collect monetary damages from the school or the school may lose federal funds.

Elliot-Larsen Civil Rights Act (Excerpt), Act 453 of 1976 37.2103 Definitions.

Sec. 103.

(i) Discrimination because of sex includes sexual harassment. Sexual harassment means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct or communication of a sexual nature under the following conditions:

(i) Submission to the conduct or communication is made a term or condition either explicitly or implicitly to obtain employment, public accommodations or public services, education, or housing.

(ii) Submission to or rejection of the conduct or communication by an individual is used as a factor in decisions affecting the individual's employment, public accommodations or public services, education, or housing.

(iii) The conduct or communication has the purpose or effect of substantially interfering with an individual's employment, public accommodations or public services, education, or housing, or creating an intimidating, hostile, or offensive employment, public accommodations, public services, educational, or housing environment.

Title VII of the Civil Rights Act of 1964 as amended by the Equal Employment Opportunity Act of 1972, the Pregnancy Discrimination Act of 1978, and the Civil Rights Act of 1991:

- Prohibits employers of more than 15 individuals from discriminating on the basis of race, color, religion, sex, or national origin in all aspects of employment.
- Allows employees and applicants to file suit in federal district court if they are not satisfied with the employer's disposition of their complaints.
- Covers all aspects of employment inclusive of salary, promotion, hiring, dismissal, and working conditions.
- Allows sexual harassment plaintiffs to sue for monetary damages and allows recovery of compensatory damages only in cases of intentional discrimination.
- Allows punitive damages only against non-public employers who act with malice or reckless indifference.
- Caps damages depending on the number of employees.

The Equal Employment Opportunity Commission issued its “Final Amendment to Guidelines on Discrimination Because of Sex” in November 1980. The guidelines interpret Title VII to include sexual harassment as a form of sex discrimination in employment, and provide a definition of sexual harassment. It reads:

“Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment;
- (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- (3) such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile, or offensive working environment.

NOTE: For two student lessons on sexual harassment, review the *Michigan Model for Health™*, “The Two ‘R’s’ for Stopping Assault and Preventing Violence, A Module for Grades 7-8.”

School Personnel Guide for Reporting Suspected Child Abuse and Neglect

School Personnel Guide for Reporting Suspected Child Abuse and Neglect

YOU are a mandated reporter.

Michigan law requires that certain persons report any case of suspected child abuse or child neglect to the Michigan Department of Health and Human Services (MDHHS). The definition of mandated reporter includes all *school administrators, school counselors, and school teachers.*

Why this is your responsibility

School personnel play an important role in the lives of children. You are in a unique position to observe and interact with children on a daily basis. You see changes in children that may indicate abuse or neglect. Because children often confide in you, you may learn information that indicates a child is being abused or neglected.



Once you file a report, the child and family may become eligible to receive a wide variety of services that will improve the family's ability to care for the child. The family may be provided parenting classes, counseling, treatment for substance abuse, medical services, anger management education and other services designed to meet the family's specific needs.

How to make a report

Upon suspecting child abuse/neglect, you must **both** report to MDHHS and to the person in charge of the school. MDHHS is generally prohibited from discussing the details of any investigation stemming from your report. You should receive a very general letter, stating whether or not the case was assigned for investigation. Do not assume a lack of “follow-up” with you indicates nothing was accomplished. Although MDHHS may be unable to share with you details about an ongoing investigation, you should continue to report any new concerns that might arise after your initial report.

Step 1: Oral report

You must immediately make, by telephone or face-to-face, an oral report of the suspected child abuse and neglect to MDHHS, followed by a written report. (MDHHS contact information and written requirements are provided in this pamphlet). You should be prepared to provide, if known, the following information when making a verbal Children’s Protective Services report:

- Child’s current address as well as past addresses if known and the address where the alleged incident happened if different.
- If the alleged perpetrator lives with the child.
- Alleged victim’s full name, birth date, and race.
- Alleged perpetrator’s full name. If known, provide the relationship of the perpetrator to the child.
- Statements of the child’s disclosure and context of the disclosure. For example, was the child asked about the injury, or did they volunteer the information?
- History of the child’s behavior and patterns of attendance may be helpful to the investigation.
- Why you think the child is being abused, neglected, and/or maltreated.

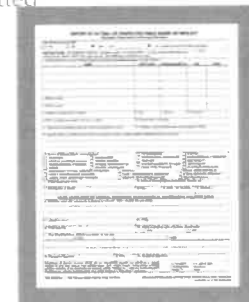
You SHOULD NOT attempt to investigate the matter yourself. Investigation and appropriate action are the responsibility of Children’s Protective Services, a division of the Michigan Department of Health and Human Services, the state agency responsible for child welfare.

Step 2: Follow-up written report

Within 72 hours after making the oral report, the reporting person shall file a written report with the MDHHS office in the county where the child is found or resides. The report must be mailed or otherwise transmitted

to this MDHHS office. The local county MDHHS office can be found through the statewide MDHHS hotline or MDHHS web site, both listed in this pamphlet. The 72-hour period includes weekends and holidays.

For the written report, MDHHS encourages reporters to use its Form MDHHS-3200, which includes all the information required under the law. You should complete form items 1-21. One report from a school will be considered adequate to meet the law’s reporting requirement.



Step 3: Reporting obligations to person in charge of school

You must notify the person in charge of the school of the suspected abuse/neglect that the report has been made with MDHHS. You must provide the person in charge with a copy of the written report.

Note: Reporting the suspected allegations of child abuse/neglect to the person in charge of your school does not fulfill your mandated requirement to report directly to MDHHS.

Reference and contact numbers

The Department of Health and Human Services (MDHHS) statewide number is **1-800-942-4357**.

Personnel staffing the statewide MDHHS number will connect the mandated reporter to the local county MDHHS office for purposes of reporting the suspected or actual child abuse/neglect directly to the local MDHHS for investigation.

MDHS-3200 Form can be requested from the local county DHS and can be accessed at: www.michigan.gov/mdhhs or www.michigan.gov/documents/FIA3200_11924_7.pdf

Local county DHS offices can be accessed through the DHS web site at: www.michigan.gov/mdhhs



Childhelp USA, National Child Abuse Hotline 1-800-4-A-Child (1-800-412-4453)

Childhelp hotline is staffed 24 hours a day, seven days a week, by professional crisis counselors who have access to a database of emergency, social service, and support resources.

Michigan Office of Children's Ombudsman is charged with the oversight of Children's Protective Services, adoption and foster care services.
1-800-642-4326

Child Pornography Tipline
1-800-843-5678

Common Ground Crisis Line
1-800-231-1127
248-456-0909

Listening Ear Crisis Hotline
517-337-1717

Michigan Assault Hotline
1-800-NO-MEANS-NO

Michigan Parent Help Line
1-800-942-4357



National hotlines and helplines

National Domestic Violence/Abuse Hotline
1-800-799-SAFE
1-800-787-3224 TDD

National Runaway Switchboard
1-800-RUNAWAY
1-800-786-2929

National Suicide Hotline
1-800-SUICIDE
1-800-784-2433

No Abuse Helpline
1-800-996-6228

Rape, Abuse, and Incest National Network (RAINN)
1-800-656-HOPE

RAPLine (Michigan Runaway Assistance Program)
1-800-292-4517

School Violence Hotline
1-800-815-TIPS

This pamphlet was inspired by the dedication and donation of Judith Mynsberge, a classroom teacher for 32 years, and by Marcie Schalon, an MSU alumnus whose care for children is further informed by her background in child welfare.

For more information, contact:

MSU Chance at Childhood Program
541 E. Grand River Avenue
East Lansing, MI 48823

517.432.8406

<http://chanceatchildhood.msu.edu>



This pamphlet was prepared by the Michigan State University Chance at Childhood Program with assistance from the Michigan Department of Human Services, the Michigan Prosecuting Attorneys Association, and the Lansing School District.

The Chance at Childhood Program is sponsored by:



Lesson 1A

The Female Reproductive System

Overview

This lesson teaches about the female reproductive system. After exploring the changes girls go through during puberty, students learn the names and functions of the external and internal female reproductive organs and test their knowledge through a matching activity.

Time: 45–60 minutes

National Sexuality Education Standards

AP.8.CC.1

Describe male and female sexual and reproductive systems including body parts and their functions.

Lesson Objectives

Students will be able to:

1. Summarize basic female reproductive body parts and their functions.

Materials & Preparation

Prepare

- Review or establish class groundrules for discussions around sexual health to ensure that students will feel comfortable and safe.
- Have **What Is Puberty?**, **Female Reproductive Organs—External** and **Female Reproductive Organs—Internal** slides or make transparencies, if needed.
- Have blank index cards and box or container for anonymous questions.

Copy

- **Female Reproductive Organs Matching Activity** masters. Copy and cut apart the cards. Make enough cards for each student to have one.
- **Female Reproductive Organs and Understanding the Female Reproductive System** activity sheets for each student.

Review

- **Tips for Answering Questions About Sexuality.**
- **Female Reproductive Organs Key.**
- **Understanding the Female Reproductive System Key** and Scoring Rubric.

Health Terms

Review the teaching steps, slides, master and activity sheets for any terms or concepts your students may not know, and be prepared to explain them. Examples:

- birth canal
- cervix
- clitoris
- external
- fallopian tubes
- genitals
- hormone
- internal
- labia majora
- labia minora
- menstruation
- mons pubis
- organ
- ovaries
- puberty
- reproductive
- urinary opening
- uterus
- vagina
- vaginal intercourse
- vaginal opening
- vulva

Support for Diverse Learners

To ensure student success with comprehending concepts:

- Pre-teach new concepts and terms. Write new terms on the board. Frequently use verbal checks for comprehension.
- Add a discussion of myths and facts about puberty to address misinformation and other things students may have heard or worry about. Clarify the changes girls go through, as needed.
- If available, use a 3-dimensional model or color poster of the female reproductive system (internal and external) to provide a visual example.
- Make enough sets of the **Female Reproductive Organs Matching Activity** cards for students to practice matching all of the organs and their functions with a partner, to reinforce concepts and help students become more comfortable with the terms.

To ensure student success with reading and writing:

- Distribute copies of the **Female Reproductive Organs—Internal** and **External** slides for students to review and use when they complete the activity sheets.
- Make a slide or transparency of the **Female Reproductive Organs Key** and review the answers with students.
- Allow students to complete the **Understanding the Female Reproductive System** activity sheet as homework, and/or work with an adult family member to complete.

Teaching Steps

■ Get students ready for learning

Explain

Today, you're going to learn about changes female bodies go through as they mature, and about the female *reproductive* system. The reproductive system is made up of all the body parts, or organs, that allow a woman to reproduce, or have a baby.

Motivate

You may have a question you'd like to ask about the ways the female body changes or the female reproductive system. You'll have a chance to ask it anonymously, without giving your name, now.

Distribute an index card to each student. Explain that students can write a question and that you'll be answering some of these questions during the lesson. If students don't have a question at this time, tell them to write "no question" on the card. Tell students not to put their names on the cards, unless they would like a private answer. When students have finished, go around the room and collect the cards in a box or other container.

(Note: You will review these questions later in the lesson.)

■ Describe puberty

Survey

How would you define the word *puberty*?

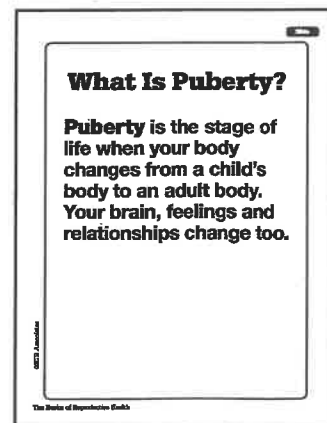
Allow students to share their ideas.

Prepare

Show the What Is Puberty? slide.

State

Puberty is the stage of life when your body changes from a child's body to an adult body. Your brain, feelings and relationships change too.



Slide

Explain

Puberty can begin any time between ages 9 and 16. Puberty happens to everybody, and each person goes through puberty at his or her own pace. Girls often begin puberty 1 to 2 years earlier than boys do.

During puberty, glands in the body begin to produce *hormones*. Hormones are chemicals that signal parts of the body to grow and change. One of the things these hormones do is cause the reproductive system to mature. These are the body parts that allow people to reproduce, or have children.

After puberty, girls can get pregnant and boys can father a child. But even though their bodies can reproduce, most young people aren't ready to raise or support a child until many years after puberty.

Puberty brings other changes too. Some are mental and emotional. Teens' brains are changing, and they can understand the results of their actions more clearly than they did as children. They are able to think and solve problems in more complex ways.

Feelings change too. Hormones can cause more ups and downs in feelings. Moods may change quickly. Both girls and boys become more aware of their bodies as they go through puberty. Some may feel excited about growing up. Many feel shy, embarrassed or worried about the changes. All of these feelings are normal.

Other changes of puberty are social. Friends can become more important, and teens may care more about being liked or fitting in. They may begin to have romantic thoughts or feel sexually attracted toward others. Sometimes teens may feel left out or lonely, or have problems at home as they try to establish a more independent or adult relationship with their parents and other family members. Again, all of these things are normal.

■ Discuss physical changes for females

Explain

Today, we're going to focus on the physical changes that happen as female bodies mature.

Ask & Discuss

What are some of the physical changes girls go through during puberty?

Allow students to respond to the question and discuss their ideas. Make a list of key points on the board, being sure the points summarized below are included.

Summarize

These are some of the main changes that happen to girls during puberty:

- Hips get wider.
- Waist gets smaller.
- Hair grows under arms.
- Hair grows around *genitals* (pubic area).
- Breasts develop. One breast sometimes grows faster or larger than the other. This is normal.
- The *vagina* makes a white, sticky substance. This is normal. It's how the vagina cleans itself.
- *Menstruation* ("having periods") starts any time from age 9 to 16. You'll be learning more about this later.

Hormones cause other changes as well. During puberty, girls:

- Grow quickly and sometimes feel clumsy in their taller, larger bodies.
- Sweat more and may have body odor.
- Get oilier skin and may have pimples.

These general body changes happen to boys too.

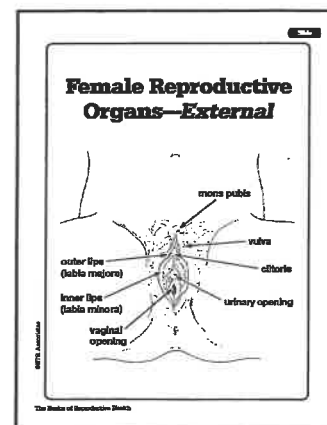
■ Teach about the female reproductive system

Explain

During puberty, the female body becomes able to get pregnant and have a baby. Each of the organs you'll learn about today plays a role.

Prepare

Show the **Female Reproductive Organs—External** slide.



Slide

Complete

Distribute the **Female Reproductive Organs** activity sheet.

As I review each organ and what it does, fill in the blanks on the activity sheet.

Explain

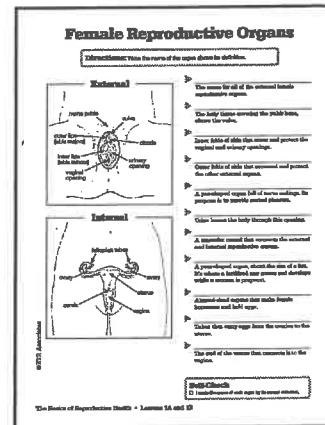
Review the external female organs. Direct students to fill in the correct blank for each organ as it is introduced. If there is time, ask students to guess the function of some of the organs before telling them.

The external female reproductive organs are the *labia majora*, *labia minora*, *clitoris*, *urinary opening* and *vaginal opening*. Together they are called the *vulva*.

- The *mons pubis* is the area where fat under the skin covers the pubic bone. Hair grows in this area during puberty.
- The *outer lips* (*labia majora*) and *inner lips* (*labia minora*) are folds of skin that surround and protect the clitoris, vaginal opening, and urinary opening.
- The *clitoris* is about the size of a pea and is full of sensitive nerve endings. Its purpose is to provide sexual pleasure.
- Below or behind the clitoris is the *urinary opening*. This is where urine leaves the body.
- Below or behind the urinary opening is the *vaginal opening*. This is where menstrual fluid leaves the body and where a baby comes out during childbirth.

Review

Be sure students have correctly identified the external female reproductive organs on the activity sheet before you review the internal organs. Make any needed corrections before continuing. (See the **Female Reproductive Organs Key**.)



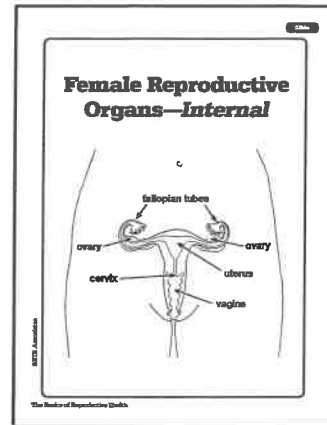
Activity Sheet

Prepare

Show the **Female Reproductive Organs—Internal** slide.

Explain

Review the internal female organs. Direct students to fill in the correct blank for each organ as it is introduced. If there is time, ask students to guess the function of some of the organs before telling them.



Slide

The *internal* female reproductive organs include the *vagina*, *uterus*, *fallopian tubes* and *ovaries*.

- The *vagina* is a muscular tunnel about 4 inches long that goes from the vaginal opening to the opening of the uterus. It provides a way for menstrual fluid to leave the body, and receives a man's penis during vaginal intercourse. It is also the passage through which a baby is born, so it is sometimes called the *birth canal*.
- The *uterus* is a pear-shaped organ, about the size of a fist. It is one of the strongest muscles in the body because it has to be able to push a baby out during childbirth. It's where a fertilized egg grows and develops into a baby when a woman is pregnant.
- The *ovaries* are almond-shaped organs that make female *hormones* and hold the female's eggs. When a girl is born, her ovaries contain more than 300,000 egg cells.
- The *fallopian tubes* come out of each side of the uterus. An egg travels from an ovary through a fallopian tube to get to the uterus. Fertilization happens when a male sperm enters the female egg while it is in the fallopian tube.
- The *cervix* is the narrow end of the uterus that opens into the vagina. During pregnancy, it stays tightly closed to help protect the developing fetus.

■ Students identify female reproductive organs

(Note: This activity is provided as a way to reinforce the learning and ensure student mastery. Although its use is strongly encouraged, it may be skipped if time is limited.)

Review

You're going to have a chance to see how well you remember the names and functions of the female reproductive organs. Take a few minutes to review your **Female Reproductive Organs** activity sheet.

Allow a few minutes for students to quietly review their activity sheets.

Complete & Share

Distribute the **Female Reproductive Organs Matching Activity** cards, one to each student. Each card has either the name of a female reproductive organ or its definition/function.

Ask students to find the person with the card that matches their card's word or definition/function. Once they have found the person with the matching card, they should stand next to each other in a circle.

After everyone has found his or her partner, ask each pair to read the word and definition/function and ask the other students to give a thumbs-up if they think it is a correct match, or a thumbs-downs if they think the match is incorrect. Provide corrective feedback as needed.

Female Reproductive Organs Matching Activity	
Female Reproductive Organs	Definitions or Functions
Outer lips (Labia majora)	Outer folds of skin that surround and protect external reproductive organs
Inner lips (Labia minora)	Inner folds of skin that cover and protect the vaginal and urinary openings
Clitoris	A small, highly sensitive organ that provides sexual pleasure
Urinary opening	The opening through which urine leaves the body
Vagina	The canal that provides a way for menstrual blood to leave the body and through which a baby is born

Masters

Assessment & Closure

Students demonstrate learning

(Note: The assessment activity sheet may be completed as homework if time is limited.)

Complete

Distribute the **Understanding the Female Reproductive System** activity sheet.

Think about what you learned today as you complete this activity sheet.

Understanding the Female Reproductive System

Directions: Answer the questions using what you've learned.

- What are 3 things the vagina does?
 -
 -
 -
- Where does the fertilized egg grow and develop while a woman is pregnant?
- What do the ovaries do?
- Where is an egg fertilized?
- What is the name for all of the external female reproductive organs?
- What 2 parts protect the internal reproductive organs?
 -
 -
- What is the name of the sensitive organ that provides sexual pleasure?
- What is the narrow end of the uterus called?

Self-Check
 Reviewed & Corrected

The Basics of Reproductive Health • Lesson 1A

Activity Sheet

Allow time for students to complete the activity sheet. Take time while students are working on the activity sheet to review the anonymous questions collected at the beginning of class. Remove any questions that are inappropriate or irrelevant.

■ End the lesson

Close

Let's see if your questions about female bodies and the female reproductive system were answered today.

Read the question cards collected at the beginning of class. Use them to review the material learned by asking the question and allowing the class to answer it when possible. Be sure to supply the correct terminology for any vernacular used in students' questions.

Assess

Collect students' **Understanding the Female Reproductive System** activity sheets and evaluate their work for this lesson.

Assessment Evidence

Objective 1

Students summarized basic female reproductive body parts and their functions by:

- Completing the **Understanding the Female Reproductive System** activity sheet.

Lesson 2A

The Male Reproductive System

Overview

This lesson teaches about the male reproductive system. After exploring the changes boys go through during puberty, students learn the names and functions of the male reproductive organs and test their knowledge through a matching activity.

Time: 45–60 minutes

National Sexuality Education Standards

AP.8.CC.1

Describe male and female sexual and reproductive systems including body parts and their functions.

Lesson Objective

Students will be able to:

1. Summarize basic male reproductive body parts and their functions.

Materials & Preparation

Prepare

- Review or establish class groundrules for discussions around sexual health to ensure that students will feel comfortable and safe.
- Have **What Is Puberty?** and **Male Reproductive Organs** slides, or make transparencies, if needed.
- Have blank index cards and box or container for anonymous questions.

Copy

- **Male Reproductive Organs Matching Activity** masters. Copy and cut apart the cards. Make enough cards for each student to have one.
- **Male Reproductive Organs** and **Understanding the Male Reproductive System** activity sheets for each student.

Review

- **Tips for Answering Questions About Sexuality.**
- **Male Reproductive Organs Key.**
- **Understanding the Male Reproductive System Key** and Scoring Rubric:

Health Terms

Review the teaching steps, slide, master and activity sheets for any terms or concepts your students may not know, and be prepared to explain them. Examples:

- absorbed
- bladder
- Cowper's glands
- epididymis
- erection
- fertilize
- genitals
- hormone
- penis
- prostate gland
- puberty
- reproductive
- scrotum
- semen
- seminal fluid
- seminal vesicles
- sexual intercourse
- sperm
- testicles
- testosterone
- tissue
- urethra
- vas deferens

Support for Diverse Learners

To ensure student success with comprehending concepts:

- Pre-teach new concepts and terms. Write new terms on the board. Frequently use verbal checks for comprehension.
- Add a discussion of myths and facts about puberty to address misinformation and other things students may have heard or worry about. Clarify the changes boys go through, as needed.
- If available, use a 3-dimensional model or color poster of the male reproductive system to provide a visual example.
- Make enough sets of the **Male Reproductive Organs Matching Activity** cards for students to practice matching all of the organs and their functions with a partner, to reinforce concepts and help students become more comfortable with the terms.

To ensure student success with reading and writing:

- Distribute copies of the **Male Reproductive Organs** slide for students to review and use when they complete the activity sheets.
- Make a slide or transparency of the **Male Reproductive Organs Key** and review the answers with students.
- Allow students to complete the **Understanding the Male Reproductive System** activity sheet as homework, and/or work with an adult family member to complete.

Teaching Steps

■ Get students ready for learning

Explain

Today, you're going to learn about the changes male bodies go through as they mature, and about the male reproductive system. The reproductive system is made up of all the body parts, or organs, that allow a man to reproduce, or father a baby.

Motivate

If you have a question you'd like to ask about ways the male body changes or the male reproductive system, you have a chance to ask it anonymously, without giving your name, now.

Distribute an index card to each student. Explain that students can write a question and that you'll be answering some of these questions during the lesson. If students don't have a question at this time, tell them to write "no question" on the card. Tell students not to put their names on the cards, unless they would like a private answer. When students have finished, go around the room and collect the cards in a box or other container.

(Note: You will review these questions later in the lesson.)

■ Describe puberty

(Note: If you taught the general description of puberty during the lesson on the Female Reproductive System, you can skip to the teaching step on physical changes for males. If you are starting with this lesson, or teaching boys and girls separately, include the step below.)

Survey

How would you define the word *puberty*?

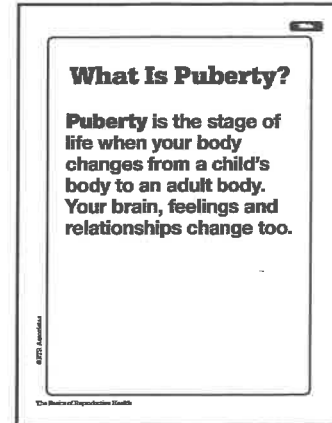
Allow students to share their ideas.

Prepare

Show the What Is Puberty? slide.

State

Puberty is the stage of life when your body changes from a child's body to an adult body. Your brain, feelings and relationships change too.



Slide

Explain

Puberty can begin any time between ages 9 and 16. Puberty happens to everybody, and each person goes through puberty at his or her own pace. Boys often begin puberty 1 to 2 years later than girls do.

During puberty, glands in the body begin to produce hormones. Hormones are chemicals that signal parts of the body to grow and change. One of the things these hormones do is cause the reproductive system to mature. These are the body parts that allow people to reproduce, or have children. After puberty, boys can father a child and girls can get pregnant. But even though their bodies can reproduce, most young people aren't ready to raise or support a child until many years after puberty.

Puberty brings other changes too. Some are mental and emotional. Teens' brains are changing, and they can understand the results of their actions more clearly than they did as children. They are able to think and solve problems in more complex ways.

Feelings change too. Hormones can cause more ups and downs in feelings. Moods may change quickly. Both girls and boys become more aware of their bodies as they go through puberty. Some may feel excited about growing up. Many feel shy, embarrassed or worried about the changes. All of these feelings are normal.

Other changes of puberty are social. Friends can become more important, and teens may care more about being liked or fitting in. They may begin to have romantic thoughts or feel sexually attracted toward others. Sometimes teens may feel left out or lonely, or have

problems at home as they try to establish a more independent or adult relationship with their parents and other family members. Again, all of these things are normal.

■ Discuss physical changes for males

Explain

Today, we're going to focus on the physical changes that happen as male bodies mature.

Ask & Discuss

What are some of the physical changes boys go through during puberty?

Allow students to respond to the question and discuss their ideas. Make a list of key points on the board, being sure the points summarized below are included.

Summarize

These are some of the main changes that happen to boys during puberty:

- Shoulders get broader.
- Muscles grow.
- Voice gets deeper.
- Hair grows under arms and on arms, legs, chest and face.
- Hair grows around *genitals* (pubic area).
- *Penis* and *testicles* grow larger. One testicle usually hangs lower than the other. This is normal.
- The penis may become firm and stand out from the body at times. This is called an *erection*. Erections can happen in response to sexual thoughts or feelings, during sleep or sometimes for no clear reason.
- Boys breasts may feel tender and grow a little. This is normal. It will go away.

Hormones cause other changes as well. During puberty boys:

- Grow quickly and sometimes feel clumsy in their taller, larger bodies.
- Sweat more and may have body odor.
- Get oilier skin and may have pimples.

These general body changes happen to girls too.

■ Teach about the male reproductive system

Explain

During puberty, a male's body becomes able to *fertilize* a female's egg to cause a pregnancy. Each of the organs you'll learn about today plays a role.

Prepare

Show the **Male Reproductive Organs slide**.

Complete

Distribute the **Male Reproductive Organs activity sheet**.

As I review each organ and what it does, fill in the blanks on the activity sheet.

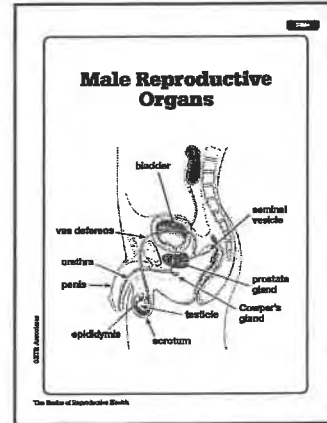
Explain

Review the male organs. Direct students to fill in the correct blank for each organ as it is introduced. If there is time, ask students to guess the function of some of the organs before telling them.

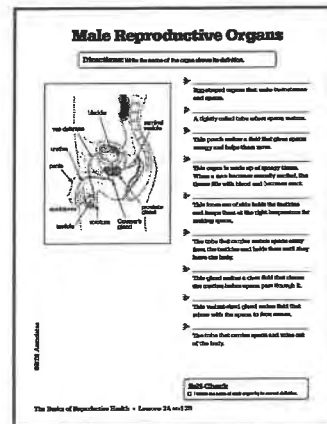
The male reproductive system includes the *penis*, *scrotum*, *urethra*, *testicles*, *epididymis*, *vas deferens*, *seminal vesicles*, *prostate gland* and *Cowper's glands*.

- The *penis* is made up of spongy *tissue*. Most of the time it's soft and limp. But when a man becomes sexually excited, the tissue of the penis fills with blood and becomes larger and firm. This is called an *erection*. It happens before sexual intercourse, or when the man has sexual feelings or thoughts. It can also happen during sleep.

(Note: The drawing shows a circumcised penis. Teachers may want to explain that circumcision is when the fold of skin that covers the tip of the penis when a boy is born is removed for religious or cultural reasons. Both circumcised and uncircumcised penises are normal. Circumcision has no effect on how the penis works.)



Slide



Activity Sheet

- The 2 *testicles* are about the size and shape of small plums. They make the hormone *testosterone* and produce *sperm*, the male reproductive cells. Every day, a healthy male produces several hundred million sperm. The testicles make sperm best at a few degrees cooler than normal body temperature. This is why they hang outside the body in the scrotum.
- The *scrotum* is a loose sac of skin that hangs behind the penis. It holds the testicles. If the testicles get cold, the scrotum hugs the body to warm them up to the best temperature for making sperm. If the testicles get too warm, the scrotum hangs low to cool them down.
- The *epididymis* is a tightly coiled tube that curves over the top of each testicle. After sperm are made they move into the epididymis for up to 6 weeks. There they mature and develop the ability to swim.
- The *vas deferens* is the tube that leads out of the epididymis. There are 2 of them, one from each testicle. Each vas is about 17 inches long. Mature sperm move from the epididymis into the vas deferens where they are stored until they leave the body. Unused sperm get broken down and *absorbed* by the body.
- The *prostate gland* is about the size and shape of a walnut. The prostate makes a thin, milky fluid that helps the sperm move. The prostate grows larger at puberty.
- The *seminal vesicles* are pouches that connect to each vas deferens before it reaches the prostate gland. They make a sticky yellow liquid called *seminal fluid* that gives sperm energy and helps them move. Together, the fluid from the seminal vesicles and prostate gland make *semen*—the milky white liquid containing sperm that leaves the penis when a man ejaculates. *Ejaculation* is when the muscles of the reproductive organs contract and push the semen out of the man's body.
- The *urethra* is a tube that starts at the *bladder* and runs through the penis to its end. It carries both urine and semen out of the body, but never at the same time. When a man is sexually excited, a valve closes off the bladder, so urine can't pass through the urethra.
- The *Cowper's glands* are 2 small glands along the urethra. They make a clear fluid that passes through the urethra before a man ejaculates to flush out any traces of urine. This fluid is called pre-ejaculate. Sometimes this fluid can contain sperm that have been left in the urethra from earlier ejaculations.

■ Students identify male reproductive organs

(Note: This activity is provided as a way to reinforce the learning and ensure student mastery. Although its use is strongly encouraged, it may be skipped if time is limited.)

Review

You're going to have a chance to see how well you remember the names and functions of the male reproductive organs. Take a few minutes to review your **Male Reproductive Organs** activity sheet.

Allow a few minutes for students to silently review their activity sheets.

Complete

Distribute the **Male Reproductive Organs Matching Activity** cards, one to each student. Each card has either the name of a male reproductive organ or its definition/function.

Ask students to find the person with the card that matches their card's word or definition/function. Once they have found the person with the matching card, they should stand next to each other in a circle.

After everyone has found his or her partner, ask each pair to read the word and definition/function and ask the other students to give a "thumbs-up" if they think it is a correct match, or a "thumbs-downs" if they think the match is incorrect. Provide corrective feedback as needed.

The image shows a matching activity card titled "Male Reproductive Organs Matching Activity". It includes instructions to cut out and match terms with definitions. The card is divided into two columns: "Male Reproductive Organs" and "Definitions or Functions".

Male Reproductive Organs	Definitions or Functions
Penis	Made up of spongy tissue. It becomes erect when a man is sexually excited.
Testicles	Where testosterone and sperm are made.
Scrotum	Holds the testicles and helps keep them at the right temperature.
Epididymis	Tightly coiled tube where sperm mature.
Urethra	Tube that carries urine and semen out of the body.

Source: The Basics of Reproductive Health

Masters

Assessment & Closure

■ Students demonstrate learning

(Note: The assessment activity sheet may be completed as homework if time is limited.)

Complete

Distribute the **Understanding the Male Reproductive System** activity sheet.

Think about what you learned today as you complete this activity sheet.

Allow time for students to complete the activity sheet. Take time while students are working on the activity sheet to review the anonymous questions collected at the beginning of class. Remove any questions that are inappropriate or irrelevant.

Understanding the Male Reproductive System

Directions: Answer the questions when you've learned.

1. What does the scrotum do?

2. Where are sperm and male hormones made?

3. What is the tube that carries the sperm away from the testicles and stores them until they leave the body?

4. Which 2 organs make the fluid for semen?

5. Where do the sperm mature and become able to swim?

6. What is the tube called that carries the sperm away from the testicles and stores them until they leave the body?

7. What is the name of the organ that fills with blood and becomes erect during sex?

8. Which glands make a fluid that cleans the urethra before sperm pass through it?

Add Check
if incorrect question

The Basics of Reproductive Health • Lesson 2A

Activity Sheet

■ End the lesson

Close

Let's see if your questions about male bodies and the male reproductive system were answered today.

Read the question cards collected at the beginning of class. Use them to review the material learned by asking the question and allowing the class to answer it when possible. Be sure to supply the correct terminology for any vernacular used in students' questions.

Assess

Collect students' **Understanding the Male Reproductive System** activity sheets and evaluate their work for this lesson.

Assessment Evidence

Objective 1

Students summarized basic male reproductive body parts and their functions by:

- Completing the **Understanding the Male Reproductive System** activity sheet.

There are two relevant school committee policies that the administration will follow:

GCBB - EMPLOYMENT OF PRINCIPALS

GCF - PROFESSIONAL STAFF HIRING

The district intends to post each principal opportunity individually, although it might post for multiple opportunities under a generic posting, i.e., elementary principal or middle school principal or high school principal. We will post on our website and on SchoolSpring. We anticipate postings to go up at or around the February break after principals have notified school communities of their intents to retire.

The Human Resources Department screens the applications submitted by the candidates for licensure and passes the licensed candidates to the superintendent for her review. She chooses candidates for a representative committee to meet. Regardless of whether the posting is school-specific or a single posting by level, the committee consists of parents and staff from the schools that will be seeking principals. For example, last year we met candidates that were under consideration for two schools and representatives from both schools participated in the meetings together. These committee members are chosen through the Site Council, although in some schools with very active PTA the parents might be chosen through the PTA. The committee members are often parents but the Site Council can choose any of its members. The superintendent also appoints committee members based upon the needs of a school. For example, a school that houses many specialized programs for students on IEPs would have representatives on the committee who can assess candidates' responses through the lens of ensuring FAPE (Free Appropriate Public Education) for the range for students in the school. She also appoints current principal(s) and district-based instructional leaders.

After the committee meets with the candidates the committee members participate in a facilitated discussion about each of them and his/her strengths and weaknesses for the particular principalship under consideration. The information from that discussion is shared with the superintendent; and, she will invite selected candidates to a second meeting to discuss more specifically the particular school, its needs, and the candidate's assessment/vision for the school.

At this time, we are aware that there will be an opening at Sullivan Middle School..

Number of School Year Students

In the academic year 2017-2018, the program had a total attendance of 5,546 visits with a daily average of 174 students. Canterbury Elementary School and Nelson Place Elementary School had the most consistent daily attendance at 90%. The lowest attendance was Union Hill School at 57%. Students had to be transported to Worcester East Middle School for facility use.

School	Program Attendance Total	Daily Average Attendance (#)
Canterbury	1,153	36
Chandler Magnet	1,243	38
Nelson Place	1,328	45
Union Hill	564	17
WEMS	1,258	40
Program Wide	5,546	186

Number of Summer Students

Across the 27 day summer program, Recreation Worcester had a total attendance of 13,951 students with a daily average of 526. The Worcester Public Schools' Summer School positively influences attendance. Summer School ran from July 9 through July 27, 2018. During this period, daily attendance averaged 651 participants. The park sites were a drop off stop for summer school transportation. On other days, average daily attendance was 430.

Park Site	Daily Average Attendance (#)
Beaver Brook	43
Burncoat Playground	55
East Park	94
Grant Square	8
Greenwood Park	45
Oread Castle Park	9
Lake Park	44
Logan Field	47
University Park	108
Vernon Hill Park	73

Accomplishments

- Free , supervised, extended day and full-day summer care for children in familiar sites
- Collaborative programming with WPS including homework/summer reading support in addition to recreational activities
- Communication between schools during the year and summer to coordinate care and support

Benefits

- Meals provided in the summer and snacks during school year

Symmes Maini & McKee Associates (SMMA) provided the Worcester Public Schools with a comprehensive facilities master plan. The scope includes review of 28 schools including: 24 elementary schools; 2 middle schools; and 2 high schools. The study included, educational assessments, physical condition assessment, master plan options, as well as cost projections for the issues identified. The following information is provided for each of the schools: school specific data; floor plans showing current use; MSBA comparison plans; summary of spaces; educational review rubric; an itemized review spreadsheet; narrative explaining key issues. This analysis also contained the identification of building systems and or components for improvement or replacement; included but not limited to: Building Envelope, HVAC systems, Electrical, Plumbing & Fire Protection systems. The study also contained data relating to accessibility and ADA compliance per 521CMR, Site conditions including vehicular, pedestrian and recreational traffic flow.

Worcester Public Schools has been using this data in a variety of ways included but not limited to: Work Order Management; Environmental Remediation; MSBA Potential Submissions; Preventative Maintenance and five-year Capital Planning. The cost estimating component of the report has been a valuable tool in capital planning and financial budgeting. The information gathered is being further analyzed against current MSBA educational guidelines to determine gaps in our educational delivery. This will help influence long term district planning relating to academics, sports, art, music, special education, science, technology, collaborative spaces as well as nutrition and physical education.

On November 15, 2018, the Massachusetts School Building Authority notified the City of Worcester and Worcester Public Schools that the 2018 Accelerated Repair Program (ARP) Consultant assignments have been determined. The 2018 ARP projects are the Harlow Street (Challenge and Reach Academy) roof, window, and boiler replacement projects. MSBAN has assigned Arcadis U.S. Inc. as the Owners Project Manager (OPM) and Johnson Roberts Associates, Inc. as the project architect.

The City and WPS project team had an initial meeting with the OPM and then scheduled the first full team kick off meeting for November 27, 2018 with representatives from the Worcester Public Schools, City of Worcester, OPM, and the Architect. This meeting was to discuss contracts development, schedule and next steps. The city is now working with both firms relative to scope of work and contract negotiations. Upon contract execution, the Architect will begin the schematic design, and construction design phases of the project. Once completed, the city will then bid out the project and a contractor will be brought on board. With an OPM, Architect, and Construction Manager on board, a full construction schedule can be developed and approved by MSBA.

The Administration recommends the following Accelerated Repair Projects for 2019 Statement of Interest through the MSBA:

- | | |
|--------------------------|--------------------|
| • Lincoln Street | Boiler Replacement |
| • Vernon Hill School | Roof Replacement |
| • Burncoat Preparatory | Roof Replacement |
| • Tatnuck Magnet | Roof Replacement |
| • Worcester East Middle* | Roof Replacement |

* Worcester East Middle has been submitted and approved as a combined Accelerated Repair Project for windows, boiler, and roof in 2013. After the ARP feasibility study, MSBA recommended that the school be moved to a major renovation / replacement project list. The district replaced the boiler at the school but withdrew the window and roof projects and has submitted the school for major renovation / replacement since 2014 and is currently the district's second priority project (behind Burncoat High School).

The district cannot submit the school as both an Accelerated Repair project and a Major Renovation / Replacement project in the same year. It is necessary to replace the roof at the school and the Administration recommends removing the school from the Major Renovation / Replacement Statement of Interest in 2019. The Administration recommends adding the school back to the Major Renovation / Replacement list in 2020 (assuming acceptance of the roof into the ARP program in 2019).

The district uses both contracted services and district employees to address building maintenance issues within the district's 60 buildings and 4 million interior square feet of space. The district has the following 26 skilled trades staff: carpenters (6), electricians (6), HVAC / energy management (6), plumbers (3), Glazier (1), Locksmith (1), Painters (2.5) and Storekeeper (.5).

Work orders are submitted by schools and departments and managed by the Facilities staff. Building life safety issues are prioritized and larger scale projects are scheduled during non-school session times (vacation periods or summer) to minimize disruption of instructional spaces. Similarly, over the past several years, the district has moved portions of the building repairs to after school hours (second shift) allowing for better access to areas within the building and not disrupting instructional time.

From January 2018 to current, 5,727 work orders have been submitted, with 4,745 completed and 982 orders remain open. Over the past five years, there have been nearly 30,700 work orders submitted, resulting in an average of 6,135 work orders submitted per year.

The district's FY19 budget for building repairs is \$2.05 million, or the equivalent of \$0.50 per square feet. With maintenance salaries included, the district spends approximately \$4.3 million on building maintenance, or \$1.07 per square feet.

Based on information presented as part of the underfunding of the foundation budget, the district spends 60% of the foundation budget allocation on operations and maintenance, equating to \$15.1 million less than the foundation budget provides. The foundation budget provides \$35.9 million in FY17 for operations and maintenance and in FY17 the district spent \$20.8 million. This spending includes the following categories (as defined by DESE): custodial salaries, heating of buildings, utility services, maintenance of grounds, maintenance of buildings, building security systems, maintenance of equipment, extraordinary maintenance, networking and telecommunications, and technology maintenance.

Discipline	2018 Total Work Orders Submitted	2018 Work Orders Completed to Date	Current Open Work Orders
HVAC	1,344	1,239	105
Electrical	1,231	996	235
Carpentry	1,094	833	261
Plumbing	943	796	147
Miscellaneous	222	174	48
Locksmith	190	123	67
Doors/Hardware	137	119	18
Glazier	124	89	35
Grounds	124	113	11
Telephones	67	47	20
Custodial Equipment Repair	59	55	4
Painting	50	40	10
Pest Control	34	34	0
Roofing	31	27	4
Moving	30	30	0
Intercoms	23	15	8
Masonry	13	8	5
Paving	11	7	4
Totals	5,727	4,745	982
Work Orders Submitted for the Past Five Years			
FY14	6498		
FY15	6391		
FY16	5384		
FY17	5957		
FY18	6446		
Average Annual Work Orders	6135		

Summary Of Major Construction Activities

The work of the early site enabling package began in July of 2018 as part of Phase I of construction. The landscaped area at the front bus loop was cleared, the knoll was cutdown to match adjacent grade, and the new parking area was paved and striped. The existing entrance was widened and divided to provide separate school and construction access driveways. The construction fencing was extended around the existing school to provide separation along the entire the perimeter of the existing school. In addition, construction fencing and erosion controls were installed at the limit of work line. Once the construction site was secured, work on the access road retaining wall began. Excavated soils were exported to the City of Worcester's Clarendon site and the north slope of the site was cleared of trees and brush. A ramp was constructed to provide an alternate path from the lower level to the front of the school.

By the end of October, the retaining wall was completed with loam, low mow seed, plantings, and fencing was installed.

The 60% Construction Documents & Early Site Enabling Package #2 were issued on August 30th and the full Site Package was issued for bid. Phase II of construction began in late October with Ernest Guigli & Sons was awarded the sitework contract. Guigli mobilized on site at the end of October and began work on the existing outfall under the supervision of the Conservation Committee. Work started on the precut for the Support of Excavation (SOE) and the retaining wall along the conservation area. Soil was exported began to the Fish Road Reclamation Site in Dudley, MA. Guigli has also begun the excavation and backfill of material in the classroom sections of the building.

Looking Ahead

- Pre-cut for support of excavation system (SOE)
- Mass excavation and hauling of site of excavated material to disposal facility
- Retaining wall construction at the ring road
- Installation of the SOE system
- Excavation and backfill for the future building
- Installation of utilities (drainage/water/sewer)

Progress Photos



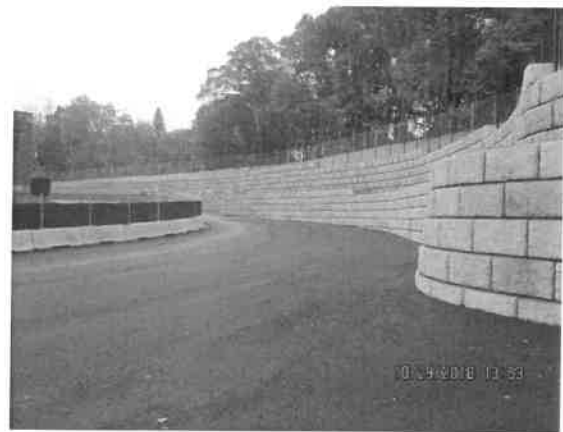
1. Construction of Enabling Package Retaining Wall



2. Parking Lot At Main Entrance



3. Ramp for Access Around School



4. Completed Enabling Package Retaining Wall



5. Completed Work at Outfall

The Office of Information Technology manages a system called Blackboard ConnectEd. Email addresses of parents/guardians that are entered into SAGE (our student information system) are uploaded nightly into ConnectEd. Schools are able to send out communications through Blackboard to parent/guardian emails.

The email addresses are collected annually at the beginning of the school year on the student health and contact forms. As of December 3, 2018, there were 10,358 email addresses collected.

The district and schools use these email addresses along with calls and texts for communication purposes. A school has access to these e-mails to disseminate newsletters.

Schools may also post school newsletters and messages on the school website for easy parent access. Parents may translate the information using google translations.



IRS issues standard mileage rates for 2019

IR-2018-251, December 14, 2018

WASHINGTON — The Internal Revenue Service today issued the 2019 optional standard mileage rates used to calculate the deductible costs of operating an automobile for business, charitable, medical or moving purposes.

Beginning on Jan. 1, 2019, the standard mileage rates for the use of a car (also vans, pickups or panel trucks) will be:

- 58 cents per mile driven for business use, up 3.5 cents from the rate for 2018,
- 20 cents per mile driven for medical or moving purposes, up 2 cents from the rate for 2018, and
- 14 cents per mile driven in service of charitable organizations.

The business mileage rate increased 3.5 cents for business travel driven and 2 cents for medical and certain moving expense from the rates for 2018. The charitable rate is set by statute and remains unchanged.

It is important to note that under the Tax Cuts and Jobs Act, taxpayers cannot claim a miscellaneous itemized deduction for unreimbursed employee travel expenses. Taxpayers also cannot claim a deduction for moving expenses, except members of the Armed Forces on active duty moving under orders to a permanent change of station. For more details see Notice-2019-02.

The standard mileage rate for business use is based on an annual study of the fixed and variable costs of operating an automobile. The rate for medical and moving purposes is based on the variable costs.

Taxpayers always have the option of calculating the actual costs of using their vehicle rather than using the standard mileage rates.

A taxpayer may not use the business standard mileage rate for a vehicle after using any depreciation method under the Modified Accelerated Cost Recovery System (MACRS) or after claiming a Section 179 deduction for that vehicle. In addition, the business standard mileage rate cannot be used for more than four vehicles used simultaneously. These and other limitations are described in section 4.05 of Rev. Proc. 2010-51.

Notice 2018-02, posted today on IRS.gov, contains the standard mileage rates, the amount a taxpayer must use in calculating reductions to basis for depreciation taken under the business standard mileage rate, and the maximum standard automobile cost that a taxpayer may use in computing the allowance under a fixed and variable rate plan.

Page Last Reviewed or Updated: 14-Dec-2018



Valentine-Making Workshops

FOR KIDS OF ALL AGES

LEARN historic Worcester

valentine styles & techniques.

MAKE cards for family and friends

at one of these

FREE Worcester Public Library workshops.

Wednesday, 1/23	Great Brook Valley Branch
Friday, 1/25	Main Library, Children's Room
Monday, 1/28	Goddard School Branch
Tuesday, 1/29	Tatnuck School Branch
Wednesday, 1/30	Roosevelt School Branch
Thursday, 1/31	Frances Perkins Branch
Friday, 2/1	Burncoat School Branch

All workshops are from 4:00-5:00 pm

Worcester Historical Museum provides all materials for valentine-making, as well as a powerpoint presentation on the history of valentines in Worcester.

For More Contest Information

or Valentine History call

508-753-8278

or visit

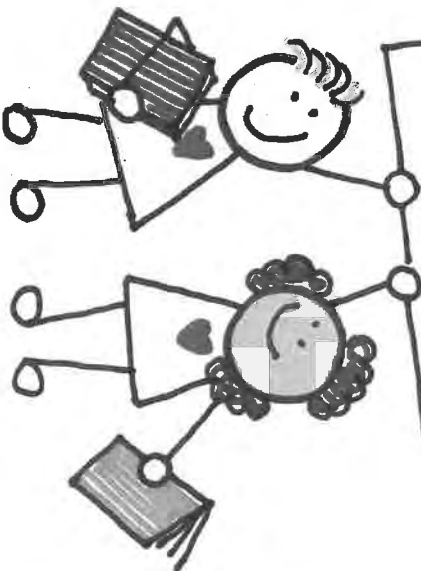
www.worcesterhistory.org



CELEBRATE

**WORCESTER
HISTORICAL MUSEUM**

Be Our Valentine
Enter the 41st annual
Valentine Contest
sponsored by
Worcester Historical Museum



**Create an original valentine in
2019 and be part of Worcester's
valentine-making tradition**

In partnership with

**WORCESTER
LOVES TO READ**

and

Worcester Public Library

Open to children in grades 3, 4, 5, and 6 or the equivalent who (a) attend Worcester schools, (b) are the children of members of Worcester Historical Museum, or (c) are holders of an active Worcester Public Library Card.

For nearly 100 years, Worcester was the center of the commercial valentine industry in the United States. In 1847, according to local folklore, Worcester resident Esther Howland received an English valentine, which inspired her to design her own. She sold her cards through her father's stationery store. Business flourished, and Esther recruited friends to assemble cards in a third-floor room at the family residence, 16 Summer Street.

While it is generally agreed that Esther Howland was the first to make valentines in Worcester, Jotham Taft of nearby Grafton was also making valentines. He and his wife built a successful valentine industry from their home in the early 1840s. Jotham's son Edward formed a partnership with Esther Howland in 1879, called the New England Valentine Company.

In 1863, George C. Whitney joined his brother Edward in the family stationery store begun by their late brother Sumner, at 218 Main Street. The brothers worked together as the Whitney Valentine Company until 1869, when Edward withdrew from the partnership. In 1881, George C. Whitney bought the New England Valentine Company and incorporated it into his operation. The Whitney business proved to be highly successful. After George died in 1915, his son Warren took over management. The George C. Whitney Company continued to prosper until 1942, when the wartime paper shortage caused the liquidation of the largest greeting card company in the world.

How to Enter Bring one entry per child to Worcester Historical Museum, 30 Elm Street, by 4 p.m. on Friday, February 1, 2018.

**WORCESTER
LOVES TO READ**

Contest Rules

1. In order to be judged, each valentine MUST be clearly labeled on the reverse with (a) name, home address, and home phone number; (b) Worcester Public Library Card number (if applicable); (c) school, school phone number and grade of valentine maker; and (d) the category in which the entry is to be judged.

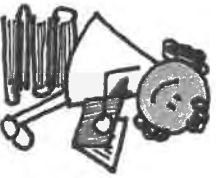
(H) Historic:

Any design in the style of valentines made in Worcester in the late 1840s to 1942.

(C) Contemporary:

Worcester: The City That

Reads: Feature the theme or character(s) from one of your favorite books or stories. Be sure to write the name of the book and the character on the back of your valentine.



(V) Verse:

An original verse by the valentine maker.

2. Valentines must be made of non-perishable materials.
3. Size must not exceed 11" in any direction.
4. Individual entries only. One entry per student.
5. All entries become the property of Worcester Historical Museum. Entries cannot be returned.

Masters' Competition

Children in grades 4, 5, and 6 who have won prizes in previous museum valentine contests may enter again, but only in the Masters' Competition. Entries in this category will be judged separately from all others. Masters' Competition entries must have the additional designation of (M).

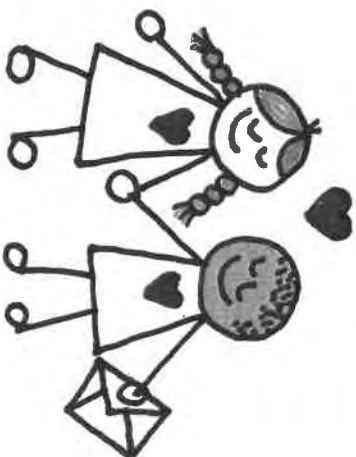
Prizes

Prizes will be awarded to each grade level in each category, with the exception of the Masters' Competition. The Masters' judges will select one winner in each of the three categories (see rule #1).

Historic

Contemporary

Verse



Award Celebration

Prizes will be presented at a valentine party (with festive cookies and punch) for winners, their families, principals and teachers.

Monday, February 11, 2019, 4 pm

Fletcher Auditorium

Worcester Historical Museum, 30 Elm Street

SNOW DATE:

Tuesday, February 12, 4 pm

Winners will be notified at their schools not later than Thursday, February 7.

Valentines will be on display at
WORCESTER HISTORICAL MUSEUM,
30 Elm Street

Worcester Public Schools 2018-2019 Enrollment Report

Attached is the district's October 1, 2018 Enrollment Report. Some of the highlights include:

- Overall enrollment increased by 381 students, or 1.5%, from 25,021 last year to 25,402 this year.
 - High Schools had an overall increase of 22 students or 0.3%
 - Middle Schools had an overall increase of 42 students or 1.3%
 - Elementary Schools had an overall increase of 21 students or 0.1%
 - Head Start and Out-of-District Special Education Placements increased 336 students, or 103.1% due to enrollment timing and data collection improvement.
- Enrollment numbers include 212 remaining students as of October 1, 2018 meeting the state's DESE enrollment criteria from Puerto Rico or U.S. Virgin Islands following Hurricane Maria in September 2017.
- Enrollment continues to exceed 25,000 students. This is the highest district enrollment level since 2003 (25,712).
- The five schools with the largest percentage increase in enrollment were:
 1. Lake View School (15.1%)(43 students)
 2. Rice Square School 11.7% (50 students)
 3. Burncoat Middle School (10.1%)(+63 students)*
 4. Burncoat Street Preparatory School (5.8%)(17 students)*
 5. Nelson Place School (5.4%)(28 students)*

**These schools also had the top 5 largest % growth between 2016 and 2017*
- The five schools with the largest percentage decrease in enrollment were:
 1. Goddard Elementary (-12.3%)(-57 students)
 2. Columbus Park School (-9.9%)(-50 students)
 3. Union Hill School (-8.2%)(-37 students)*
 4. Worcester East Middle School (-7.1%)(-58 students)
 5. Lincoln Street School (-6.3%)(-17 students)

**School also had the top 5 largest % decrease between 2016 and 2017*
- The following grades had enrollment increases from the prior year:
PK (290), Grade 1 (90), Grade 2 (27), Grade 5 (123), Grade 7 (32), Grade 8 (115), Grade 9 (80), Grade 11 (41)
- The following grades had enrollment decreases from the prior year:
Kindergarten (-84), Grade 3 (-106), Grade 4 (-60), Grade 6 (-59), Grade 10 (-13), Grade 12 (-96)

Notable Summaries:

- Overall High School enrollment of 7,416 s at its highest level since 2005 (7,445)

- Overall Middle School enrollment of 3,329 is at its highest level since 2004 (3,453)
- Doherty High's enrollment of 1,510 continues as the district's largest school, followed by Worcester Technical High School (1,427 students) and South High School (1,372 students)
- Forest Grove Middle School enrollment of 976 students is the district's largest middle school, followed by Sullivan Middle School at 903 students
- Burncoat High School's enrollment of 1,062 students is its highest level since 2010 (1,072)
- Burncoat Middle School's enrollment of 686 students is its highest level since 2004 (709)
- Sullivan Middle School's enrollment exceeds 900 students again for the first time since 2012
- Belmont Street School's enrollment of 610 students is its highest level since at least 1993
- Burncoat Street Prep's enrollment of 310 is its highest level since 1997 (316)
- Chandler Elementary School's enrollment of 511 students in the school's highest level
- Grafton Street School's enrollment of 405 students is its highest level since 2002 (410)
- Lake View School's enrollment of 328 students is its highest level since 2003 (334)
- Nelson Place School's enrollment of 551 students is its highest level since 1998 (568)
- Rice Square School's enrollment of 476 students is its highest level since 2009 (505)
- West Tatnuck School's enrollment of 371 students is its highest level since 1999 (374)

Foundation Budget Analysis*

(Only Worcester Public Schools enrollment - does not include resident charter school students)

- Overall Chapter 74 enrollment has increased 204 students (+\$958,000)
 - South High now has 132 Chapter 74 students (from 0 last year)
 - WTHS had a 42 student increase from 1,299 to 1,341
 - North High had a 35 student increase from 123 to 158
 - Doherty High had a 5 student decrease from 399 to 394
- Elementary enrollment (Grades 1-5 in the foundation budget) increased 88 students from last year (+\$678,000)
- Middle school enrollment (Grades 6-8 in the foundation budget) increased 114 students (+\$794,000)
- High school enrollment increased 39 students (+\$239,479)
- Kindergarten declined 75 students (including 368 fewer ELL students) (-\$1,406,000)
- The assumed special education allocation (using state formula not actual enrollment) increases by \$186,000
- Overall, the FY20 foundation budget (based on enrollment only) increases \$1.5 million, or 0.5%

*Using the FY19 foundation budget rate (not adjusted for FY20 inflation or any foundation budget formula changes as proposed by the Foundation Budget Review Commission (2015). Also, the Economically Disadvantaged enrollment as determined by DESE has not been made available and is not included in this analysis. The FY20 initial foundation budget proposal will be released with the Governor's budget on January 23, 2019.

Worcester Public Schools - Internal Reporting

October 1st Summary

2018-19

School	Enrollment		Minorities		Low Income		Limited English Prof		Special Education	
	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18
High Schools										
21 - Burncoat High	1,062	1,011	748	699	637	572	293	215	235	230
22 - Doherty Memorial High School	1,510	1,548	909	909	752	724	279	225	228	252
23 - North High	1,259	1,276	1,045	1,043	920	854	430	327	265	302
24 - South High	1,372	1,378	1,085	1,069	910	854	439	288	280	300
25 - Worcester Technical High School	1,427	1,389	902	877	749	682	106	90	162	158
29 - Claremont Academy	546	552	513	516	409	397	193	189	58	66
30 - Univ Park Campus	240	240	218	216	160	155	50	48	30	29
High Schools	7,416	7,394	5,420	5,329	4,537	4,238	1,790	1,382	1,258	1,337
High Schools	7,416	7,394	5,420	5,329	4,537	4,238	1,790	1,382	1,258	1,337
Middle Schools										
31 - Burncoat Middle	686	623	457	418	426	368	127	113	153	140
33 - Forest Grove	976	978	586	565	504	473	167	185	185	172
35 - Worc East Middle	764	822	624	651	553	567	214	207	136	138
36 - Sullivan Middle	903	864	682	643	614	520	214	199	172	158
Middle Schools	3,329	3,287	2,349	2,277	2,097	1,928	722	704	646	608
Middle Schools	3,329	3,287	2,349	2,277	2,097	1,928	722	704	646	608
Burncoat Quadrant										
46 - Burncoat St Prep	310	293	237	220	254	212	118	90	72	66
50 - Clark Street	273	262	230	216	216	197	139	125	59	48
68 - Lincoln Street	253	270	218	231	206	205	116	119	55	53
77 - Norrback Av	581	564	368	342	296	253	205	140	167	148
82 - Worcester Arts Magnet	406	404	206	202	147	128	85	44	63	42
84 - Thorndyke Road	369	381	204	193	192	156	102	81	48	46
87 - Wawecus Road	143	152	89	97	85	76	44	38	43	43
88 - Mcgrath	247	237	155	149	156	145	72	53	28	26
Burncoat Quadrant	2,582	2,563	1,707	1,650	1,552	1,372	881	690	535	472

October 1st Summary

2018-19

School	Enrollment		Minorities		Low Income		Limited English Prof		Special Education	
	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18
	Change	Change	Change	Change	Change	Change	Change	Change	Change	Change
Doherty Quadrant										
49 - Chandler Elementary	511	498	442	427	418	375	284	244	79	60
55 - Flagg Street	388	411	112	120	116	113	63	52	35	32
67 - Jacob Hiatt Mag	407	403	355	353	235	218	130	107	49	42
71 - May Street	332	340	190	181	172	149	84	84	29	32
73 - Midland Street	231	229	91	89	104	89	48	35	21	19
76 - Nelson Place	551	523	241	208	210	170	105	54	161	135
83 - Tatnuck Magnet	409	392	243	213	233	211	116	82	61	57
89 - West Tatnuck	371	369	151	136	127	125	98	46	56	61
90 - Chandler Magnet	466	434	400	375	333	268	291	231	92	63
93 - Elm Park Comm	456	477	360	378	373	361	207	214	65	74
Doherty Quadrant	4,122	4,076	2,585	2,480	2,321	2,079	1,426	1,149	648	575
North Quadrant										
57 - City View	473	476	363	358	384	348	198	160	103	98
59 - Grafton St	405	385	313	287	307	286	180	148	62	45
65 - Lake View	328	285	170	142	162	137	85	59	44	39
80 - Rice Square	476	426	363	311	346	285	161	135	59	65
81 - Roosevelt	691	674	403	362	341	293	167	103	130	122
85 - Union Hill	416	453	334	346	333	335	206	163	81	72
92 - Belmont Street	610	580	492	474	513	455	294	250	96	97
North Quadrant	3,399	3,279	2,438	2,280	2,386	2,139	1,291	1,018	575	538
South Quadrant										
48 - Canterbury St Mag	363	375	328	312	279	270	194	142	66	68
51 - Columbus Park Prep	456	506	341	385	349	351	217	213	99	100
56 - Goddard School	407	464	352	400	309	347	214	202	77	71
58 - Gates Lane	555	569	401	412	352	335	222	151	206	198
63 - Heard St	286	296	159	161	147	133	56	42	37	31
79 - Quinsigamond	745	746	549	539	533	482	329	280	140	118
86 - Vernon Hill	517	536	406	414	398	370	206	145	112	124
91 - Woodland Academy	603	604	555	549	467	413	357	313	78	71
South Quadrant	3,932	4,096	3,091	3,172	2,834	2,701	1,795	1,488	815	781
Special Education - HeadStart										
43 - Headstart	553	230	140.4%	242	194	230	390	178	27	27
99 - Special Ed	69	96	-28.1%	47	68	57	29	40	67	65
Special Education - HeadStart	622	326	90.8%	289	262	287	419	218	94	92
Elementary Schools	14,657	14,340	2.2%	10,110	9,844	9,684	5,812	4,563	2,667	2,458
District Totals	25,402	25,021	1.5%	17,879	17,450	16,318	8,324	6,649	4,571	4,403

October 1st Summary - Ethnic Groups

School	Minorities		African American		Asian		Hispanic		Native American		White		
	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18	Change
High Schools													
21 - Burncoat High	748	699	241	226	60	64	438	404	9	5	314	312	0.6%
22 - Doherty Memorial High School	909	909	295	285	115	134	482	471	17	19	601	639	-5.9%
23 - North High	1,045	1,043	304	316	89	94	640	616	12	17	214	233	-8.2%
24 - South High	1,085	1,069	259	247	177	192	637	622	12	8	287	309	-7.1%
25 - Worcester Technical High School	902	877	262	254	116	98	514	515	10	10	525	512	2.5%
29 - Claremont Academy	513	516	54	52	50	49	409	415	0	0	33	36	-8.3%
30 - Univ Park Campus	218	216	34	31	53	58	128	125	3	2	22	24	-8.3%
High Schools	5,420	5,329	1,449	1,411	660	689	3,248	3,168	63	61	1,996	2,065	-3.3%
High Schools	5,420	5,329	1,449	1,411	660	689	3,248	3,168	63	61	1,996	2,065	-3.3%
Middle Schools													
31 - Burncoat Middle	457	418	142	125	26	25	285	263	4	5	229	205	11.7%
33 - Forest Grove	586	565	173	155	66	55	337	346	10	9	390	413	-5.6%
35 - Worc East Middle	624	651	168	171	61	54	386	420	9	6	140	171	-18.1%
36 - Sullivan Middle	682	643	159	145	91	98	421	384	11	16	221	221	0.0%
Middle Schools	2,349	2,277	642	596	244	232	1,429	1,413	34	36	980	1,010	-3.0%
Middle Schools	2,349	2,277	642	596	244	232	1,429	1,413	34	36	980	1,010	-3.0%
Burncoat Quadrant													
46 - Burncoat St. Prep	237	220	57	60	10	10	169	149	1	1	73	73	0.0%
50 - Clark Street	230	216	69	61	14	15	144	138	3	2	43	46	-6.5%
68 - Lincoln Street	218	231	65	62	14	13	138	154	1	2	35	39	-10.3%
77 - Norrback Av	368	342	157	151	39	31	172	158	0	2	213	222	-4.1%
82 - Worcester Arts Magnet	206	202	83	84	36	37	86	79	1	2	200	202	-1.0%
84 - Thorndyke Road	204	193	70	66	30	31	104	96	0	0	165	188	-12.2%
87 - Wawecus Road	89	97	16	17	13	12	58	66	2	2	54	55	-1.8%
88 - Mcgrath	155	149	59	54	15	14	81	77	0	4	92	88	4.5%
Burncoat Quadrant	1,707	1,650	576	555	171	163	952	917	8	15	875	913	-4.2%

October 1st Summary - Ethnic Groups

School	Minorities		African American		Asian		Hispanic		Native American		White	
	2018-19	2017-18	Change	2018-19	2017-18	Change	2018-19	2017-18	Change	2018-19	2017-18	Change
Doherty Quadrant												
49 - Chandler Elementary	442	427	3.5%	81	77	5.2%	36	40	-10.0%	324	308	5.2%
55 - Flagg Street	112	120	-6.7%	31	38	-18.4%	23	27	-14.8%	55	52	5.8%
67 - Jacob Hiatt Mag	355	353	0.6%	135	128	5.5%	16	15	6.7%	200	207	-3.4%
71 - May Street	190	181	5.0%	68	62	9.7%	40	39	2.6%	78	77	1.3%
73 - Midland Street	91	89	2.2%	25	29	-13.8%	30	32	-6.3%	35	27	29.6%
76 - Nelson Place	241	208	15.9%	83	70	18.6%	46	45	2.2%	109	91	19.8%
83 - Tatnuck Magnet	243	213	14.1%	103	86	19.8%	32	33	-3.0%	106	90	17.8%
89 - West Tatnuck	151	136	11.0%	44	47	-6.4%	33	29	13.8%	68	57	19.3%
90 - Chandler Magnet	400	375	6.7%	19	21	-9.5%	12	18	-33.3%	369	336	9.8%
93 - Elm Park Comm	360	378	-4.8%	68	84	-19.0%	14	10	40.0%	275	282	-2.5%
Doherty Quadrant	2,585	2,480	4.2%	657	642	2.3%	282	288	-2.1%	1,619	1,527	6.0%
North Quadrant												
57 - City View	363	358	1.4%	86	90	-4.4%	8	18	-55.6%	266	245	8.6%
59 - Grafton St	313	287	9.1%	74	73	1.4%	21	29	-27.6%	214	181	18.2%
65 - Lake View	170	142	19.7%	73	53	37.7%	26	29	-10.3%	67	56	19.6%
80 - Rice Square	363	311	16.7%	107	89	20.2%	30	33	-9.1%	223	185	20.5%
81 - Roosevelt	403	362	11.3%	158	129	22.5%	43	42	2.4%	200	190	5.3%
85 - Union Hill	334	346	-3.5%	53	66	-19.7%	8	11	-27.3%	270	264	2.3%
92 - Belmont Street	492	474	3.8%	135	138	-2.2%	52	45	15.6%	298	285	4.6%
North Quadrant	2,438	2,280	6.9%	686	638	7.5%	188	207	-9.2%	1,538	1,406	9.4%
South Quadrant												
48 - Canterbury St Mag	328	312	5.1%	59	53	11.3%	62	59	5.1%	202	198	2.0%
51 - Columbus Park Prep	341	385	-11.4%	58	76	-23.7%	42	52	-19.2%	233	249	-6.4%
56 - Goddard School	352	400	-12.0%	46	48	-4.2%	52	58	-10.3%	245	288	-14.9%
58 - Gates Lane	401	412	-2.7%	107	117	-8.5%	75	74	1.4%	209	213	-1.9%
63 - Heard St	159	161	-1.2%	48	46	4.3%	29	35	-17.1%	81	79	2.5%
79 - Quinsigamond	549	539	1.9%	162	173	-6.4%	54	63	-14.3%	327	294	11.2%
86 - Vernon Hill	406	414	-1.9%	136	133	2.3%	15	23	-34.8%	248	251	-1.2%
91 - Woodland Academy	555	549	1.1%	66	57	15.8%	43	53	-18.9%	442	435	1.6%
South Quadrant	3,091	3,172	-2.6%	682	703	-3.0%	372	417	-10.8%	1,987	2,007	-1.0%
Special Education - HeadStart												
43 - Headstart	242	194	24.7%	110	48	129.2%	9	4	125.0%	99	133	-25.6%
99 - Special Ed	47	68	-30.9%	13	16	-18.8%	6	3	100.0%	27	48	-43.8%
Special Education - HeadStart	289	262	10.3%	123	64	92.2%	15	7	114.3%	126	181	-30.4%
Elementary Schools	10,110	9,844	2.7%	2,724	2,602	4.7%	1,028	1,082	-5.0%	6,222	6,038	3.0%
District Totals	17,879	17,450	2.5%	4,815	4,609	4.5%	1,932	2,003	-3.5%	10,899	10,619	2.6%

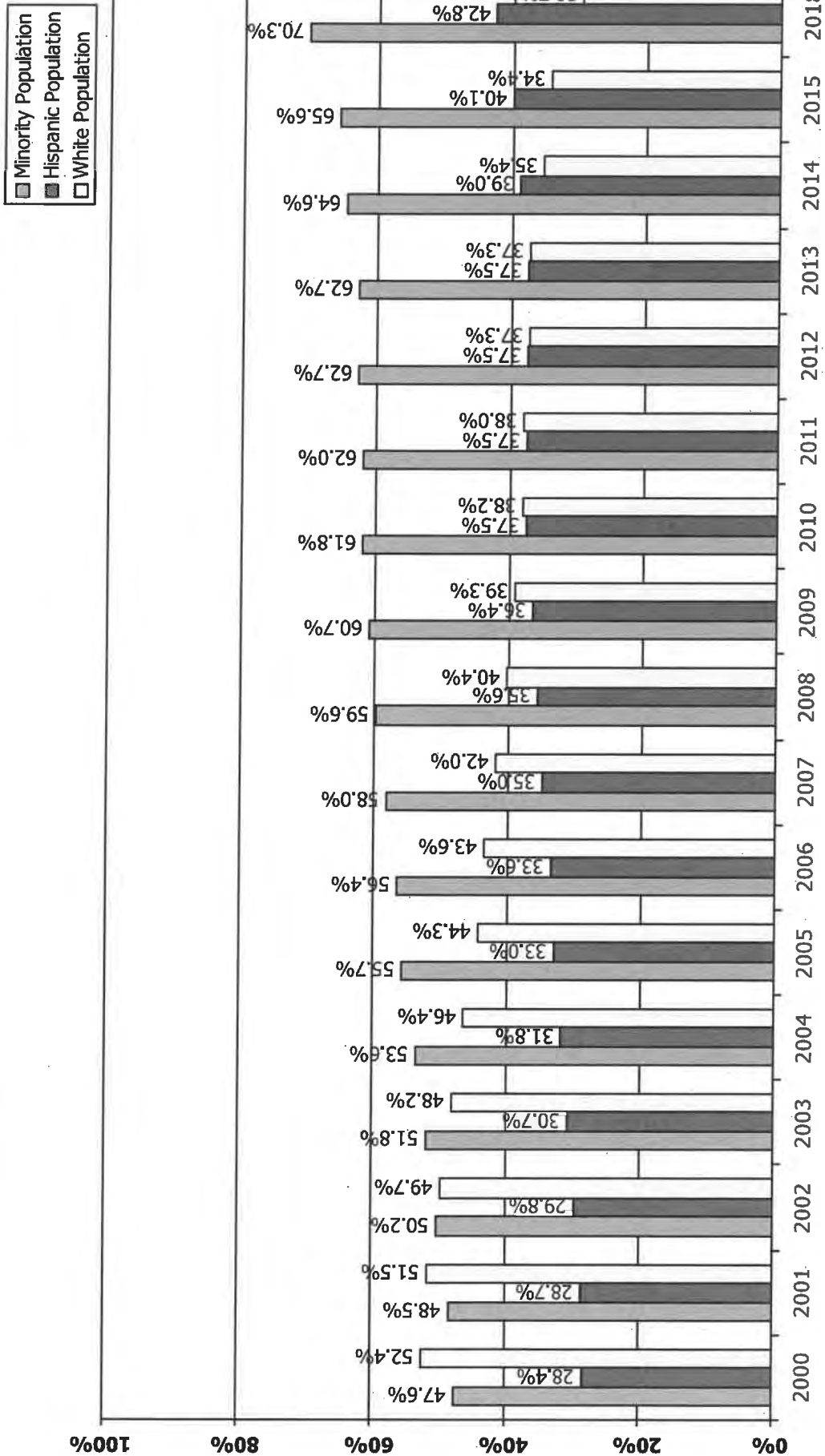
October 1st Summary - Ethnic Percentages

School	Total			African American			Asian			Hispanic			Native American			White				
	2018-19		2017-18	2018-19		2017-18	2018-19		2017-18	2018-19		2017-18	2018-19		2017-18	2018-19		2017-18		
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%		
High Schools																				
21 - Burncoat High	1,062	1,011	241	22.7%	226	22.4%	60	5.6%	64	6.3%	438	41.2%	404	40.0%	9	0.8%	314	29.6%	312	30.9%
22 - Doherty Memorial High School	1,510	1,548	295	19.5%	285	18.4%	115	7.6%	134	8.7%	482	31.9%	471	30.4%	17	1.1%	601	39.8%	639	41.3%
23 - North High	1,259	1,276	304	24.1%	316	24.8%	89	7.1%	94	7.4%	640	50.8%	616	48.3%	12	1.0%	214	17.0%	233	18.3%
24 - South High	1,372	1,378	259	18.9%	247	17.9%	177	12.9%	192	13.9%	637	46.4%	622	45.1%	12	0.9%	287	20.9%	309	22.4%
25 - Worcester Technical High School	1,427	1,389	262	18.4%	254	18.3%	116	8.1%	98	7.1%	514	36.0%	515	37.1%	10	0.7%	525	36.8%	512	36.9%
29 - Claremont Academy	546	552	54	9.9%	52	9.4%	50	9.2%	49	8.9%	409	74.9%	415	75.2%	0	0.0%	33	6.0%	36	6.5%
30 - Univ Park Campus	240	240	34	14.2%	31	12.9%	53	22.1%	58	24.2%	128	53.3%	125	52.1%	3	1.3%	22	9.2%	24	10.0%
High Schools	7,416	7,394	1,449	19.5%	1,411	19.1%	660	8.9%	689	9.3%	3,248	43.8%	3,168	42.8%	63	0.8%	1,996	26.9%	2,065	27.9%
High Schools	7,416	7,394	1,449	19.5%	1,411	19.1%	660	8.9%	689	9.3%	3,248	43.8%	3,168	42.8%	63	0.8%	1,996	26.9%	2,065	27.9%
Middle Schools																				
31 - Burncoat Middle	686	623	142	20.7%	125	20.1%	26	3.8%	25	4.0%	285	41.5%	263	42.2%	4	0.6%	229	33.4%	205	32.9%
33 - Forest Grove	976	978	173	17.7%	155	15.8%	66	6.8%	55	5.6%	337	34.5%	346	35.4%	10	1.0%	390	40.0%	413	42.2%
35 - Worc East Middle	764	822	168	22.0%	171	20.8%	61	8.0%	54	6.6%	386	50.5%	420	51.1%	9	1.2%	140	18.3%	171	20.8%
36 - Sullivan Middle	903	864	159	17.6%	145	16.8%	91	10.1%	98	11.3%	421	46.6%	384	44.4%	11	1.2%	221	24.5%	221	25.6%
Middle Schools	3,329	3,287	642	19.3%	596	18.1%	244	7.3%	232	7.1%	1,429	42.9%	1,413	43.0%	34	1.0%	980	29.4%	1,010	30.7%
Middle Schools	3,329	3,287	642	19.3%	596	18.1%	244	7.3%	232	7.1%	1,429	42.9%	1,413	43.0%	34	1.0%	980	29.4%	1,010	30.7%
Burncoat Quadrant																				
46 - Burncoat St Prep	310	293	57	18.4%	60	20.5%	10	3.2%	10	3.4%	169	54.5%	149	50.9%	1	0.3%	73	23.5%	73	24.9%
50 - Clark Street	273	262	69	25.3%	61	23.3%	14	5.1%	15	5.7%	144	52.7%	138	52.7%	3	1.1%	43	15.8%	46	17.6%
68 - Lincoln Street	253	270	65	25.7%	62	23.0%	14	5.5%	13	4.8%	138	54.5%	154	57.0%	1	0.4%	35	13.8%	39	14.4%
77 - Norrback Av	581	564	157	27.0%	151	26.8%	39	6.7%	31	5.5%	172	29.6%	158	28.0%	0	0.0%	213	36.7%	222	39.4%
82 - Worcester Arts Magnet	406	404	83	20.4%	84	20.8%	36	8.9%	37	9.2%	86	21.2%	79	19.6%	1	0.2%	200	49.3%	202	50.0%
84 - Thornyke Road	369	381	70	19.0%	66	17.3%	30	8.1%	31	8.1%	104	28.2%	96	25.2%	0	0.0%	165	44.7%	188	49.3%
87 - Wawecus Road	143	152	16	11.2%	17	11.2%	13	9.1%	12	7.9%	58	40.6%	66	43.4%	2	1.4%	54	37.8%	55	36.2%
88 - Mcgrath	247	237	59	23.9%	54	22.8%	15	6.1%	14	5.9%	81	32.8%	77	32.5%	0	0.0%	92	37.2%	88	37.1%
Burncoat Quadrant	2,582	2,563	576	22.3%	555	21.7%	171	6.6%	163	6.4%	952	36.9%	917	35.8%	8	0.3%	875	33.9%	913	35.6%

October 1st Summary - Ethnic Percentages

School	Total						African American						Asian						Hispanic						Native American						White					
	2018-19		2017-18		2018-19		2017-18		2018-19		2017-18		2018-19		2017-18		2018-19		2017-18		2018-19		2017-18		2018-19		2017-18		2018-19		2017-18		2018-19		2017-18	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%		
Doherty Quadrant																																				
49 - Chandler Elementary	511	498	81	15.9%	77	15.5%	36	7.0%	40	8.0%	324	63.4%	308	61.8%	1	0.2%	2	0.4%	69	13.5%	71	14.3%														
55 - Flagg Street	388	411	31	8.0%	38	9.2%	23	5.9%	27	6.6%	55	14.2%	52	12.7%	3	0.8%	3	0.7%	276	71.1%	291	70.8%														
67 - Jacob Hiatt Mag	407	403	135	33.2%	128	31.8%	16	3.9%	15	3.7%	200	49.1%	207	51.4%	4	1.0%	3	0.7%	52	12.8%	50	12.4%														
71 - May Street	332	340	68	20.5%	62	18.2%	40	12.0%	39	11.5%	78	23.5%	77	22.6%	4	1.2%	3	0.9%	142	42.8%	159	46.8%														
73 - Midland Street	231	229	25	10.8%	29	12.7%	30	13.0%	32	14.0%	35	15.2%	27	11.8%	1	0.4%	1	0.4%	140	60.6%	140	61.1%														
76 - Nelson Place	551	523	83	15.1%	70	13.4%	46	8.3%	45	8.6%	109	19.8%	91	17.4%	3	0.5%	2	0.4%	310	56.3%	315	60.2%														
83 - Tatnuck Magnet	409	392	103	25.2%	86	21.9%	32	7.8%	33	8.4%	106	25.9%	90	23.0%	2	0.5%	4	1.0%	166	40.6%	179	45.7%														
89 - West Tatnuck	371	369	44	11.9%	47	12.7%	33	8.9%	29	7.9%	68	18.3%	57	15.4%	6	1.6%	3	0.8%	220	59.3%	233	63.1%														
90 - Chandler Magnet	466	434	19	4.1%	21	4.8%	12	2.6%	18	4.1%	369	79.2%	336	77.4%	0	0.0%	0	0.0%	66	14.2%	59	13.6%														
93 - Elm Park Comm	456	477	68	14.9%	84	17.6%	14	3.1%	10	2.1%	275	60.3%	282	59.1%	3	0.7%	2	0.4%	96	21.1%	99	20.8%														
Doherty Quadrant	4,122	4,076	657	15.9%	642	15.8%	282	6.8%	288	7.1%	1,619	39.3%	1,527	37.5%	27	0.7%	23	0.6%	1,537	37.3%	1,596	39.2%														
North Quadrant																																				
57 - City View	473	476	86	18.2%	90	18.9%	8	1.7%	18	3.8%	266	56.2%	245	51.5%	3	0.6%	5	1.1%	110	23.3%	118	24.8%														
59 - Grafton St	405	385	74	18.3%	73	19.0%	21	5.2%	29	7.5%	214	52.8%	181	47.0%	4	1.0%	4	1.0%	92	22.7%	98	25.5%														
65 - Lake View	328	285	73	22.3%	53	18.6%	26	7.9%	29	10.2%	67	20.4%	56	19.6%	4	1.2%	4	1.4%	158	48.2%	143	50.2%														
80 - Rice Square	476	426	107	22.5%	89	20.9%	30	6.3%	33	7.7%	223	46.8%	185	43.4%	3	0.6%	4	0.9%	113	23.7%	115	27.0%														
81 - Roosevelt	691	674	158	22.9%	129	19.1%	43	6.2%	42	6.2%	200	28.9%	190	28.2%	2	0.3%	1	0.1%	288	41.7%	312	46.3%														
85 - Union Hill	416	453	53	12.7%	66	14.6%	8	1.9%	11	2.4%	270	64.9%	264	58.3%	3	0.7%	5	1.1%	82	19.7%	107	23.6%														
92 - Belmont Street	610	580	135	22.1%	138	23.8%	52	8.5%	45	7.8%	298	48.9%	285	49.1%	7	1.1%	6	1.0%	118	19.3%	106	18.3%														
North Quadrant	3,399	3,279	686	20.2%	638	19.5%	188	5.5%	207	6.3%	1,538	45.2%	1,406	42.9%	26	0.8%	29	0.9%	961	28.3%	999	30.5%														
South Quadrant																																				
48 - Canterbury St Mag	363	375	59	16.3%	53	14.1%	62	17.1%	59	15.7%	202	55.6%	198	52.8%	5	1.4%	2	0.5%	35	9.6%	63	16.8%														
51 - Columbus Park Prep	456	506	58	12.7%	76	15.0%	42	9.2%	52	10.3%	233	51.1%	249	49.2%	8	1.8%	8	1.6%	115	25.2%	121	23.9%														
56 - Goddard School	407	464	46	11.3%	48	10.3%	52	12.8%	58	12.5%	245	60.2%	288	62.1%	9	2.2%	6	1.3%	55	13.5%	64	13.8%														
58 - Gates Lane	555	569	107	19.3%	117	20.6%	75	13.5%	74	13.0%	209	37.7%	213	37.4%	10	1.8%	8	1.4%	154	27.7%	157	27.6%														
63 - Heard St	286	296	48	16.8%	46	15.5%	29	10.1%	35	11.8%	81	28.3%	79	26.7%	1	0.3%	1	0.3%	127	44.4%	135	45.6%														
79 - Quinsigamond	745	746	162	21.7%	173	23.2%	54	7.2%	63	8.4%	327	43.9%	294	39.4%	6	0.8%	9	1.2%	196	26.3%	207	27.7%														
86 - Vernon Hill	517	536	136	26.3%	133	24.8%	15	2.9%	23	4.3%	248	48.0%	251	46.8%	7	1.4%	7	1.3%	111	21.5%	122	22.8%														
91 - Woodland Academy	603	604	66	10.9%	57	9.4%	43	7.1%	53	8.8%	442	73.3%	435	72.0%	4	0.7%	4	0.7%	48	8.0%	55	9.1%														
South Quadrant	3,932	4,096	682	17.3%	703	17.2%	372	9.5%	417	10.2%	1,987	50.5%	2,007	49.0%	50	1.3%	45	1.1%	841	21.4%	924	22.6%														
Special Education - HeadStart																																				
43 - Headstart	553	230	110	19.9%	48	20.9%	9	1.6%	4	1.7%	99	17.9%	133	57.8%	24	4.3%	9	3.9%	311	56.2%	36	15.7%														
99 - Special Ed	69	96	13	18.8%	16	16.7%	6	8.7%	3	3.1%	27	39.1%	48	50.0%	1	1.4%	1	1.0%	22	31.9%	28	29.2%														
Special Education - HeadStart	622	326	123	19.8%	64	19.6%	15	2.4%	7	2.1%	126	20.3%	181	55.5%	25	4.0%	10	3.1%	333	53.5%	64	19.6%														
Elementary Schools	14,657	14,340	2,724	18.6%	2,602	18.1%	1,028	7.0%	1,082	7.5%	6,222	42.5%	6,038	42.1%	136	0.9%	122	0.9%	4,547	31.0%	4,496	31.4%														
District Totals	25,402	25,021	4,815	19.0%	4,609	18.4%	1,932	7.6%	2,003	8.0%	10,899	42.9%	10,619	42.4%	233	0.9%	219	0.9%	7,523	29.6%	7,571	30.3%														

October 1st Summary - Historical Minority Data



Thursday, December 20, 2018
 Information is related to data submitted to the Massachusetts Department of Education - "SIMS" data.

October 1st Summary - Low Income

School	Enrollment			Low Income						
	2018-19	2017-18	Change	2018-19	2017-18	Change	2018-19 %	2017-18 %		
High Schools										
21 - Burncoat High	1,062	1,011	51	5.0%	637	572	65	11.4%	60.0%	56.6%
22 - Doherty Memorial High School	1,510	1,548	-38	-2.5%	752	724	28	3.9%	49.8%	46.8%
23 - North High	1,259	1,276	-17	-1.3%	920	854	66	7.7%	73.1%	66.9%
24 - South High	1,372	1,378	-6	-0.4%	910	854	56	6.6%	66.3%	62.0%
25 - Worcester Technical High School	1,427	1,389	38	2.7%	749	682	67	9.8%	52.5%	49.1%
29 - Claremont Academy	546	552	-6	-1.1%	409	397	12	3.0%	74.9%	71.9%
30 - Univ Park Campus	240	240	0	0.0%	160	155	5	3.2%	66.7%	64.6%
High Schools	7,416	7,394	22	0.3%	4,537	4,238	299	7.1%	61.2%	57.3%
High Schools	7,416	7,394	22	0.3%	4,537	4,238	299	7.1%	61.2%	57.3%
Middle Schools										
31 - Burncoat Middle	686	623	63	10.1%	426	368	58	15.8%	62.1%	59.1%
33 - Forest Grove	976	978	-2	-0.2%	504	473	31	6.6%	51.6%	48.4%
35 - Worc East Middle	764	822	-58	-7.1%	553	567	-14	-2.5%	72.4%	69.0%
36 - Sullivan Middle	903	864	39	4.5%	614	520	94	18.1%	68.0%	60.2%
Middle Schools	3,329	3,287	42	1.3%	2,097	1,928	169	8.8%	63.0%	58.7%
Middle Schools	3,329	3,287	42	1.3%	2,097	1,928	169	8.8%	63.0%	58.7%
Burncoat Quadrant										
46 - Burncoat St Prep	310	293	17	5.8%	254	212	42	19.8%	81.9%	72.4%
50 - Clark Street	273	262	11	4.2%	216	197	19	9.6%	79.1%	75.2%
68 - Lincoln Street	253	270	-17	-6.3%	206	205	1	0.5%	81.4%	75.9%
77 - Norrback Av	581	564	17	3.0%	296	253	43	17.0%	50.9%	44.9%
82 - Worcester Arts Magnet	406	404	2	0.5%	147	128	19	14.8%	36.2%	31.7%
84 - Thorndyke Road	369	381	-12	-3.1%	192	156	36	23.1%	52.0%	40.9%
87 - Wawecus Road	143	152	-9	-5.9%	85	76	9	11.8%	59.4%	50.0%
88 - Mcgrath	247	237	10	4.2%	156	145	11	7.6%	63.2%	61.2%
Burncoat Quadrant	2,582	2,563	19	0.7%	1,552	1,372	180	13.1%	60.1%	53.5%

October 1st Summary - Low Income

School	Enrollment			Low Income						
	2018-19	2017-18	Change	2018-19	2017-18	Change	2018-19 %	2017-18 %		
Doherty Quadrant										
49 - Chandler Elementary	511	498	13	2.6%	418	375	43	11.5%	81.8%	75.3%
55 - Flagg Street	388	411	-23	-5.6%	116	113	3	2.7%	29.9%	27.5%
67 - Jacob Hiatt Mag	407	403	4	1.0%	235	218	17	7.8%	57.7%	54.1%
71 - May Street	332	340	-8	-2.4%	172	149	23	15.4%	51.8%	43.8%
73 - Midland Street	231	229	2	0.9%	104	89	15	16.9%	45.0%	38.9%
76 - Nelson Place	551	523	28	5.4%	210	170	40	23.5%	38.1%	32.5%
83 - Tatnuck Magnet	409	392	17	4.3%	233	211	22	10.4%	57.0%	53.8%
89 - West Tatnuck	371	369	2	0.5%	127	125	2	1.6%	34.2%	33.9%
90 - Chandler Magnet	466	434	32	7.4%	333	268	65	24.3%	71.5%	61.8%
93 - Elm Park Comm	456	477	-21	-4.4%	373	361	12	3.3%	81.8%	75.7%
Doherty Quadrant	4,122	4,076	46	1.1%	2,321	2,079	242	11.6%	56.3%	51.0%
North Quadrant										
57 - City View	473	476	-3	-0.6%	384	348	36	10.3%	81.2%	73.1%
59 - Grafton St	405	385	20	5.2%	307	286	21	7.3%	75.8%	74.3%
65 - Lake View	328	285	43	15.1%	162	137	25	18.2%	49.4%	48.1%
80 - Rice Square	476	426	50	11.7%	346	285	61	21.4%	72.7%	66.9%
81 - Roosevelt	691	674	17	2.5%	341	293	48	16.4%	49.3%	43.5%
85 - Union Hill	416	453	-37	-8.2%	333	335	-2	-0.6%	80.0%	74.0%
92 - Belmont Street	610	580	30	5.2%	513	455	58	12.7%	84.1%	78.4%
North Quadrant	3,399	3,279	120	3.7%	2,386	2,139	247	11.5%	70.2%	65.2%
South Quadrant										
48 - Canterbury St Mag	363	375	-12	-3.2%	279	270	9	3.3%	76.9%	72.0%
51 - Columbus Park Prep	456	506	-50	-9.9%	349	351	-2	-0.6%	76.5%	69.4%
56 - Goddard School	407	464	-57	-12.3%	309	347	-38	-11.0%	75.9%	74.8%
58 - Gates Lane	555	569	-14	-2.5%	352	335	17	5.1%	63.4%	58.9%
63 - Heard St	286	296	-10	-3.4%	147	133	14	10.5%	51.4%	44.9%
79 - Quinsigamond	745	746	-1	-0.1%	533	482	51	10.6%	71.5%	64.6%
86 - Vernon Hill	517	536	-19	-3.5%	398	370	28	7.6%	77.0%	69.0%
91 - Woodland Academy	603	604	-1	-0.2%	467	413	54	13.1%	77.4%	68.4%
South Quadrant	3,932	4,096	-164	-4.0%	2,834	2,701	133	4.9%	72.1%	65.9%
Special Education - HeadStart										
43 - Headstart	553	230	323	140.4%	551	230	321	139.6%	99.6%	100.0%
99 - Special Ed	69	96	-27	-28.1%	40	57	-17	-29.8%	58.0%	59.4%
Special Education - HeadStart	622	326	296	90.8%	591	287	304	105.9%	95.0%	88.0%
Elementary Schools	14,657	14,340	317	2.2%	9,684	8,578	1,106	12.9%	66.1%	59.8%
District Totals	25,402	25,021	381	1.5%	16,318	14,744	1,574	10.7%	64.2%	58.9%

Thursday, December 20, 2018

Information is related to data submitted to the Massachusetts Department of Education - "SIMS" data.

DESE determines new value - Economically Disadvantaged based on data outside of SIMS; Low Income numbers provided for non foundation uses only.

Worcester Public Schools - Internal Reporting October 1st Summary - Counts by TBE/ESL

School	Total Students		TBE		ESL		TBE/ESL	
	#	%	#	%	#	%	#	%
High Schools								
21 - Burncoat High	1,062	0	0	0.0%	236	22.2%	236	22.2%
22 - Doherty Memorial High School	1,510	0	0	0.0%	214	14.2%	214	14.2%
23 - North High	1,259	0	0	0.0%	378	30.0%	378	30.0%
24 - South High	1,372	0	0	0.0%	302	22.0%	302	22.0%
25 - Worcester Technical High School	1,427	0	0	0.0%	79	5.5%	79	5.5%
29 - Claremont Academy	546	0	0	0.0%	175	32.1%	175	32.1%
30 - Univ Park Campus	240	0	0	0.0%	46	19.2%	46	19.2%
High Schools	7,416	0	0	0.0%	1,430	19.3%	1,430	19.3%
High Schools:	7,416	0	0	0.0%	1,430	19.3%	1,430	19.3%
Middle Schools								
31 - Burncoat Middle	686	0	0	0.0%	117	17.1%	117	17.1%
33 - Forest Grove	976	0	0	0.0%	156	16.0%	156	16.0%
35 - Worc East Middle	764	0	0	0.0%	208	27.2%	208	27.2%
36 - Sullivan Middle	903	0	0	0.0%	201	22.3%	201	22.3%
Middle Schools	3,329	0	0	0.0%	682	20.5%	682	20.5%
Middle Schools:	3,329	0	0	0.0%	682	20.5%	682	20.5%
Burncoat Quadrant								
46 - Burncoat St. Prep	310	0	0	0.0%	115	37.1%	115	37.1%
50 - Clark Street	273	0	0	0.0%	100	36.6%	100	36.6%
68 - Lincoln Street	253	0	0	0.0%	109	43.1%	109	43.1%
77 - Norrback Av	581	0	0	0.0%	173	29.8%	173	29.8%
82 - Worcester Arts Magnet	406	0	0	0.0%	67	16.5%	67	16.5%
84 - Thorndyke Road	369	0	0	0.0%	100	27.1%	100	27.1%
87 - Wawecus Road	143	0	0	0.0%	30	21.0%	30	21.0%
88 - McGrath	247	0	0	0.0%	58	23.5%	58	23.5%
Burncoat Quadrant	2,582	0	0	0.0%	752	29.1%	752	29.1%
Doherty Quadrant								
49 - Chandler Elementary	511	0	0	0.0%	275	53.8%	275	53.8%
55 - Flagg Street	388	0	0	0.0%	46	11.9%	46	11.9%
67 - Jacob Hiatt Mag	407	0	0	0.0%	94	23.1%	94	23.1%
71 - May Street	332	0	0	0.0%	81	24.4%	81	24.4%
73 - Midland Street	231	0	0	0.0%	46	19.9%	46	19.9%
76 - Nelson Place	551	0	0	0.0%	62	11.3%	62	11.3%
83 - Tatnuck Magnet	409	0	0	0.0%	92	22.5%	92	22.5%
89 - West Tatnuck	371	0	0	0.0%	57	15.4%	57	15.4%
90 - Chandler Magnet	466	0	0	0.0%	127	27.3%	127	27.3%
93 - Elm Park Comm	456	0	0	0.0%	204	44.7%	204	44.7%
Doherty Quadrant	4,122	0	0	0.0%	1,084	26.3%	1,084	26.3%

Worcester Public Schools - Internal Reporting

October 1st Summary - Counts by TBE/ESL

2018-19

School	Total Students		TBE		ESL		TBE/ESL	
	#	%	#	%	#	%	#	%
North Quadrant								
57 - City View	473	0	0	0.0%	174	36.8%	174	36.8%
59 - Grafton St	405	0	0	0.0%	176	43.5%	176	43.5%
65 - Lake View	328	0	0	0.0%	82	25.0%	82	25.0%
80 - Rice Square	476	0	0	0.0%	158	33.2%	158	33.2%
81 - Roosevelt	691	0	0	0.0%	114	16.5%	114	16.5%
85 - Union Hill	416	0	0	0.0%	200	48.1%	200	48.1%
92 - Belmont Street	610	0	0	0.0%	258	42.3%	258	42.3%
North Quadrant	3,399	0	0	0.0%	1,162	34.2%	1,162	34.2%
South Quadrant								
48 - Canterbury St Mag	363	0	0	0.0%	156	43.0%	156	43.0%
51 - Columbus Park Prep	456	0	0	0.0%	191	41.9%	191	41.9%
56 - Goddard School	407	0	0	0.0%	194	47.7%	194	47.7%
58 - Gates Lane	555	0	0	0.0%	177	31.9%	177	31.9%
63 - Heard St	286	0	0	0.0%	43	15.0%	43	15.0%
79 - Quinsigamond	745	0	0	0.0%	293	39.3%	293	39.3%
86 - Vernon Hill	517	0	0	0.0%	149	28.8%	149	28.8%
91 - Woodland Academy	603	0	0	0.0%	349	57.9%	349	57.9%
South Quadrant	3,932	0	0	0.0%	1,552	39.5%	1,552	39.5%
Special Education - HeadStart								
43 - Headstart	553	0	0	0.0%	0	0.0%	0	0.0%
99 - Special Ed	69	0	0	0.0%	25	36.2%	25	36.2%
Special Education - HeadStart	622	0	0	0.0%	25	4.0%	25	4.0%
Elementary Schools	14,657	0	0	0.0%	4,575	31.2%	4,575	31.2%
District Totals	25,402	0	0	0.0%	6,687	26.3%	6,687	26.3%

October 1st Summary - Counts by Special Education Prototype

School	Total Students	Prototype												Total	%		
		01	10	20	30	32	34	36	40	41							
High Schools																	
21 - Burncoat High	1,062	0	83	65	0	0	0	0	0	0	0	0	82	4	234	22.0%	
22 - Doherty Memorial High School	1,510	0	119	76	0	0	0	0	0	0	0	0	26	6	227	15.0%	
23 - North High	1,259	0	119	82	0	0	0	0	0	0	0	0	48	16	265	21.0%	
24 - South High	1,372	0	130	90	0	0	0	0	0	0	0	0	52	8	280	20.4%	
25 - Worcester Technical High School	1,427	0	82	43	0	0	0	0	0	0	0	0	37	0	162	11.4%	
29 - Claremont Academy	546	0	44	12	0	0	0	0	0	0	0	0	2	0	58	10.6%	
30 - Univ Park Campus	240	0	29	1	0	0	0	0	0	0	0	0	0	0	30	12.5%	
High Schools	7,416	0	606	369	0	0	0	0	0	0	0	0	247	34	1,256	16.9%	
High Schools	7,416	0	606	369	0	0	0	0	0	0	0	0	247	34	1,256	16.9%	
Middle Schools																	
31 - Burncoat Middle	686	0	88	23	0	0	0	0	0	0	0	0	41	1	153	22.3%	
33 - Forest Grove	976	0	126	31	0	0	0	0	0	0	0	0	28	0	185	19.0%	
35 - Worc East Middle	764	0	87	28	0	0	0	0	0	0	0	0	21	0	136	17.8%	
36 - Sullivan Middle	903	0	88	31	0	0	0	0	0	0	0	0	53	0	172	19.0%	
Middle Schools	3,329	0	389	113	0	0	0	0	0	0	0	0	143	1	646	19.4%	
Middle Schools	3,329	0	389	113	0	0	0	0	0	0	0	0	143	1	646	19.4%	
Burncoat Quadrant																	
46 - Burncoat St Prep	310	0	43	4	3	1	0	0	1	0	0	0	1	17	2	71	22.9%
50 - Clark Street	273	0	23	7	4	1	0	0	0	0	0	0	0	1	36	13.2%	
68 - Lincoln Street	253	0	35	5	2	0	0	0	0	0	0	0	0	3	45	17.8%	
77 - Norrback Av	581	0	68	8	8	2	1	11	36	2	136	23.4%	2	1	46	11.3%	
82 - Worcester Arts Magnet	406	0	42	0	2	0	0	0	0	0	0	0	0	2	45	12.2%	
84 - Thordyke Road	369	0	41	2	0	0	0	0	0	0	0	0	0	2	43	30.1%	
87 - Wawecus Road	143	0	18	2	1	0	0	0	0	0	0	0	21	1	26	10.5%	
88 - Mcgrath	247	0	21	1	2	0	0	0	0	0	0	0	1	1	26	10.5%	
Burncoat Quadrant	2,582	0	291	29	22	4	1	12	76	13	448	17.4%	2	1	71	22.9%	
Doherty Quadrant																	
49 - Chandler Elementary	511	0	51	6	4	1	0	0	0	0	0	0	10	2	74	14.5%	
55 - Flagg Street	388	0	29	2	1	2	0	0	0	0	0	0	0	0	34	8.8%	
67 - Jacob Hiatt Mag	407	0	25	1	1	1	1	0	0	0	0	0	0	0	29	7.1%	
71 - May Street	332	0	23	4	2	0	0	0	0	0	0	0	0	0	29	8.7%	
73 - Midland Street	231	0	13	1	3	0	0	0	0	0	0	0	1	0	18	7.8%	
76 - Nelson Place	551	0	44	29	6	1	3	21	35	0	139	25.2%	0	1	45	11.0%	
83 - Tathuck Magnet	409	0	38	3	3	0	0	0	0	0	0	0	0	0	40	10.8%	
89 - West Tathuck	371	0	18	1	6	0	0	0	0	0	0	0	15	0	82	17.6%	
90 - Chandler Magnet	466	0	69	4	5	1	1	1	0	0	0	0	2	0	58	12.7%	
93 - Elm Park Comm	456	0	45	6	4	1	0	0	0	0	0	0	1	1	58	12.7%	
Doherty Quadrant	4,122	0	355	57	35	7	5	21	64	4	548	13.3%	2	1	74	14.5%	

Thursday, December 20, 2018

Information is related to data submitted to the Massachusetts Department of Education - "SIMS" data.

October 1st Summary - Counts by Special Education Prototype

School	Total Students	Prototype										Total	%
		01	10	20	30	32	34	36	40	41			
North Quadrant													
57 - City View	473	0	64	1	0	1	0	0	22	3	91	19.2%	
59 - Grafton St	405	0	45	4	2	0	2	0	0	4	57	14.1%	
65 - Lake View	328	0	32	4	0	0	0	0	1	1	38	11.6%	
80 - Rice Square	476	0	50	0	1	1	0	0	0	4	56	11.8%	
81 - Roosevelt	691	0	33	17	2	1	2	13	31	1	100	14.5%	
85 - Union Hill	416	0	63	8	2	0	0	0	1	2	76	18.3%	
92 - Belmont Street	610	0	62	7	7	0	1	3	0	0	80	13.1%	
North Quadrant	3,399	0	349	41	14	3	5	16	55	15	498	14.7%	
South Quadrant													
48 - Canterbury St Mag	363	0	27	2	2	0	1	0	18	3	53	14.6%	
51 - Columbus Park Prep	456	0	49	13	1	1	0	0	17	3	84	18.4%	
56 - Goddard School	407	0	58	0	5	0	0	0	0	2	65	16.0%	
58 - Gates Lane	555	0	47	36	7	0	7	22	48	0	167	30.1%	
63 - Heard St	286	0	30	0	0	0	0	1	0	2	33	11.5%	
79 - Quinsigamond	745	0	82	2	5	2	0	0	28	4	123	16.5%	
86 - Vernon Hill	517	0	61	1	3	1	1	0	19	0	86	16.6%	
91 - Woodland Academy	603	0	53	10	1	0	0	0	1	3	68	11.3%	
South Quadrant	3,932	0	407	64	24	4	9	23	131	17	679	17.3%	
Special Education - HeadStart													
43 - Headstart	553	0	0	0	3	0	0	0	0	0	3	0.5%	
99 - Special Ed	69	0	2	0	0	0	0	0	59	3	64	92.8%	
Special Education - HeadStart	622	0	2	0	3	0	0	0	59	3	67	10.8%	
Elementary Schools	14,657	0	1,404	191	98	18	20	72	385	52	2,240	15.3%	
District Totals	25,402	0	2,399	673	98	18	20	72	775	87	4,142	16.3%	

Worcester Public Schools - Internal Reporting October 1st Summary - Enrollment by Grade

2018-19

School	Enrollment													SP		
	Total	PS	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th		11th	12th
High Schools																
21 - Burncoat High	1,062										289	270	262	241		0
22 - Doherty Memorial High School	1,510										361	412	399	338		0
23 - North High	1,259										368	337	279	275		0
24 - South High	1,372										376	335	346	315		0
25 - Worcester Technical High School	1,427										386	374	338	329		0
29 - Claremont Academy	546								108	83	100	69	99	87		0
30 - Univ Park Campus	240								44	44	38	39	40	35		0
High Schools	7,416								152	127	1,918	1,836	1,763	1,620		0
2018-19	7,394								130	139	1,838	1,850	1,719	1,718		
2017-18	22								22	-12	80	-14	44	-98		
Change	0.3%															
High Schools	7,416								152	127	1,918	1,836	1,763	1,620		0
2018-19	7,394								130	139	1,838	1,850	1,719	1,718		
2017-18	22								22	-12	80	-14	44	-98		
Change	0.3%															

Middle Schools

31 - Burncoat Middle	686										362	324				0
33 - Forest Grove	976										474	502				0
35 - Worc East Middle	764										384	380				0
36 - Sullivan Middle	903										48	424	431			0
Middle Schools	3,329								48	1,644	1,637					0
2018-19	3,287								142	1,635	1,510					
2017-18	42								-94	9	127					
Change	1.3%															
Middle Schools	3,329								48	1,644	1,637					0
2018-19	3,287								142	1,635	1,510					
2017-18	42								-94	9	127					
Change	1.3%															

Worcester Public Schools - Internal Reporting October 1st Summary - Enrollment by Grade

2018-19

School	Enrollment													SP			
	Total	PS	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th		11th	12th	13
Burncoat Quadrant																	
46 - Burncoat St Prep	310		29	46	45	52	49	50	39								0
50 - Clark Street	273	51	39	37	46	31	26	20	23								0
68 - Lincoln Street	253		48	58	24	39	23	25	36								0
77 - Norrback Av	581	73	90	71	62	73	72	80	60								0
82 - Worcester Arts Magnet	406	27	59	59	47	57	55	59	43								0
84 - Thorndyke Road	369		42	55	66	52	47	56	51								0
87 - Wawecus Road	143		12	16	18	24	23	28	22								0
88 - Mcgrath	247		47	43	32	33	40	29	23								0
Burncoat Quadrant	2,582	151	366	385	340	361	335	347	297								0
2017-18	2,563	115	404	352	361	347	359	310	315								
Change	19	36	-38	33	-21	14	-24	37	-18								
																	0.7%

Doherty Quadrant

49 - Chandler Elementary	511		71	66	75	80	79	65	75								0
55 - Flagg Street	388		56	53	53	64	61	55	46								0
67 - Jacob Hiatt Mag	407	41	65	59	56	51	52	43	40								0
71 - May Street	332		38	44	45	42	59	51	53								0
73 - Midland Street	231		43	36	28	28	35	37	24								0
76 - Nelson Place	551	49	85	76	78	54	83	63	63								0
83 - Tatnuck Magnet	409	25	67	53	57	51	51	55	50								0
89 - West Tatnuck	371	51	43	57	43	38	47	48	44								0
90 - Chandler Magnet	466	12	77	61	60	67	76	70	43								0
93 - Elm Park Comm	456		75	69	49	65	69	60	69								0
Doherty Quadrant	4,122	178	620	574	544	540	612	547	507								0
2017-18	4,076	172	628	552	540	596	577	529	482								
Change	46	6	-8	22	4	-56	35	18	25								
																	1.1%

North Quadrant

57 - City View	473	23	58	78	63	76	73	52	50								0
59 - Grafton St	405		57	59	64	53	66	65	41								0
65 - Lake View	328		46	59	45	47	41	55	35								0
80 - Rice Square	476		73	82	55	72	61	69	64								0
81 - Roosevelt	691	61	100	95	95	81	98	95	66								0
85 - Union Hill	416		49	65	61	54	64	68	55								0
92 - Belmont Street	610	49	103	83	71	77	73	64	89	1							0
North Quadrant	3,399	133	486	521	454	460	476	468	400	1							0
2017-18	3,279	145	509	465	453	462	463	425	357								
Change	120	-12	-23	56	1	-2	13	43	43								
																	3.7%

Worcester Public Schools - Internal Reporting

October 1st Summary - Enrollment by Grade

2018-19

School	Total	Enrollment												SP				
		PS	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th		11th	12th	13	
South Quadrant																		
48 - Canterbury St Mag	363	41	38	46	52	43	50	42	50							1		0
51 - Columbus Park Prep	456	13	59	76	60	57	61	67	63									0
56 - Goddard School	407	23	63	50	51	57	45	58	60									0
58 - Gates Lane	555	67	87	74	69	64	66	76	52									0
63 - Heard St	286		40	54	40	37	44	37	34									0
79 - Quinsigamond	745	29	102	112	103	81	96	119	103									0
86 - Vernon Hill	517	55	85	51	60	48	56	79	83									0
91 - Woodland Academy	603		79	85	92	73	83	101	90									0
South Quadrant	2018-19	3,932	228	553	548	527	460	501	579	535						1		0
	2017-18	4,096	262	569	484	521	586	554	551									
Change		-164	-34	-16	-21	43	-61	-85	25	-16								
																		-4.0%

Special Education - HeadStart

43 - Headstart	553	553																	0
99 - Special Ed	69	1	1				1		1										0
Special Education - HeadStart	622	554	1				1		1										0
2017-18	326	260			1										3	2			60
Change	296	294														1			-60
																			90.8%
Elementary Schools	14,657	1,244	2,026	2,028	1,865	1,821	1,925	1,941	1,740	1					1	4			0
2017-18	14,340	954	2,110	1,938	1,838	1,927	1,985	1,818	1,705						3	2			60
Change	317	290	-84	90	27	-106	-60	123	35							2			-60
																			2.2%
District Totals	25,402	1,244	2,026	2,028	1,865	1,821	1,925	1,941	1,788	1,797	1,764	1,918	1,837	1,763	1,624				0
2017-18	25,021	954	2,110	1,938	1,838	1,927	1,985	1,818	1,847	1,765	1,649	1,838	1,850	1,722	1,720				60
Change	381	290	-84	90	27	-106	-60	123	-59	32	115	80	-13	41	-96				-60
																			1.5%

October 1st Summary - Enrollment by Gender and Grade

2018-19

Enrollment

School	Gender	Total	PS	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	SP
21 - Burncoat High	Females	1,062											289	270	262	241	
	Males	491											112	127	138	114	
22 - Doherty Memorial High School	Females	571											177	143	124	127	
	Males	1,510											361	412	399	338	
23 - North High	Females	701											163	190	182	166	
	Males	809											198	222	217	172	
24 - South High	Females	1,259											368	337	279	275	
	Males	586											153	167	132	134	
25 - Worcester Technical High School	Females	673											215	170	147	141	
	Males	1,372											376	335	346	315	
29 - Claremont Academy	Females	689											170	181	170	168	
	Males	683											206	154	176	147	
30 - Univ Park Campus	Females	1,427											386	374	338	329	
	Males	780											214	183	199	184	
High Schools	Females	647											172	191	139	145	
	Males	546											108	69	99	87	
High Schools	Females	270											83	29	50	47	
	Males	276											51	40	49	40	
High Schools	Females	240											44	39	40	35	
	Males	120											22	25	20	16	
High Schools	Females	120											22	14	20	19	
	Males	7,416											152	1,836	1,763	1,620	
High Schools	Females	3,637											73	902	891	829	0
	Males	3,779											79	934	872	791	0
High Schools	Females	7,416											152	1,836	1,763	1,620	
	Males	3,637											73	902	891	829	0
High Schools	Females	3,779											79	934	872	791	0
	Males												65				

October 1st Summary - Enrollment by Gender and Grade

2018-19

Enrollment

School	Gender	Total	PS	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	SP
Middle Schools																	
31 - Burncoat Middle	Females	686									362	324					
	Males	355									176	179					
33 - Forest Grove	Females	331									186	145					
	Males	976									474	502					
35 - Worc East Middle	Females	487									227	260					
	Males	489									247	242					
36 - Sullivan Middle	Females	764									384	380					
	Males	385									188	197					
Middle Schools	Females	379									196	183					
	Males	903								48	424	431					
Middle Schools	Females	449									28	217	204				
	Males	454									20	207	227				
Middle Schools	Females	3,329									48	1,644	1,637				
	Males	1,676									28	808	840				0
Middle Schools	Females	1,653									20	836	797				0
	Males	3,329									48	1,644	1,637				
Middle Schools	Females	1,676									28	808	840				0
	Males	1,653									20	836	797				0

October 1st Summary - Enrollment by Gender and Grade

2018-19

Enrollment

School	Gender	Total	PS	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	SP	
Burncoat Quadrant																		
46 - Burncoat St. Prep		310		29	46	45	52	49	50	39								
	Females	159		17	25	22	25	26	24	20								
	Males	151		12	21	23	27	23	26	19								
50 - Clark Street		273	51	39	37	46	31	26	20	23								
	Females	130	24	15	15	26	20	15	7	8								
	Males	143	27	24	22	20	11	11	13	15								
68 - Lincoln Street		253		48	58	24	39	23	25	36								
	Females	126		17	23	11	20	15	16	24								
	Males	127		31	35	13	19	8	9	12								
77 - Norrback Av		581	73	90	71	62	73	72	80	60								
	Females	272	34	42	35	34	36	31	33	27								
	Males	309	39	48	36	28	37	41	47	33								
82 - Worcester Arts Magnet		406	27	59	47	47	57	55	59	43								
	Females	200	9	27	30	22	33	32	28	19								
	Males	206	18	32	29	25	24	23	31	24								
84 - Thorndyke Road		369		42	55	66	52	47	56	51								
	Females	170		16	26	41	18	19	28	22								
	Males	199		26	29	25	34	28	28	29								
87 - Wawecus Road		143		12	16	18	24	23	28	22								
	Females	71		7	6	9	11	13	14	11								
	Males	72		5	10	9	13	10	14	11								
88 - Mcgrath		247		47	43	32	33	40	29	23								
	Females	127		22	23	13	21	21	17	10								
	Males	120		25	20	19	12	19	12	13								
Burncoat Quadrant		2,582	151	366	385	340	361	335	347	297								0
	Females	1,255	67	163	183	178	184	172	167	141								0
	Males	1,327	84	203	202	162	177	163	180	156								0

October 1st Summary - Enrollment by Gender and Grade

2018-19

Enrollment

School	Gender	Total	PS	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	SP	
Doherty Quadrant																		
49 - Chandler Elementary		511		71	66	75	80	79	65	75								
Females		237		31	31	38	35	35	28	39								
Males		274		40	35	37	45	44	37	36								
55 - Flagg Street		388		56	53	53	64	61	55	46								
Females		205		35	27	26	38	29	27	23								
Males		183		21	26	27	26	32	28	23								
67 - Jacob Hiatt Mag		407	41	65	59	56	51	52	43	40								
Females		207	17	34	25	28	33	25	21	24								
Males		200	24	31	34	28	18	27	22	16								
71 - May Street		332		38	44	45	42	59	51	53								
Females		176		22	22	27	19	31	26	29								
Males		156		16	22	18	23	28	25	24								
73 - Midland Street		231		43	36	28	28	35	37	24								
Females		116		22	21	13	12	17	17	14								
Males		115		21	15	15	16	18	20	10								
76 - Nelson Place		551	49	85	76	78	54	83	63	63								
Females		226	19	40	29	30	22	32	26	28								
Males		325	30	45	47	48	32	51	37	35								
83 - Tatnuck Magnet		409	25	67	53	57	51	51	55	50								
Females		209	13	34	22	28	25	25	28	34								
Males		200	12	33	31	29	26	26	27	16								
89 - West Tatnuck		371	51	43	57	43	38	47	48	44								
Females		184	24	19	26	22	19	25	29	20								
Males		187	27	24	31	21	19	22	19	24								
90 - Chandler Magnet		466	12	77	61	60	67	76	70	43								
Females		242	7	39	34	26	45	39	36	16								
Males		224	5	38	27	34	22	37	34	27								
93 - Elm Park Comm		456		75	69	49	65	69	60	69								
Females		214		38	31	24	30	32	30	29								
Males		242		37	38	25	35	37	30	40								
Doherty Quadrant		4,122	178	620	574	544	540	612	547	507								
Females		2,016	80	314	268	262	278	290	268	256								0
Males		2,106	98	306	306	282	262	322	279	251								0

October 1st Summary - Enrollment by Gender and Grade

2018-19

Enrollment

School	Gender	Total	PS	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	SP
North Quadrant																	
57 - City View	Females	473	23	58	78	63	76	73	52	50							
	Males	238	7	25	40	33	44	34	30	25							
59 - Grafton St	Females	235	16	33	38	30	32	39	22	25							
	Males	405		57	59	64	53	66	65	41							
65 - Lake View	Females	190		28	28	30	26	31	28	19							
	Males	215		29	31	34	27	35	37	22							
80 - Rice Square	Females	328		46	59	45	47	41	55	35							
	Males	158		22	29	16	26	22	25	18							
81 - Roosevelt	Females	170		24	30	29	21	19	30	17							
	Males	476		73	82	55	72	61	69	64							
85 - Union Hill	Females	232		38	36	21	34	27	42	34							
	Males	244		35	46	34	38	34	27	30							
92 - Belmont Street	Females	691	61	100	95	95	81	98	95	66							
	Males	355	30	60	49	55	41	47	44	29							
North Quadrant	Females	336	31	40	46	40	40	51	51	37							
	Males	416		49	65	61	54	64	68	55							
North Quadrant	Females	210		27	25	31	26	37	36	28							
	Males	206		22	40	30	28	27	32	27							
North Quadrant	Females	610	49	103	83	71	77	73	64	89	1						
	Males	280	15	54	35	32	37	38	27	42							
North Quadrant	Females	330	34	49	48	39	40	35	37	47	1						
	Males	3,399	133	486	521	454	460	476	468	400	1						
North Quadrant	Females	1,663	52	254	242	218	234	236	232	195							
	Males	1,736	81	232	279	236	226	240	236	205	1						

October 1st Summary - Enrollment by Gender and Grade

2018-19

Enrollment

School	Gender	Total	PS	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	SP	
South Quadrant																		
48 - Canterbury St Mag		363	41	38	46	52	43	50	42	50						1		
	Females	175	25	21	20	22	17	30	17	23								
	Males	188	16	17	26	30	26	20	25	27						1		
51 - Columbus Park Prep		456	13	59	76	60	57	61	67	63								
	Females	217	3	33	44	25	26	32	30	24								
	Males	239	10	26	32	35	31	29	37	39								
56 - Goddard School		407	23	63	50	51	57	45	58	60								
	Females	193	10	36	23	27	26	17	26	28								
	Males	214	13	27	27	24	31	28	32	32								
58 - Gates Lane		555	67	87	74	69	64	66	76	52								
	Females	230	19	36	33	31	24	32	35	20								
	Males	325	48	51	41	38	40	34	41	32								
63 - Heard St		286		40	54	40	37	44	37	34								
	Females	144		24	25	17	21	23	17	17								
	Males	142		16	29	23	16	21	20	17								
79 - Quinsigamond		745	29	102	112	103	81	96	119	103								
	Females	358	12	49	53	52	39	44	57	52								
	Males	387	17	53	59	51	42	52	62	51								
86 - Vernon Hill		517	55	85	51	60	48	56	79	83								
	Females	250	25	39	24	34	22	20	40	46								
	Males	267	30	46	27	26	26	36	39	37								
91 - Woodland Academy		603		79	85	92	73	83	101	90								
	Females	298		32	39	47	44	45	49	42								
	Males	305		47	46	45	29	38	52	48								
South Quadrant		3,932	228	553	548	527	460	501	579	535						1		
	Females	1,865	94	270	261	255	219	243	271	252								0
	Males	2,067	134	283	287	272	241	258	308	283						1		0

October 1st Summary - Enrollment by Gender and Grade

2018-19

Enrollment

School	Gender	Total	PS	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	SP
Special Education - HeadStart																	
43 - Headstart		553	553														
Females		292	292														
Males		261	261														
99 - Special Ed		69	1	1				1	1					1		3	61
Females		17		1													16
Males		52	1					1	1					1		3	45
Special Education - HeadStart																	
Females		309	292	1				1	1					1		3	61
Males		313	262	1				1	1					1		3	0
Elementary Schools		14,657	1,244	2,026	2,028	1,865	1,821	1,925	1,941	1,740	1			1		4	61
Females		7,108	1,002	585	954	913	915	941	938	844							0
Males		7,549	1,024	659	1,074	952	906	984	1,003	896	1			1		4	0
District Totals		25,402	1,244	2,026	2,028	1,865	1,821	1,925	1,941	1,788	1,797	1,764	1,918	1,837	1,763	1,624	61
Females		12,421	1,002	585	954	913	915	941	938	872	881	902	880	902	891	829	0
		48.9%															
Males		12,981	1,024	659	1,074	952	906	984	1,003	916	916	862	1,038	935	872	795	0
		51.1%															

October 1st Summary - School Attending Children

School Year	Total	WPS Public	Collaboratives	Charter Schools	Out of District Public	Home Schooled	In State Private and Parochial
2018*	28,813	25,420	484	2,166	610	133	0
2017*	27,744	24,576	378	2,146	521	123	0
2016	28,401	23,622	299	2,116	474	132	1,758
2015	28,055	23,703	298	2,025	361	140	1,528

Thursday, December 20, 2018
Information is related to data submitted to the Massachusetts Department of Education - School Attending Children Reporting, completed as of January 1st.

Comments:

- 1) Numbers included students whom reside in Worcester only.
- 2) Historical years reflect submitted SAO report.
- 3) Current year reflects October 1st numbers, if available from SAO source.

October 1st Summary - Enrollment by Grade History

School Year	Enrollment													PG	SPPG		
	Total	PS	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th			11th	12th
2018	25,402	1,244	2,026	2,028	1,865	1,821	1,925	1,941	1,788	1,797	1,764	1,918	1,837	1,763	1,624	0	61
2017	25,291	1,225	2,110	1,938	1,838	1,927	1,985	1,818	1,847	1,765	1,648	1,837	1,852	1,722	1,719	0	60
2016	25,477	1,299	2,049	1,991	2,004	1,984	1,824	1,940	1,797	1,697	1,668	1,877	1,812	1,843	1,621	0	71
2015	24,959	1,264	2,015	2,092	2,026	1,882	1,939	1,809	1,718	1,649	1,643	1,832	1,840	1,648	1,602	0	0
2014	25,191	1,398	2,186	2,150	1,947	1,987	1,844	1,743	1,712	1,688	1,621	1,914	1,728	1,713	1,560	0	0
2013	24,777	1,576	2,182	2,066	1,962	1,831	1,737	1,718	1,662	1,571	1,726	1,803	1,792	1,640	1,511	0	0
2012	24,769	1,513	2,181	2,106	1,920	1,815	1,773	1,778	1,668	1,726	1,591	1,832	1,754	1,532	1,580	0	0
2011	24,360	1,573	2,145	2,004	1,831	1,797	1,776	1,683	1,815	1,555	1,530	1,896	1,626	1,624	1,505	0	0
2010	24,191	1,554	2,068	1,975	1,862	1,790	1,705	1,828	1,680	1,533	1,547	1,872	1,693	1,552	1,532	0	0
2009	24,006	1,519	2,089	1,889	1,799	1,705	1,848	1,674	1,653	1,558	1,519	1,992	1,650	1,579	1,527	0	5
2008	23,122	762	1,989	1,875	1,713	1,852	1,681	1,647	1,602	1,519	1,592	1,955	1,709	1,605	1,613	0	8
2007	22,884	725	1,884	1,811	1,857	1,665	1,661	1,626	1,598	1,571	1,521	2,024	1,690	1,716	1,531	0	4
2006	23,619	729	1,912	1,974	1,785	1,696	1,713	1,662	1,668	1,632	1,713	2,081	1,865	1,672	1,502	5	10
2005	24,062	708	2,008	1,865	1,782	1,754	1,701	1,712	1,750	1,780	1,756	2,131	1,966	1,664	1,452	18	15
2004	24,609	701	1,960	1,983	1,841	1,749	1,804	1,789	1,920	1,823	1,859	2,260	1,785	1,627	1,437	47	24
2003	25,041	678	2,088	1,995	1,883	1,881	1,917	1,995	1,972	1,923	1,931	2,124	1,737	1,597	1,293	0	27
2002	25,730	897	2,073	2,050	1,981	1,991	2,110	2,006	2,086	1,995	1,902	2,115	1,683	1,444	1,347	50	0
2001	25,893	856	2,088	2,142	2,064	2,190	2,044	2,132	2,188	1,940	1,839	2,165	1,504	1,443	1,251	47	0
2000	25,828	848	2,146	2,204	2,216	2,115	2,145	2,140	2,091	1,883	1,820	2,073	1,448	1,376	1,274	49	0
1999	25,518	905	2,198	2,308	2,133	2,166	2,185	2,080	1,924	1,848	1,710	1,979	1,509	1,267	1,252	54	0
1998	25,412	810	2,326	2,241	2,178	2,286	2,126	2,012	1,946	1,760	1,700	1,986	1,288	1,277	1,231	245	0
1997	23,965	844	2,304	2,342	2,359	2,212	2,051	1,968	1,882	1,698	1,651	1,548	1,034	1,077	995	0	0
1996	23,728	739	2,383	2,415	2,283	2,048	1,965	1,907	1,868	1,721	1,645	1,414	1,268	1,089	983	0	0
1995	23,419	651	2,461	2,432	2,155	1,993	1,970	1,913	1,888	1,735	1,610	1,256	1,220	1,141	994	0	0
1994	22,568	566	2,447	2,232	2,056	1,955	1,937	1,898	1,857	1,744	1,458	1,357	1,169	1,037	855	0	0
1993	21,924	448	2,319	2,196	2,022	1,967	1,915	1,902	1,801	1,611	1,531	1,257	1,116	944	895	0	0
1992	21,404	377	2,230	2,107	2,012	1,925	1,925	1,811	1,672	1,585	1,512	1,162	1,121	1,011	954	0	0
1991	21,052	309	2,138	2,157	2,004	1,910	1,856	1,705	1,730	1,548	1,466	1,172	1,131	1,002	924	0	0
1990	21,066	228	2,215	2,154	2,037	1,903	1,773	1,762	1,659	1,524	1,500	1,183	1,127	1,033	968	0	0
1989	21,081	185	2,173	2,200	1,964	1,818	1,804	1,701	1,637	1,574	1,617	1,210	1,157	1,122	919	0	0

October 1st Summary - School History

School	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
High Schools																		
21 - Burncoat High	1062	1011	1010	1015	988	1011	1033	1016	1072	1106	1211	1284	1363	1421	1414	1299	1279	1221
22 - Doherty Memorial High School	1510	1548	1519	1467	1428	1358	1332	1331	1327	1398	1469	1511	1560	1578	1536	1483	1535	1592
23 - North High	1259	1276	1279	1290	1341	1329	1265	1193	1149	1120	1121	1139	1204	1239	1270	1233	1189	1131
24 - South High	1372	1378	1379	1309	1305	1270	1290	1337	1297	1329	1380	1402	1444	1575	1542	1455	1382	1279
25 - Worcester Technical High School	1427	1389	1388	1359	1405	1362	1355	1366	1400	1396	1351	1268	1201	1063	1030	1017	1051	1016
29 - Claremont Academy	546	552	535	501	497	444	438	399	394	414	366	364	351	339				
30 - Univ Park Campus	240	240	249	250	244	230	253	244	241	231	231	227	244	230	220	210	206	166
High Schools	7,416	7,394	7,359	7,191	7,208	7,004	6,966	6,886	6,880	6,994	7,129	7,195	7,367	7,445	7,012	6,697	6,642	6,405
High Schools	7,416	7,394	7,359	7,191	7,208	7,004	6,966	6,886	6,880	6,994	7,129	7,195	7,367	7,445	7,012	6,697	6,642	6,405
Middle Schools																		
31 - Burncoat Middle	686	623	551	531	582	572	563	570	580	596	581	572	628	665	709	748	744	709
33 - Forest Grove	976	978	992	983	930	963	977	892	882	880	854	846	922	979	961	1005	921	879
35 - Worc East Middle	764	822	800	787	787	701	655	612	593	573	584	572	655	702	751	816	840	850
36 - Sullivan Middle	903	864	867	852	849	880	902	776	794	786	857	871	903	973	1032	1066	1089	1045
Middle Schools	3,329	3,287	3,210	3,153	3,148	3,116	3,097	2,850	2,849	2,835	2,876	2,861	3,108	3,319	3,453	3,635	3,594	3,483
Middle Schools	3,329	3,287	3,210	3,153	3,148	3,116	3,097	2,850	2,849	2,835	2,876	2,861	3,108	3,319	3,453	3,635	3,594	3,483
Burncoat Quadrant																		
46 - Burncoat St Prep	310	293	267	227	218	187	189	215	217	216	236	213	229	204	230	251	268	242
50 - Clark St	273	262	203	247	289	318	350	372	405	403	337	295	272	307	292	316	298	286
68 - Lincoln St	253	270	291	261	276	266	256	258	244	243	273	236	244	250	248	290	280	234
77 - Norrback Av	581	564	563	577	584	571	614	611	610	616	595	602	629	626	617	648	601	613
82 - Worcester Arts Mag	406	406	408	405	404	388	375	354	367	348	352	340	340	341	350	359	349	360
84 - Thornadyke Road	369	381	384	362	362	332	337	338	322	341	344	369	386	377	353	376	349	353
87 - Wawecus Road	143	152	152	145	152	163	164	146	147	146	137	170	192	175	159	175	167	174
88 - Mcgrath	247	237	278	290	291	285	275	268	262	190	204	180	180	208	205	237	270	287
Burncoat Quadrant:	2,582	2,565	2,546	2,514	2,576	2,510	2,560	2,562	2,574	2,503	2,478	2,405	2,472	2,488	2,454	2,652	2,582	2,549
Doherty Quadrant																		
49 - Chandler El Comm	511	498	503	500	456	419	402	350	378	347	328	312	315	346	303	300	351	372
55 - Flagg St	388	411	403	413	413	415	433	473	470	455	479	448	447	436	438	456	491	510
67 - Jacob Hiatt Mag	407	403	439	448	457	461	459	479	446	456	461	469	468	449	510	606	649	658
71 - May St	332	340	339	331	329	314	313	324	303	301	283	279	302	248	249	265	289	272
73 - Midland St	231	229	235	229	243	236	230	230	224	233	197	213	221	227	216	226	247	270
76 - Nelson Place	551	523	456	469	486	490	502	490	467	434	411	361	369	379	454	464	479	504
83 - Tatnuck Magnet	409	392	382	382	413	444	430	426	417	427	433	445	470	393	404	448	491	524
89 - West Tatnuck	371	369	339	343	356	354	347	334	331	321	291	305	313	279	300	281	310	351
90 - Chandler Magnet	466	434	457	484	473	440	417	452	460	375	339	350	336	386	434	479	588	630
93 - Elm Park Comm	456	477	502	466	488	491	495	495	497	519	470	440	433	417	400	404	437	439
Doherty Quadrant:	4,122	4,076	4,055	4,065	4,114	4,064	4,028	4,053	3,993	3,868	3,692	3,622	3,674	3,560	3,708	3,929	4,332	4,530

October 1st Summary - School History

School	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
North Quadrant																		
57 - City View	473	476	520	492	521	552	579	591	592	625	578	563	507	430	462	487	492	555
59 - Grafton St	405	385	383	365	384	365	380	392	394	385	377	349	403	356	366	400	410	411
65 - Lake View	328	285	301	290	289	296	316	300	296	299	295	268	291	273	322	334	315	320
80 - Rice Square	476	426	430	422	428	385	406	426	455	505	501	459	450	390	417	438	357	374
81 - Roosevelt	691	674	656	642	675	681	715	710	706	685	687	719	734	660	647	683	661	623
85 - Union Hill	416	453	523	489	449	467	451	390	344	311	293	281	299	257	269	266	274	291
92 - Belmont Street Comm	610	580	562	583	548	540	523	471	488	484	435	414	434	386	459	464	430	519
North Quadrant	3,399	3,279	3,375	3,283	3,294	3,286	3,370	3,280	3,275	3,294	3,166	3,053	3,118	2,752	2,942	3,072	2,939	3,093
South Quadrant																		
48 - Canterbury St Mag	363	375	359	370	377	336	357	376	323	360	354	338	350	348	382	344	358	345
51 - Columbus Park Prep	456	506	504	454	459	465	416	387	404	363	351	342	351	353	353	372	370	392
56 - Goddard School	407	464	478	488	483	528	598	597	586	583	661	649	671	576	591	588	561	562
58 - Gates Lane	555	569	592	645	681	656	678	727	701	696	713	694	695	642	651	682	680	683
63 - Heard St	286	296	270	298	285	275	267	273	271	283	285	272	291	207	221	236	263	259
79 - Quinsigamond	745	746	807	772	795	758	741	692	693	691	671	684	712	708	754	699	711	755
86 - Vernon Hill	517	536	532	525	549	470	465	448	450	357	337	351	375	412	421	427	407	409
91 - Woodland Academy	603	604	625	631	611	553	523	509	491	454	413	417	430	438	821	827	823	849
South Quadrant	3,932	4,096	4,167	4,183	4,240	4,041	4,045	4,009	3,919	3,787	3,785	3,747	3,875	3,684	4,194	4,175	4,173	4,254
Special Education - HeadStart																		
43 - Head Start	553	230	554	570	605	751	703	720	701	725	0	0	0	0	0	0	0	0
99 - Special Education	69	96	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Special Education - HeadStart	622	326	554	570	605	751	703	720	701	725	0	0	0	0	0	0	0	0
Elementary Schools	14,657	14,342	14,697	14,615	14,829	14,652	14,706	14,624	14,462	14,177	13,121	12,827	13,139	12,484	13,298	13,828	14,026	14,426
District Totals	25,402	25,023	25,266	24,959	25,185	24,772	24,769	24,360	24,191	24,006	23,126	22,883	23,614	23,248	23,763	24,160	24,262	24,314

Worcester Public Schools - Internal Reporting October 1st Summary - Counts by Language

2018-19

School	Language										Not English			
	Total	Albanian	Arabic	Chinese	English	Polish	Portuguese	Spanish	Vietnamese	Other	Nepali	Twi	#	%
High Schools														
21 - Burncoat High	1,062	2	57	0	524	0	31	290	27	96	4	29	536	47.4%
22 - Doherty Memorial High School	1,510	96	43	0	751	2	25	338	62	127	18	44	755	45.9%
23 - North High	1,259	3	46	0	451	0	55	443	54	138	16	50	805	58.7%
24 - South High	1,372	12	34	0	526	4	22	460	117	128	18	44	839	56.6%
25 - Worcester Technical High School	1,427	12	35	0	761	7	41	335	44	144	11	30	659	43.3%
29 - Claremont Academy	546	4	9	0	113	0	1	353	34	27	2	3	433	78.4%
30 - Univ Park Campus	240	2	3	0	62	0	0	106	42	14	0	8	175	69.6%
High Schools	7,416	131	227	0	3,188	13	175	2,325	380	674	69	208	3,925	52.9%
High Schools	7,416	131	227	0	3,188	13	175	2,325	380	674	69	208	3,925	52.9%
Middle Schools														
31 - Burncoat Middle	686	1	14	0	371	1	14	195	5	49	4	32	315	40.7%
33 - Forest Grove	976	42	29	0	491	1	29	230	28	87	8	29	483	45.7%
35 - Worc East Middle	764	0	20	0	295	2	24	287	27	62	14	33	469	55.2%
36 - Sullivan Middle	903	5	27	0	391	5	15	301	45	66	6	37	507	51.4%
Middle Schools	3,329	48	90	0	1,548	9	82	1,013	105	264	32	131	1,611	48.4%
Middle Schools	3,329	48	90	0	1,548	9	82	1,013	105	264	32	131	1,611	48.4%
Burncoat Quadrant														
46 - Burncoat St Prep	310	0	12	0	127	0	7	130	2	24	5	3	183	56.5%
50 - Clark Street	273	1	17	0	66	0	1	124	5	31	1	27	207	65.6%
68 - Lincoln Street	253	1	6	0	81	0	5	114	4	26	4	11	171	61.7%
77 - Norrback Av	581	5	3	0	303	3	19	122	8	60	5	49	274	37.9%
82 - Worcester Arts Magnet	406	2	1	0	260	0	11	66	8	32	1	25	146	29.6%
84 - Thorndyke Road	369	1	11	0	218	0	11	65	4	44	9	6	151	36.9%
87 - Wawecus Road	143	0	5	0	71	0	5	45	5	10	2	0	72	49.0%
88 - Mcgrath	247	2	7	0	123	0	26	53	7	17	0	11	123	45.3%
Burncoat Quadrant	2,582	12	62	0	1,249	3	85	719	43	244	27	132	1,168	45.2%

Worcester Public Schools - Internal Reporting October 1st Summary - Counts by Language

2018-19

School	Total	Language										Not English		
		Albanian	Arabic	Chinese	English	Polish	Portuguese	Spanish	Vietnamese	Other	Nepali	Twi	#	%
Doherty Quadrant														
49 - Chandler Elementary	511	0	13	0	132	0	11	277	13	44	13	8	379	70.1%
55 - Flagg Street	388	29	13	0	247	3	10	37	7	24	0	10	133	31.7%
67 - Jacob Hiatt Mag	407	7	2	0	138	2	1	166	11	29	2	49	269	53.6%
71 - May Street	332	24	6	0	181	0	4	51	31	21	3	10	150	41.3%
73 - Midland Street	231	19	7	0	135	0	14	25	15	10	1	3	94	39.0%
76 - Nelson Place	551	18	6	0	377	0	13	62	21	35	3	13	171	28.1%
83 - Tatnuck Magnet	409	25	12	0	192	0	16	72	19	39	2	30	215	44.7%
89 - West Tatnuck	371	55	1	0	210	0	8	43	15	31	1	7	161	41.2%
90 - Chandler Magnet	466	5	4	0	68	0	3	364	5	13	2	2	398	84.5%
93 - Elm Park Comm	456	5	25	0	141	0	14	226	4	28	6	7	315	66.2%
Doherty Quadrant	4,122	187	89	0	1,821	5	94	1,323	141	274	33	139	2,113	51.3%
North Quadrant														
57 - City View	473	1	15	0	196	0	34	185	4	33	1	4	277	57.5%
59 - Grafton St	405	1	14	0	156	0	19	160	4	38	0	11	247	58.3%
65 - Lake View	328	8	8	0	165	0	35	39	11	26	0	31	158	38.7%
80 - Rice Square	476	3	9	0	199	1	23	150	22	33	0	36	277	50.6%
81 - Roosevelt	691	7	16	0	350	3	53	138	19	61	0	39	336	43.0%
85 - Union Hill	416	0	11	0	139	0	11	217	3	27	1	7	277	64.7%
92 - Belmont Street	610	3	31	0	212	0	7	235	3	69	36	14	398	57.0%
North Quadrant	3,399	23	104	0	1,417	4	182	1,124	66	287	38	142	1,790	52.7%
South Quadrant														
48 - Canterbury St Mag	363	1	2	0	100	0	0	167	30	46	12	5	263	67.8%
51 - Columbus Park Prep	456	7	11	0	174	0	6	192	23	27	4	10	280	58.3%
56 - Goddard School	407	1	5	0	111	0	3	211	45	19	0	8	292	69.8%
58 - Gates Lane	555	5	11	0	247	0	18	152	54	39	2	26	307	50.3%
63 - Heard St	286	4	1	0	171	4	9	49	21	17	0	10	115	36.7%
79 - Quinsigamond	745	12	30	0	265	10	26	255	28	63	4	49	477	56.9%
86 - Vernon Hill	517	4	9	0	222	6	18	178	11	43	0	26	295	52.0%
91 - Woodland Academy	603	4	7	0	114	0	4	403	24	34	8	3	487	78.9%
South Quadrant	3,932	38	76	0	1,404	20	84	1,607	236	288	30	137	2,349	59.7%
Special Education - HeadStart														
43 - Headstart	553	8	32	0	129	0	14	278	5	48	1	37	423	69.6%
99 - Special Ed	69	0	3	0	32	1	0	20	4	6	2	1	37	49.3%
Special Education - HeadStart	622	8	35	0	161	1	14	298	9	54	3	38	419	67.4%
Elementary Schools	14,657	268	366	0	6,052	33	459	5,071	495	1,147	131	588	7,839	53.5%
District Totals	25,402	447	683	0	10,788	55	716	8,409	980	2,085	232	927	13,375	52.7%

*Worcester Public Schools
Office of Grants Management*

Grant Acceptance Form

Name of Grant: Parent-Child Home Program Expansion Grant

Type of Funder: Massachusetts Department of Elementary and Secondary Education

Awarded Amount: \$25,000.00

Grant Funding Period: December 10, 2018 – June 30, 2019

Project title: PCHP Expansion Grant

Program coordinator: Kuczka/O'Neil

Purpose: This program will support and strengthen parents' skills in enhancing their children's cognitive development and school readiness.

Description of the program: This is a parenting, early literacy, and school readiness program designed to help strengthen families through verbal interaction and educational play between parents and their young children. Services are delivered through intensive home visits.

Program location: Worcester Public Schools/Head Start

Outcomes and Measures: To provide many advantages for families challenged by poverty, low levels of education, language barriers, homelessness, and other potential obstacles to academic success.

*Worcester Public Schools
Office of Grants Management*

Grant Acceptance Form

Name of Grant: Turnaround Assistance Grant

Type of Funder: Massachusetts Department of Secondary and Elementary Education

Awarded Amount: \$150,000.00

Grant Funding Period: 12/18/2018 – 08/31/2019

Project title: Targeted Assistance Grant

Program coordinator: O'Neil

Purpose: To provide funding to the state's lowest performing schools and districts to support the development and implementation of turnaround plans that:

- are aligned to the four overarching Massachusetts Turnaround Practices
- incorporate evidence-based interventions, and
- utilize a continuous cycle of improvement to implement and assess the outcomes of turnaround plans over time

Description of the program: To create four school plans that will generate rapid, sustainable gains in student achievement at Burncoat Middle School, Sullivan Middle School, Worcester East Middle School, and North High School.

Program location: Burncoat Middle School, Sullivan Middle School, Worcester East Middle School, and North High School.

Outcomes and Measures: To turnaround underperforming schools.

Worcester Public Schools Office of
Grants Management

Grant Acceptance Form

Name of Grant: ArtREACH Visiting Artist Program

Type of Funder: ArtREACH

Awarded Amount: \$3,920.00

Grant Funding Period: Project title: August 21, 2018 through June 30, 2019

Project title: ArtREACH Visiting Artist Program

Program coordinator : Timmary Leary, Arts Liaison

Purpose: To generate and conceptualize artistic ideas and work, students and artists will collaborate on each project for an artist owned experience.

Description of the program: Mentor artists partner with a Visual Art Teacher to work with students through a 4 week rotating project cycle.

Program location: Worcester Public Schools

Outcomes and Measures: To establish connections with local artists and community partners to expand lessons beyond the classroom.

ArtREACH

Teacher stipends	\$2,205.00
Site Admin stipends	\$1,715.00
Total Budget	\$3,920.00

Worcester Public Schools
Massachusetts School Building Authority
Major Projects History and 2019 Recommendations

In prior years, the Massachusetts School Building Authority (MSBA) invited the following projects for funding consideration:

Nelson Place School (2012) (project complete)
South High Community School (2014) (currently in construction phase)
Doherty Memorial High School (2017) (currently in feasibility study phase)

The Administration of the Worcester Public Schools requests to re-submit Burncoat High School (district priority project) to the Massachusetts School Building Authority (MSBA) for major renovation or replacement.

The district has submitted Worcester East Middle School for Accelerated Repair Project consideration for window and roof replacement. The district will resubmit Worcester East Middle School for major renovation work following the Accelerated Repair Projects.

These recommendations are based on the present condition of the school using various in-district and independent evaluations including, but not limited to, MSBA Needs Assessment Report (2010 and 2017), NEASC report(s), and previous facilities assessments. Based on the condition and needs assessments of these schools, the Administration recommended, and the School Committee and City Council approved these projects for the prior year Statement of Interest submittals to the MSBA.

The traditional major renovation/replacement, or so-called core projects, submission process is open through Friday, April 12, 2019.

The following pages describe the MSBA process and the proposed projects.

MSBA Statements of Interest Overview:

A separate Statement of Interest must be submitted for each existing school for which the city, town, or regional school district may have an interest in applying to the MSBA for a grant. The SOI requires the city, town, or regional school district to: (1) identify the priority category(s) (set forth below) for which it is expressing interest, (2) provide a brief description of the facility deficiencies that the District believes it has and how those deficiencies align with the eight statutory priorities, and (3) provide any readily-available supporting documentation.

Pursuant to M.G.L. c. 70B, § 8, the MSBA shall consider applications for school construction and renovation projects in accordance with the priorities listed below. A district may designate as many categories as may apply to that particular school facility.

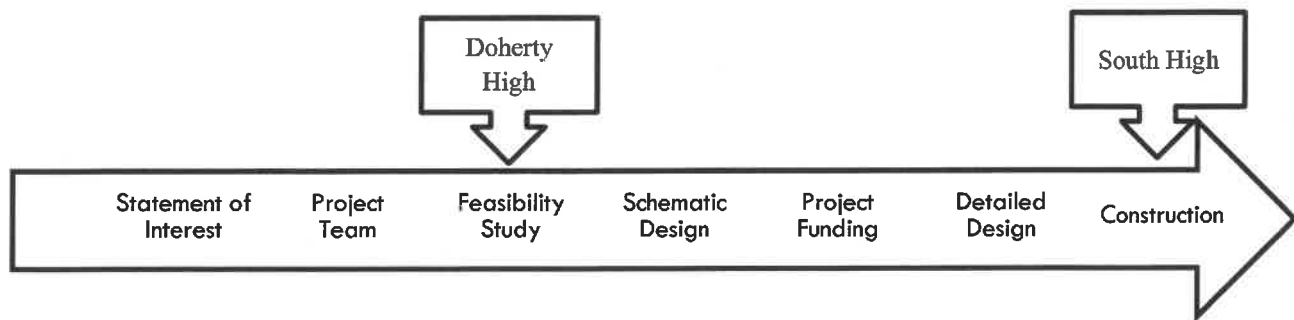
1. Replacement or renovation of a building which is structurally unsound or otherwise in a condition seriously jeopardizing the health and safety of school children, where no alternative exists, as determined in the judgment of the Authority;
2. Elimination of existing severe overcrowding, as determined in the judgment of the Authority;

3. Prevention of the loss of accreditation, as determined in the judgment of the Authority;
4. Prevention of severe overcrowding expected to result from increased enrollments, which must be substantiated, as determined in the judgment of the Authority;
5. Replacement, renovation or modernization of school facility systems, such as roofs, windows, boilers, heating and ventilation systems, to increase energy conservation and decrease energy related costs in a school facility, as determined in the judgment of the Authority;
6. Short term enrollment growth, as determined in the judgment of the Authority;
7. Replacement of or addition to obsolete buildings in order to provide a full range of programs consistent with state and approved local requirements, as determined in the judgment of the Authority; and
8. Transition from court-ordered and approved racial balance school districts to walk-to, so-called, or other school districts, as determined in the judgment of the Authority.

MSBA Process Overview:

1. **Identify the Problem:** Local community identifies deficiencies in school facilities through the Statement of Interest process
2. **Validate the Problem:** MSBA and local community work together to validate deficiencies identified
3. **Evaluation of potential solutions:** MSBA and local community work in collaboration to identify potential solutions
4. **Confirm the solution:** MSBA and local community agree on solution and appropriate course of action
5. **Implement the agreed upon solution:** MSBA and local community continue collaboration through design and construction

MSBA Process:



The Statement of Interest phase is the initial step to inform the MSBA of perceived deficiencies within a school facility. Cost identification and financial solutions are not needed at this phase of the MSBA process. The MSBA will evaluate the submission of each community and invite those to advance to project team formation and feasibility study phase.

Elizabeth "Betty" Reidy Scholarship

Elizabeth "Betty" (Shaughnessy) Reidy was a proud 1946 graduate of North High School. She was a very engaged student at North. She played in the school band, was elected as a Class Officer, and wrote the Class Song for the graduation ceremonies.

She and her siblings were the first in their family to attend college. After North High, Betty went on to get a bachelor's degree at Emmanuel College, a Master's Degree from the Boston College School of Social Work and an Honorary Doctorate from Assumption College.

Betty was a Licensed Independent Clinical Social Worker (LICSW) and her career spanned more than 5 decades. A lifelong resident of Worcester, Betty dedicated her life to serving others. From her work at Rutland State Hospital to Nazareth Home for Boys to Pernet Family Health Center where she was the Executive Director, Betty worked with young and old, often those who otherwise would have been neglected or underserved. She was a loving, wise, gracious, kind, giving and thoughtful person. Betty cared deeply about others and spent her life assisting wherever there was a need. She did all of this without fanfare or reward.

This scholarship is designated for North High seniors who have been accepted into a college program to study nursing, social work, counseling or a related health field. This is a one-time financial award to assist the selected student with education related expenses.